



### Manchester Health Department

479 Main Street

Manchester, CT 06040

\* FOLLOW-UP

Establishment:	Date of Inspection:		
Andri's pizza	<del>2/8</del> 2/8/2024		
ceiling tiles in kitchen area to be replaced			
- light colored, washable ceiling tiles			
- 30-60 days to replace ceiling tiles			
cooling logs + cooling fact sheets provided this day to owner			
reinspection 2/13/2024			
Initial (Inspector)	Initial (Person in Charge)		
L. Grandy			



## Manchester Health Department

479 Main Street

Manchester, CT 06040

\* Follow/reinspection

reinspection 2/8/2024

Establishment: <u>UP!</u> Fatima's Fusion	Date of Inspection: 1/29/24
<ul style="list-style-type: none"> <li>✓ - all food product removed from non-approved area. commercial shelving, non commercial chest freezer, standing commercial refrigerator and dry storage (to-go bags/containers) must be removed from space. owner asked for 7-10 days to remove equipment + discard to-go bags/containers. owner has until 2/8/24 to remove above equipment + dry storage.</li> <li>✓ - person in charge to submit plan review application with <sup>proposed</sup> layout, spec sheets. floor, wall, ceiling finishes to be included. (remodel plan review) - to be submitted next week</li> <li>✓ - no prep + opened food to be done or stored in basement of establishment. person in charge to discard any opened spices/food product in basement.</li> <li>✓ - remove all non-commercial equipment from establishment.</li> <li>✓ - remove non-working equipment from establishment.</li> <li>✓ - per Fire Marshal; hood to be cleaned quarterly</li> <li>✓ - any cracked/damaged bowls/equipment must be discarded</li> <li>✓ - discussed cooling process in shallow pans then transferring 41F or below food product into larger containers once cooled properly ↳ 135F to 70F in 2 hrs; 70F to 41F in 4 hours</li> </ul>	
Initial (Inspector) <u>R. Hendry</u>	Initial (Person in Charge) <u>[Signature]</u>



Manchester Health Department

479 Main Street

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\* Follow-up / reinspection

Establishment: Fatima's Fusion	Date of Inspection: 1/29/24
<ul style="list-style-type: none"> <li>✓ cutting board along cookline to be replaced person in charge said it would be done in 1 week</li> <li>✓ tongs to be used to remove food product from kebab</li> <li>✓ remove all wrap from equipment (3 bay) under the bays to clean (wash, rinse, sanitize) properly.</li> <li>- Allergens to be put on menu when re-print occurs (Health Dept to follow up) - working on</li> <li>- pre-packaged food to be labeled with stickers (ingredients/allergen). printing company to make stickers for food product. - working on w/ supplier</li> </ul>	
any questions above reach out to Health Dept at 860-647-3173 or email lgrandy@manchesterct.gov	
Follow-up inspection on Thursday 2/8/24	
Initial (Inspector) L. Grandy	Initial (Person in Charge) [Signature]

INSPECTION REPORT
TEMPORARY FOOD LICENSE

Inspection # 482

Name of Operation CHOKAICO CRAFT CHOCOLATE Applicant RAMON F. VELEZ

Event SPRUCE STREET INDOOR FARMERS MARKET Address of Event NATHAN HALE SCHOOL - 160

Event Date 2/10/2024-12/14/2024 Time 9:05 AM Insp. Date 2/10/24 [ ] Consul [ ] Late

FOOD SOURCE IN COMPLIANCE

- Approved Source [x] Yes [ ] No [ ] N/A
Shellfish tags for 90 days [ ] Yes [ ] No [x] N/A
No home preparation-CFO [x] Yes [ ] No [ ] N/A
Ice Source [ ] Yes [ ] No [x] N/A

FOOD PROTECTION

- Potentially hazardous foods at proper temperature [ ] Yes [ ] No [x] N/A
Thermometer provided - shelf stable [ ] Yes [ ] No [x] N/A
Food properly stored off floor; sneeze guards [x] Yes [ ] No [ ] N/A
Toxic items stored properly [x] Yes [ ] No [ ] N/A
Light shields provided [x] Yes [ ] No [ ] N/A

FOOD SOURCE

- Floor Covering [x] Yes [ ] No [ ] N/A
Overhead Protection [x] Yes [ ] No [ ] N/A
Food contact surfaces properly constructed [x] Yes [ ] No [ ] N/A

WASTE DISPOSAL IN COMPLIANCE

- Refuse containers and disposal [x] Yes [ ] No [ ] N/A
Waste water disposal [x] Yes [ ] No [ ] N/A

EQUIPMENT AND UTENSILS

- Clean, maintained, stored [x] Yes [ ] No [ ] N/A
Disposable gloves [x] Yes [ ] No [ ] N/A
Sanitizing solution provided [x] Yes [ ] No [ ] N/A
Adequate number of utensils [x] Yes [ ] No [ ] N/A
extra utensils available

HANDWASHING

- Handwashing provided [x] Yes [ ] No [ ] N/A
Soap, sanitary towels, waste receptacle [x] Yes [ ] No [ ] N/A

CLEANLINESS OF PERSONNEL

- Hair restraints or caps [x] Yes [ ] No [ ] N/A
Clean outer clothing [x] Yes [ ] No [ ] N/A
No smoking [x] Yes [ ] No [ ] N/A

EMPLOYEE LOG BOOK [x] Yes [ ] No [ ] N/A

REMARKS - Shelf stable chocolate - no thermometer required
- gloves available / handwash station available
- covered chocolate w/ lids + tongs available
- labeling of product available
- permit provided this day

[x] Satisfactory [ ] Unsatisfactory [ ] Concerns

INSPECTOR: R. Arndy (Signature)

PERSON IN CHARGE: [Signature] (Signature)

SAFE TEMPERATURE GUIDELINES:

- 1. ALWAYS hold potentially hazardous foods BELOW 45 degrees F or ABOVE 140 degrees F.
2. Cook foods completely without interruption - partial cooking in advance is a dangerous practice and is NOT allowed.
3. MINIMUM COOKING TEMPERATURES:
Hamburgers: 155 Degrees F (for 15 seconds)
Pork and eggs: 150 Degrees F (for 15 seconds)
Poultry: 165 Degrees F (for 15 seconds)
Beef Roasts: 140 Degrees F (for 15 seconds)

**INSPECTION REPORT**  
**TEMPORARY FOOD LICENSE**

*Inspection # 480*

**Name of Operation** CULTIVATING COMMUNITY SOIL - **Applicant** CHRIS ANN MILLER  
**Event** SPRUCE STREET INDOOR FARMERS MARKET **Address of Event** NATHAN HALE SCHOOL - 160  
**Event Date** 2/10/2024-12/14/2024 **Time** 8:30AM **Insp. Date** 2/10/24  Consul  Late

**FOOD SOURCE** **IN COMPLIANCE**  
 Approved Source  Yes  No  N/A  
 Shellfish tags for 90 days  Yes  No  N/A  
 No home preparation  Yes  No  N/A  
 Ice Source  Yes  No  N/A

**WASTE DISPOSAL** **IN COMPLIANCE**  
 Refuse containers and disposal  Yes  No  N/A  
 Waste water disposal  Yes  No  N/A

**EQUIPMENT AND UTENSILS**  
 Clean, maintained, stored  Yes  No  N/A  
 Disposable gloves  Yes  No  N/A  
 Sanitizing solution provided  Yes  No  N/A  
 Adequate number of utensils  Yes  No  N/A

**FOOD PROTECTION**  
 Potentially hazardous foods at proper temperature  Yes  No  N/A  
 Thermometer provided  Yes  No  N/A  
 Food properly stored off floor; sneeze guards  Yes  No  N/A  
 Toxic items stored properly  Yes  No  N/A  
 Light shields provided  Yes  No  N/A

**HANDWASHING**  
 Handwashing provided  Yes  No  N/A  
 Soap, sanitary towels, waste receptacle  Yes  No  N/A

**FOOD SOURCE**  
 Floor Covering  Yes  No  N/A  
 Overhead Protection  Yes  No  N/A  
 Food contact surfaces properly constructed  Yes  No  N/A

**CLEANLINESS OF PERSONNEL**  
 Hair restraints or caps  Yes  No  N/A  
 Clean outer clothing  Yes  No  N/A  
 No smoking  Yes  No  N/A  
**EMPLOYEE LOG BOOK**  Yes  No  N/A

**REMARKS** broccoli soup 145F  
juices - below 60F / empanada 32F \* DCP - waiting on other licenses  
bleach solution - 50-100ppm  
extra utensils available  
gloves + ~~equipment~~ all equipments stored off floor

Satisfactory  Unsatisfactory  Concerns

**INSPECTOR:** *A. Grandy* **PERSON IN CHARGE** *C. Miller*  
*(Signature)* *(Signature)*

**SAFE TEMPERATURE GUIDELINES:**

1. ALWAYS hold potentially hazardous foods BELOW 45 degrees F or ABOVE 140 degrees F.
2. Cook foods completely without interruption - partial cooking in advance is a dangerous practice and is NOT allowed.
3. MINIMUM COOKING TEMPERATURES:
  - Hamburgers: 155 Degrees F (for 15 seconds)
  - Pork and eggs: 150 Degrees F (for 15 seconds)
  - Poultry: 165 Degrees F (for 15 seconds)
  - Beef Roasts: 140 Degrees F (for 15 seconds)

**INSPECTION REPORT**  
**TEMPORARY FOOD LICENSE**

Inspection # 493

**Name of Operation** MOMENTUM SPICE LLC **Applicant** ALWYN CLARKE  
**Event** SPRUCE STREET INDOOR FARMERS MARKET **Address of Event** NATHAN HALE SCHOOL - 160  
**Event Date** 2/10/2024-12/14/2024 **Time** \_\_\_\_\_ **Insp. Date** 2/10/24  Consul  Late

**FOOD SOURCE** **IN COMPLIANCE**  
 Approved Source  Yes  No  N/A  
 Shellfish tags for 90 days  Yes  No  N/A  
 No home preparation  Yes  No  N/A  
 Ice Source  Yes  No  N/A

**FOOD PROTECTION**  
 Potentially hazardous foods at proper temperature  Yes  No  N/A  
 Thermometer provided  Yes  No  N/A  
 Food properly stored off floor; sneeze guards  Yes  No  N/A  
 Toxic items stored properly  Yes  No  N/A  
 Light shields provided  Yes  No  N/A

**FOOD SOURCE**  
 Floor Covering  Yes  No  N/A  
 Overhead Protection  Yes  No  N/A  
 Food contact surfaces properly constructed  Yes  No  N/A

**WASTE DISPOSAL** **IN COMPLIANCE**  
 Refuse containers and disposal  Yes  No  N/A  
 Waste water disposal  Yes  No  N/A

**EQUIPMENT AND UTENSILS**  
 Clean, maintained, stored  Yes  No  N/A  
 Disposable gloves  Yes  No  N/A  
 Sanitizing solution provided  Yes  No  N/A  
 Adequate number of utensils  Yes  No  N/A

**HANDWASHING**  
 Handwashing provided  Yes  No  N/A  
 Soap, sanitary towels, waste receptacle  Yes  No  N/A

**CLEANLINESS OF PERSONNEL**  
 Hair restraints or caps  Yes  No  N/A  
 Clean outer clothing  Yes  No  N/A  
 No smoking  Yes  No  N/A

**EMPLOYEE LOG BOOK**  Yes  No  N/A

**REMARKS** chicken 180F rice 163F  
allergens / safe available  
extra utensils provided  
very clean + organized

only staff is Alwyn  
note\* reach out about outdoor question

Satisfactory  Unsatisfactory

Concerns

**INSPECTOR:** L. Brandy  
 (Signature)

**PERSON IN CHARGE** \_\_\_\_\_  
 (Signature)

**SAFE TEMPERATURE GUIDELINES:**

- ALWAYS hold potentially hazardous foods BELOW 45 degrees F or ABOVE 140 degrees F.
- Cook foods completely without interruption - partial cooking in advance is a dangerous practice and is NOT allowed.
- MINIMUM COOKING TEMPERATURES:  
 Hamburgers: 155 Degrees F (for 15 seconds)  
 Pork and eggs: 150 Degrees F (for 15 seconds)  
 Poultry: 165 Degrees F (for 15 seconds)  
 Beef Roasts: 140 Degrees F (for 15 seconds)

**INSPECTION REPORT**  
**TEMPORARY FOOD LICENSE**

Inspection # 497

**Name of Operation** OVELLE COFFEE LLC **Applicant** SASHA FAY  
**Event** SPRUCE STREET INDOOR FARMERS MARKET **Address of Event** NATHAN HALE SCHOOL - 160  
**Event Date** 2/10/2024-12/14/2024 **Time** 8:45AM **Insp. Date** 2/10/24  Consul  Late

**FOOD SOURCE** **IN COMPLIANCE**  
 Approved Source  Yes  No  N/A  
 Shellfish tags for 90 days  Yes  No  N/A  
 No home preparation  Yes  No  N/A  
 Ice Source  Yes  No  N/A

**FOOD PROTECTION**  
 Potentially hazardous foods at proper temperature  Yes  No  N/A  
 Thermometer provided  Yes  No  N/A  
 Food properly stored off floor; sneeze guards  Yes  No  N/A  
 Toxic items stored properly  Yes  No  N/A  
 Light shields provided  Yes  No  N/A

**FOOD SOURCE**  
 Floor Covering  Yes  No  N/A  
 Overhead Protection  Yes  No  N/A  
 Food contact surfaces properly constructed  Yes  No  N/A

**WASTE DISPOSAL** **IN COMPLIANCE**  
 Refuse containers and disposal  Yes  No  N/A  
 Waste water disposal  Yes  No  N/A

**EQUIPMENT AND UTENSILS**  
 Clean, maintained, stored  Yes  No  N/A  
 Disposable gloves  Yes  No  N/A  
 Sanitizing solution provided  Yes  No  N/A  
 Adequate number of utensils  Yes  No  N/A  
*→ sanitize at ware*  
*→ to go cups - single use*

**HANDWASHING**  
 Handwashing provided  Yes  No  N/A  
 Soap, sanitary towels, waste receptacle  Yes  No  N/A

**CLEANLINESS OF PERSONNEL**  
 Hair restraints or caps  Yes  No  N/A  
 Clean outer clothing  Yes  No  N/A  
 No smoking  Yes  No  N/A  
**EMPLOYEE LOG BOOK**  Yes  No  N/A  
*→ only sasha*

**REMARKS** *no iced coffee this day*  
*good labeling of product*  
*coffee in cambro*  
*boxes stored off floor*

Satisfactory  Unsatisfactory  Concerns

**INSPECTOR:** R. Bondy  
 (Signature)

**PERSON IN CHARGE** [Signature]  
 (Signature)

**SAFE TEMPERATURE GUIDELINES:**

1. ALWAYS hold potentially hazardous foods BELOW 45 degrees F or ABOVE 140 degrees F.
2. Cook foods completely without interruption - partial cooking in advance is a dangerous practice and is NOT allowed.
3. MINIMUM COOKING TEMPERATURES:

Hamburgers: 155 Degrees F (for 15 seconds)  
 Pork and eggs: 150 Degrees F (for 15 seconds)

Poultry: 165 Degrees F (for 15 seconds)  
 Beef Roasts: 140 Degrees F (for 15 seconds)

**INSPECTION REPORT**  
**TEMPORARY FOOD LICENSE**

*Inspection # 492*

**Name of Operation** RASTARANT **Applicant** GRACE HASTINGS  
**Event** SPRUCE STREET INDOOR FARMERS MARKET **Address of Event** NATHAN HALE SCHOOL - 160  
**Event Date** 2/10/2024-12/14/2024 **Time** 8:50 **Insp. Date** 2/10/24  Consul  Late

**FOOD SOURCE** **IN COMPLIANCE**  
 Approved Source  Yes  No  N/A  
 Shellfish tags for 90 days  Yes  No  N/A  
 No home preparation -base  Yes  No  N/A  
 Ice Source -base  Yes  No  N/A

**FOOD PROTECTION**  
 Potentially hazardous foods at proper temperature  Yes  No  N/A  
 Thermometer provided  Yes  No  N/A  
↳ alcohol wipes  
 Food properly stored off floor; sneeze guards  Yes  No  N/A  
 Toxic items stored properly  Yes  No  N/A  
 Light shields provided  Yes  No  N/A

**FOOD SOURCE**  
 Floor Covering  Yes  No  N/A  
 Overhead Protection  Yes  No  N/A  
 Food contact surfaces properly constructed  Yes  No  N/A

**WASTE DISPOSAL** **IN COMPLIANCE**  
 Refuse containers and disposal  Yes  No  N/A  
 Waste water disposal  Yes  No  N/A

**EQUIPMENT AND UTENSILS**  
 Clean, maintained, stored  Yes  No  N/A  
 Disposable gloves  Yes  No  N/A  
 Sanitizing solution provided  Yes  No  N/A  
 Adequate number of utensils  Yes  No  N/A  
↳ utensils stored in bag

**HANDWASHING**  
 Handwashing provided  Yes  No  N/A  
 Soap, sanitary towels, waste receptacle  Yes  No  N/A

**CLEANLINESS OF PERSONNEL**  
 Hair restraints or caps  Yes  No  N/A  
 Clean outer clothing  Yes  No  N/A  
 No smoking  Yes  No  N/A

**EMPLOYEE LOG BOOK**  Yes  No  N/A  
↳ to be emailed

**REMARKS** First aid kit available / gloves - extra  
Temp 3 bay set up - bus tubs in car (back up if needed)  
salsa - 36F pasta - 36F rice beans 143F  
Temp logs required

Satisfactory  Unsatisfactory  Concerns

**INSPECTOR:** *A. Gandy*  
 (Signature)

**PERSON IN CHARGE** *MGJH*  
 (Signature)

**SAFE TEMPERATURE GUIDELINES:**

1. ALWAYS hold potentially hazardous foods BELOW 45 degrees F or ABOVE 140 degrees F.
2. Cook foods completely without interruption - partial cooking in advance is a dangerous practice and is NOT allowed.
3. MINIMUM COOKING TEMPERATURES:
 

Hamburgers: 155 Degrees F (for 15 seconds)	Poultry: 165 Degrees F (for 15 seconds)
Pork and eggs: 150 Degrees F (for 15 seconds)	Beef Roasts: 140 Degrees F (for 15 seconds)



INSPECTION REPORT
TEMPORARY FOOD LICENSE

Inspection # 481

Name of Operation THE GOOD FARM dba TWIN BEAKS Applicant JEFF MUNROE
Event SPRUCE STREET INDOOR FARMERS MARKET Address of Event NATHAN HALE SCHOOL - 160
Event Date 2/10/2024-12/14/2024 Time 9 AM Insp. Date 2/10/24

FOOD SOURCE IN COMPLIANCE
Approved Source [X] Yes [ ] No [ ] N/A
Shellfish tags for 90 days [ ] Yes [ ] No [X] N/A
No home preparation [X] Yes [ ] No [ ] N/A
Ice Source [ ] Yes [ ] No [X] N/A

WASTE DISPOSAL IN COMPLIANCE
Refuse containers and disposal [X] Yes [ ] No [ ] N/A
Waste water disposal [X] Yes [ ] No [ ] N/A

FOOD PROTECTION
Potentially hazardous foods at proper temperature [X] Yes [ ] No [ ] N/A
Thermometer provided [X] Yes [ ] No [ ] N/A
Food properly stored off floor; sneeze guards [X] Yes [ ] No [ ] N/A
Toxic items stored properly [X] Yes [ ] No [ ] N/A
Light shields provided [X] Yes [ ] No [ ] N/A

EQUIPMENT AND UTENSILS
Clean, maintained, stored [X] Yes [ ] No [ ] N/A
Disposable gloves [X] Yes [ ] No [ ] N/A
Sanitizing solution provided [X] Yes [ ] No [ ] N/A
Adequate number of utensils [X] Yes [ ] No [ ] N/A

HANDWASHING
Handwashing provided [X] Yes [ ] No [ ] N/A
Soap, sanitary towels, waste receptacle [X] Yes [ ] No [ ] N/A

FOOD SOURCE
Floor Covering [X] Yes [ ] No [ ] N/A
Overhead Protection [X] Yes [ ] No [ ] N/A
Food contact surfaces properly constructed [X] Yes [ ] No [ ] N/A

CLEANLINESS OF PERSONNEL
Hair restraints or caps [X] Yes [ ] No [ ] N/A
Clean outer clothing [X] Yes [ ] No [ ] N/A
No smoking [X] Yes [ ] No [ ] N/A

EMPLOYEE LOG BOOK [X] Yes [ ] No [ ] N/A

REMARKS Chicken-37F / pickle coleslaw 37F
3 bay available if needed
quik san sanitizer used
grill top not clean / Fryers to be cleaned
-email copy of allergen statement - not available


[X] Satisfactory [ ] Unsatisfactory [ ] Concerns

INSPECTOR: L. Gandy (Signature)

PERSON IN CHARGE (Signature)

SAFE TEMPERATURE GUIDELINES:
1. ALWAYS hold potentially hazardous foods BELOW 45 degrees F or ABOVE 140 degrees F.
2. Cook foods completely without interruption - partial cooking in advance is a dangerous practice and is NOT allowed.
3. MINIMUM COOKING TEMPERATURES:
Hamburgers: 155 Degrees F (for 15 seconds)
Pork and eggs: 150 Degrees F (for 15 seconds)
Poultry: 165 Degrees F (for 15 seconds)
Beef Roasts: 140 Degrees F (for 15 seconds)

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>2/15/24</b>
Establishment <b>2nd Bridge Brewing</b>		Time In <b>2:20 AM/PM</b> Time Out <b>2:55 AM/PM</b>
Address <b>642 Hilliard St. #2003</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>STEVEN WHITE</b>		Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS														
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.														
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed														
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation														
Supervision				Protection from Contamination				Time/Temperature Control for Safety						
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R	
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected				Food separated and protected						
2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		C	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized				Food-contact surfaces: cleaned & sanitized						
Employee Health				Good Hygienic Practices				Consumer Advisory						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper eating, tasting, drinking, or tobacco products use				Consumer advisory provided: raw/undercooked food						
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	
Proper use of restriction and exclusion				No discharge from eyes, nose, and mouth				Highly Susceptible Population						
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	
Written procedures for responding to vomiting and diarrheal events				Hands clean and properly washed				Pasteurized foods used; prohibited foods not offered						
Good Hygienic Practices				Preventing Contamination by Hands				Food/Color Additives and Toxic Substances						
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	9	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	
Proper eating, tasting, drinking, or tobacco products use				No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Food additives: approved and properly used						
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	
No discharge from eyes, nose, and mouth				Adequate handwashing sinks, properly supplied/accessible				Toxic substances properly identified, stored & used						
Approved Source				Good Retail Practices				Conformance with Approved Procedures						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	
Food obtained from approved source				Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. <td colspan="4">Compliance with variance/specialized process/ROP criteria/HACCP Plan</td>				Compliance with variance/specialized process/ROP criteria/HACCP Plan						
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	
Food received at proper temperature				Safe Food and Water				Proper Use of Utensils						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	
Food in good condition, safe, and unadulterated				31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required						
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	
Required records available: molluscan shellfish identification, parasite destruction				32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source						
GOOD RETAIL PRACTICES				Food Temperature Control				Utensils and Equipment						
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.				33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control						
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation				34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding						
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	
Safe Food and Water				35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used						
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	
Variance obtained for specialized processing methods				36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate						
Food Identification				Prevention of Food Contamination				Physical Facilities						
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	
Food properly labeled; original container				38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure						
Prevention of Food Contamination				39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Insects, rodents, and animals not present							
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	
Contamination prevented during food preparation, storage & display				40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices						
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	
Personal cleanliness				41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed						
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	
Wiping cloths: properly used and stored				42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean						
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	
Washing fruits and vegetables				Permit Holder shall notify customers that a copy of the most recent inspection report is available.				55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>
Violations documented				Date corrections due				#						
Person in Charge (Signature) _____ Date <b>2/15/24</b>				Priority Item Violations <b>0</b>				1						
Person in Charge (Printed)				Priority Foundation Item Violations <b>2-25-24</b>				4						
Inspector (Signature) _____ Date <b>2/15/24</b>				Core Item Violations <b>3-15-24</b>				1						
Inspector (Printed) <b>Jose Ramirez</b>				Risk Factor/Public Health Intervention Violations				4						
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.				Repeat Risk Factor/Public Health Intervention Violations				0						
				Good Retail Practices Violations				2						
				Requires Reinspection - check box if you intend to reinspect										

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 2/15/24  
 Establishment 2<sup>nd</sup> Bridge Brewery Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC 1/2 + 1/2	39°F			handsink	105°F
				dishmachine wash	188°F
				rinse	185°F
				customer bathroom	96°F

### OBSERVATIONS AND CORRECTIVE ACTIONS

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


Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
10pf	beer flight holders stored on handsink - (COS)
* 16pf	interior of prep sink not clean, all sinks generally
39pf	egg cartons used to store clean utensils on oven (COS)
37C	unlabeled white granulars in containers on oven
28P	sodium hydroxide chemical stored next to oil, keep cleaning supplies stored away from food (COS)
49C	prep table under griddle not clean
* 16pf	interior of ice machine extremely unclean (COS)
	Food only served on weekends.
	No activity at time of visit
	test strips and thermometer available
	email jramirez@manchesterc.t.gov with corrected
	* priority foundation items w/ in ten days (2/25/24)

Person in Charge (Signature)

Date

Inspector (Signature)

Date

Risk Category: <u>3</u>		<b>Food Establishment Inspection Report</b>		Page 1 of <u>2</u>																						
Establishment type: <u>Permanent</u> Temporary Mobile Other _____			Date: <u>2/8/2024</u>																							
Establishment <u>Allez Catering</u>				Time In <u>10</u> AM/PM Time Out <u>11</u> AM/PM																						
Address <u>141 center street</u>				LHD <u>Manchester</u>																						
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op																						
Permit Holder <u>Deane Young</u>				Reinspection Other <u>FOIA Checklist</u>																						
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>																										
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>																										
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																										
P=Priority item PF=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																										
Supervision			Protection from Contamination																							
IN	OUT	N/A/N/O	V	COS	R	IN	OUT	N/A/N/O	V	COS	R															
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>															
Person/Alternate Person in charge present, demonstrates knowledge and performs duties						16	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>															
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	Food separated and protected																				
Certified Food Protection Manager for Classes 2, 3, & 4						17	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>															
Employee Health						Time/Temperature Control for Safety																				
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>															
Management, food employee and conditional employee; knowledge, responsibilities and reporting						19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>															
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>															
Proper use of restriction and exclusion						21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>															
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>															
Written procedures for responding to vomiting and diarrheal events <u>discussed</u>						23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>															
Good Hygienic Practices						24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>															
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	Consumer Advisory																				
Proper eating, tasting, drinking, or tobacco products use						25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>															
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	Highly Susceptible Population																				
No discharge from eyes, nose, and mouth						26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>															
Preventing Contamination by Hands						Food/Color Additives and Toxic Substances																				
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>															
Hands clean and properly washed						28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>															
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	Conformance with Approved Procedures																				
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed						29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>															
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	GOOD RETAIL PRACTICES																				
Adequate handwashing sinks, properly supplied/accessible						<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>																				
Approved Source						Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																				
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	Safe Food and Water			Proper Use of Utensils																	
Food obtained from approved source						30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V	COS	R	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V	COS	R							
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	Food Temperature Control						44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>									
Food received at proper temperature						31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment													
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>									
Food in good condition, safe, and unadulterated						33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	Physical Facilities														
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	Food Identification						50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>									
Required records available: molluscan shellfish identification, parasite destruction						34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>									
GOOD RETAIL PRACTICES						35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>									
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>						36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>									
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation						Prevention of Food Contamination			Violations documented			Date corrections due			#											
Safe Food and Water			Proper Use of Utensils			Utensils and Equipment			Physical Facilities			Priority Item Violations			2/8/2024			1								
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	Core Item Violations			5/8/2024			3		
Pasturized eggs used where required						38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	Risk Factor/Public Health Intervention Violations			-			-		
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	Prevention of Food Contamination						Repeat Risk Factor/Public Health Intervention Violations						-								
Water and ice from approved source						39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	Good Retail Practices Violations						4								
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	Requires Reinspection - check box if you intend to reinspect														
Variance obtained for specialized processing methods						41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.														
Food Temperature Control						42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>															
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	Person in Charge (Signature) <u>Deane Young</u> Date <u>2/8/24</u>																				
Proper cooling methods used; adequate equipment for temperature control						Person in Charge (Printed) <u>Deane Young</u>																				
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	Inspector (Signature) <u>Lauren's menu</u> Date <u>2/8/2024</u>																				
Plant food properly cooked for hot holding						Inspector (Printed) <u>Lauren's menu</u>																				
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>																					
Approved thawing methods used																										
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>																					
Thermometers provided and accurate																										

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/8/2024

Establishment Aliez Catering

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cream	39F			handsink	110F
				hot water 3 bay	110F

### OBSERVATIONS AND CORRECTIVE ACTIONS


Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
note*	discussed food code this day
49c	gaskets of 2 door refrigeration not clean
49c	shelving (plastic) next to handsink not clean
note*	no activity at time of visit
note*	Food thermometer available + accurate
note*	test strips available for quat sanitizer / bleach strips
49c	Floors under equipment not clean
44pf	coffee urn/cambro stored on floor in basement dry storage
	no mop sink - shower accessible for waste water ↳ discuss variance option as there is no space available for mop sink

Person in Charge (Signature) Gene Perry

Inspector (Signature) L. Brandy

Date 2/8/24

Date 2/8/2024

Risk Category: 4	<b>Food Establishment Inspection Report</b>		Page 1 of 2
Establishment type: Permanent Temporary Mobile Other	Date: 2/8/24		
Establishment: April Time		Time In: 10:15 AM/PM	Time Out: 12 AM/PM
Address: 91 Chestnut		LHD: Manchester	New Owner
Town/City: Manchester		Purpose of Inspection: Routine	Pre-op
Permit Holder		Reinspection	Other: Initial Inspect

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

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

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

IN	OUT	N/A	N/O		V	COS	R		IN	OUT	N/A	N/O		V	COS	R
<b>Supervision</b>								<b>Protection from Contamination</b>								
1				Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf				(15)				Food separated and protected	P/C		
2				Certified Food Protection Manager for Classes 2, 3, & 4	C				(16)				Food-contact surfaces: cleaned & sanitized	P/Pf/C		
<b>Employee Health</b>								<b>Time/Temperature Control for Safety</b>								
3				Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf				18				Proper cooking time and temperatures	P/Pf/C		
4				Proper use of restriction and exclusion	P				19				Proper reheating procedures for hot holding	P		
5				Written procedures for responding to vomiting and diarrheal events	Pf				20				Proper cooling time and temperatures	P		
<b>Good Hygienic Practices</b>								<b>Consumer Advisory</b>								
6				Proper eating, tasting, drinking, or tobacco products use	P/C				21				Proper hot holding temperatures	P		
7				No discharge from eyes, nose, and mouth	C				22				Proper cold holding temperatures	P		
<b>Preventing Contamination by Hands</b>								<b>Highly Susceptible Population</b>								
8				Hands clean and properly washed	P/Pf				23				Proper date marking and disposition	P/Pf		
9				No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C				24				Time as a public health control: procedures and records	P/Pf/C		
10				Adequate handwashing sinks, properly supplied/accessible	Pf/C				<b>Food/Color Additives and Toxic Substances</b>							
<b>Approved Source</b>								<b>Conformance with Approved Procedures</b>								
11				Food obtained from approved source	P/Pf/C				25				Consumer advisory provided: raw/undercooked food	Pf		
12				Food received at proper temperature	P/Pf				<b>Food Color Additives and Toxic Substances</b>							
13				Food in good condition, safe, and unadulterated	P/Pf				26				Pasteurized foods used; prohibited foods not offered	P/C		
14				Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C				27				Food additives: approved and properly used	P		
<b>GOOD RETAIL PRACTICES</b>								<b>Good Retail Practices</b>								
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>																
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																
30				Pasteurized eggs used where required	P				<b>Proper Use of Utensils</b>							
31				Water and ice from approved source	P/Pf/C				43				In-use utensils: properly stored	C		
32				Variance obtained for specialized processing methods	Pf				(44)				Utensils/equipment/linens: properly stored, dried, & handled	P/C		
<b>Food Temperature Control</b>								<b>Utensils and Equipment</b>								
33				Proper cooling methods used; adequate equipment for temperature control	Pf/C				45				Single-use/single-service articles: properly stored & used	P/C		
34				Plant food properly cooked for hot holding	Pf				46				Gloves used properly	C		
35				Approved thawing methods used	Pf/C				(47)				Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C		
36				Thermometers provided and accurate	Pf/C				48				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C		
<b>Food Identification</b>								<b>Physical Facilities</b>								
37				Food properly labeled; original container	Pf/C				49				Non-food contact surfaces clean	C		
<b>Prevention of Food Contamination</b>								<b>Physical Facilities</b>								
38				Insects, rodents, and animals not present	Pf/C				50				Hot and cold water available; adequate pressure	Pf		
39				Contamination prevented during food preparation, storage & display	P/Pf/C				51				Plumbing installed; proper backflow devices	P/Pf/C		
40				Personal cleanliness	Pf/C				52				Sewage and waste water properly disposed	P/Pf/C		
41				Wiping cloths: properly used and stored	C				53				Toilet facilities: properly constructed, supplied, & clean	Pf/C		
42				Washing fruits and vegetables	P/Pf/C				54				Garbage and refuse properly disposed; facilities maintained	C		
<b>Violations documented</b>								<b>Violations documented</b>								
Person in Charge (Signature) <i>M. S. Boeker</i> Date 2/8/24 Person in Charge (Printed) MANUWOER SHACKU Inspector (Signature) <i>Denise Payne</i> Date 2/8/24 Inspector (Printed) Denise Payne Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.								Date corrections due # Priority Item Violations 2/11/24 2 Priority Foundation Item Violations 2/13/24 1 Core Item Violations 5/8/24 3 Risk Factor/Public Health Intervention Violations 3 Repeat Risk Factor/Public Health Intervention Violations Good Retail Practices Violations 3 Requires Reinspection - check box if you intend to reinspect								

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/8/24

Establishment April Time

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
reach in sour cream	36°F	3-door in basement	38°F	hand sink in ww	134°F
toilet	40°F	butter	41°F	chlorine bucket	50-100ppm
		WIF	0°F	bathroom (employee)	120°F
Hot Hold Ravioli in	145F			dish machine	7160°F
Mannara					



### 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 town...
	CFPM - Keke on site
44C	jumbled utensils in bottom drawer of prep table next to 3-bay
16PF	interior of microwave not clean (top)
55C	cone base not secure to wall in storage area off kitchen
47C	non-commercial equipment in storage area off kitchen, to be removed
15P	meats jumbled in WIF. Discussed hierarchy in WIF and refrigeration.
28P	chlorine sanitizer bucket not labeled (COS)
	Discussed dented can policy, create dedicated area (labeled)
	Discussed properly labeling chemical buckets/spray bottles
	Discussed ceiling maintenance including conduit + sprinkler pipes
	Discussed staff beverage storage location
	Discussed washable caps for metal cart, plastic wrap not approved
	Reviewed date-marking policy, allergens, and ill-food workers
	Facility policy - no cooling needed / done
★	Alcohol wipes required to sanitize thermometer in between temping. Kitchen is very clean and organized!!
	↓ some provided this day.
	<hr/> <hr/>
	email dpayne@manchesterct.gov that all Priority, and Priority Foundations have been addressed. within 3 <sup>(PF)</sup> /10 <sup>(PF)</sup> days

Person in Charge (Signature) W. Stochel

Date 2/8/2024

Inspector (Signature) Dennis Payne

Date 2/8/24

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>2/28/24</u>
Establishment <u>Army Navy Club</u>		Time In <u>1:00</u> AM/PM Time Out <u>2:00</u> AM/PM
Address <u>1090 Main Street</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>William Flagg</u>		Reinspection Other _____



**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

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

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

Supervision				Protection from Contamination					
IN	OUT	N/A	N/O	V	COS	R	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Pf			15 Food separated and protected		
2 Certified Food Protection Manager for Classes 2, 3, & 4				C			16 Food-contact surfaces: cleaned & sanitized		
							17 Proper disposition of returned, previously served, reconditioned, and unsafe food		

Employee Health			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 Proper use of restriction and exclusion			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 Written procedures for responding to vomiting and diarrheal events			

Time/Temperature Control for Safety			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Proper cooking time and temperatures			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Proper reheating procedures for hot holding			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20 Proper cooling time and temperatures			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21 Proper hot holding temperatures			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Proper cold holding temperatures			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23 Proper date marking and disposition			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24 Time as a public health control: procedures and records			

Good Hygienic Practices			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6 Proper eating, tasting, drinking, or tobacco products use			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 No discharge from eyes, nose, and mouth			

Consumer Advisory			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25 Consumer advisory provided: raw/undercooked food			

Preventing Contamination by Hands			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8 Hands clean and properly washed			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Adequate handwashing sinks, properly supplied/accessible			

Highly Susceptible Population			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26 Pasteurized foods used; prohibited foods not offered			

Approved Source			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Food obtained from approved source			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Food received at proper temperature			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Food in good condition, safe, and unadulterated			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14 Required records available: molluscan shellfish identification, parasite destruction			

Food/Color Additives and Toxic Substances			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 Food additives: approved and properly used			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28 Toxic substances properly identified, stored & used			

**GOOD RETAIL PRACTICES**

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

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

Safe Food and Water			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Pasteurized eggs used where required			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 Water and ice from approved source			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 Variance obtained for specialized processing methods			

Proper Use of Utensils			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43 In-use utensils: properly stored			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44 Utensils/equipment/linens: properly stored, dried, & handled			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45 Single-use/single-service articles: properly stored & used			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46 Gloves used properly			

Food Temperature Control			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 Proper cooling methods used; adequate equipment for temperature control			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 Plant food properly cooked for hot holding			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 Approved thawing methods used			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 Thermometers provided and accurate			

Utensils and Equipment			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 Non-food contact surfaces clean			

Food Identification			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37 Food properly labeled; original container			

**Physical Facilities**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 Hot and cold water available; adequate pressure			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 Plumbing installed; proper backflow devices			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52 Sewage and waste water properly disposed			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53 Toilet facilities: properly constructed, supplied, & clean			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54 Garbage and refuse properly disposed; facilities maintained			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55 Physical facilities installed, maintained, and clean			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56 Adequate ventilation and lighting; designated areas used			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural rubber latex gloves not used per CGS §19a-36f			

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

Person in Charge (Signature) Terri Keester Date 2/28/24

Person in Charge (Printed) Terri Keester

Inspector (Signature) L. Grandy Date 2/28/24

Inspector (Printed) Lauren Grandy

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations		
Core Item Violations	<u>5/28/2024</u>	<u>1</u>
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>1</u>
Requires Reinspection - check box if you intend to reinspect		

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



# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/28/24

Establishment Army Navy Club Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
walk in cooler	40F			mens hot water	90F
hot dogs	41F			womens hot water	90F
reach in Freezer @	0F			handsink H.W.	89F

## 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.
	CFPM: Steve Gouvis / Terri (pic)
note X	Thermometer + alcohol wipes available
note X	test strips available
note X	no activity at time of visit - closed
49C	Floor in walk in cooler not clean
	DPH allergen poster provided this day
	discussed bins at bar for straws with person in charge
	very clean + organized!

Person in Charge (Signature) Jessie Keesler

Date 2/28/24

Inspector (Signature) R. Gindly

Date 2/28/2024

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>3</b>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <b>2/14/24</b>
Establishment <b>Ruby Chinese</b>		Time In _____ AM/PM Time Out _____ AM/PM
Address <b>485 Hartford Rd</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <b>ZHI XING LIN</b>		Reinspection _____ Other <b>FDA</b>



**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

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

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

Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected									
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized									
<b>Employee Health</b>				Proper disposition of returned, previously served, reconditioned, and unsafe food									
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				<b>Time/Temperature Control for Safety</b>									
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				Proper reheating procedures for hot holding									
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				Proper cooling time and temperatures									
<b>Good Hygienic Practices</b>				Proper hot holding temperatures									
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				Proper cold holding temperatures									
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				Proper date marking and disposition									
<b>Preventing Contamination by Hands</b>				Time as a public health control: procedures and records									
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				<b>Consumer Advisory</b>									
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Consumer advisory provided: raw/undercooked food									
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible				<b>Highly Susceptible Population</b>									
<b>Approved Source</b>				Pasteurized foods used; prohibited foods not offered									
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				<b>Food/Color Additives and Toxic Substances</b>									
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				Food additives: approved and properly used									
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated				Toxic substances properly identified, stored & used									
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction				<b>Conformance with Approved Procedures</b>									
				Compliance with variance/specialized process/ROP criteria/HACCP Plan									

**GOOD RETAIL PRACTICES**

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

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

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

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

Person in Charge (Signature) Zhi Xing Lin Date 2/14/24

Person in Charge (Printed) Zhi Xing Lin

Inspector (Signature) Denise Payne Date 2/14/24

Inspector (Printed) Denise Payne

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

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/14/24

Establishment Ruby Chinese Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Egg rolls	41 F				
Chicken	41 F				
Fried Rice in Walk-in Cooler	147 F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
55C	<p>brooms need to be hung so off the floor 50</p> <p>Reviewed FDA Requirements w/ CFPM. 2nd CFPM required Reviewed date marking Allergens posting + menu list of allergens. Discussed 2 Bay - remove wash/rinse signs - This sink is for Food Prep only. Use 3 Bay for Cleaning Discussed signage Reviewed Ill food workers policy form 1A 1B.</p> <p>owner to contact Health Dept with questions. owner to get Hood Cleaning Date <del>to</del> to reach out to fire Dept OWNER Fire Marshal</p> <p>New Owner permit provided this day.</p>

Person in Charge (Signature) Zhenyuan Lin

Date 2/14/24

Inspector (Signature) Denise Payne

Date 2/14/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/14/24

Establishment Ruby Chinese

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Shrimp	36F	Rice	170F	Hot Water	113F
Chicken	40F	Soup Veg	200F		
Beef	40F	Wan Tong	207F	Sanitizer	100ppm
Fried Wings	39F				
Chicken	38	Fried Rice	207F		

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

- | Item Number    | Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code. |
|----------------|--|
| <del>45C</del> | Rice scoop in stagnant water / spoon in stagnant water (COS)   |
| 2              | To go boxes, not protected - in bag or upside down   |
| 47C            | Freezer chest handle broken  |
| 49C            | Broccoli table - shelves unclear   |
| 47C            | Freezer chest - rust coming thru. OK to clean / sm. freezer<br>→ Foodgrade appliance spray paint OK to use                                     |
| 49C            | Cold prep gasket and handles unclear   |
| 37C            | Spices on cookline, not labelled / Water bottle not labelled   |
| 47C            | Paper menu as a liner on cookline  |
| 45C            | Spicy powder - single use container not approved   |
| 47C            | Interior Microwave unclear - grease  |
| 49C            | Backsplash on fryer's with build-up  |
| 41C            | No Sanitizer in place - made + labeled @ 100ppm  |
|                | Dirty Towels - Created a bucket (labeled) laundry mat to clean   |
| 16P            | Utensils hung in storage unclear - discussed wash-nurse - sanitizer  |
| 47C            | Paper towel Dispenser needed at hand sink 1 min  |
| 47C            | Small freezer - gasket unclear + turn → replace  |
| Note           | Clean electrical boxes   |
| 47C            | Rice bin - grey lid not commercial   |
| Note           | Belt fish - Invoice provided   |
| 15C            | Nesting of broccoli bins - wash produce, drip, then cover  |
| *Note          | Cooler product just at 4! F → Reduce air temp by 2°  |

Person in Charge (Signature) Zhu Lin

Date 2/14/24

Inspector (Signature) Denise Payne

Date 2/14/24

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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 2/20/24

Establishment Baja's Fresh Grill Time In 10:00 AM Time Out 12:15 AM

Address 106Z Tollard Tpke LHD Manchester

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

Permit Holder \_\_\_\_\_ Reinspection \_\_\_\_\_ Other \_\_\_\_\_



**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

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

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

Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1							15				P/C		
							16				R/P/C		
2							17				P		
Employee Health				Time/Temperature Control for Safety									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3							19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P		
4							20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P		
5							21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P		
							22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P		
							23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf		
6							24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C		
7													
Good Hygienic Practices				Consumer Advisory									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf		
8													
9													
10													
Preventing Contamination by Hands				Highly Susceptible Population									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C		
11													
12													
13													
14													
Approved Source				Food/Color Additives and Toxic Substances									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P		
12							28	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C		
13													
14													
GOOD RETAIL PRACTICES				Conformance with Approved Procedures									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C		

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

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

Safe Food and Water				Proper Use of Utensils					
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				43	<input checked="" type="checkbox"/>		
30						44	<input type="checkbox"/>		
31						45	<input checked="" type="checkbox"/>		
32						46	<input type="checkbox"/>		
Food Temperature Control				Utensils and Equipment					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				47	<input type="checkbox"/>		
33						48	<input type="checkbox"/>		
34						49	<input checked="" type="checkbox"/>		
35									
36						Physical Facilities			
						50	<input type="checkbox"/>		
37						51	<input checked="" type="checkbox"/>		
38						52	<input type="checkbox"/>		
39						53	<input type="checkbox"/>		
40						54	<input checked="" type="checkbox"/>		
41						55	<input checked="" type="checkbox"/>		
42						56	<input checked="" type="checkbox"/>		

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

Person in Charge (Signature) Josue Leon Date 2/20/24

Person in Charge (Printed) \_\_\_\_\_

Inspector (Signature) Kim Olszowski / Kate Person Date 2/20/24

Inspector (Printed) Kim Olszowski / Kate Person

Violations documented	Date corrections due	#
Priority Item Violations	<u>2/23/24</u>	<u>3</u>
Priority Foundation Item Violations	<u>COS</u>	<u>1</u>
Core Item Violations	<u>5/20/24</u>	<u>9</u>
Risk Factor/Public Health Intervention Violations		<u>3</u>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>10</u>

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/20/24

Establishment Baja's Fresh Grill Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC steak	41°F	internal chicken	180°F	handsink	106°F
ground beef	41°F	cold hold front pico	37°F	quat sanitized	200ppm
raw steak	40°F	salsa	39°F	3-bay hot water	115°F
raw chicken	46°F	cut tomatoes	37°F	customer bathroom	96°F
front line rice	154°F	hot hold alt/sham		final beef temp	174°F
pulled pork	147°F	chicken	154°F		
black beans	163°F	steak	147°F		
chicken	135°F	cold prep wings	39°F		

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CFPM Josue on site
54C	no trash @ handsink by door entrance to kitchen
28P	w/index stored next to food product (cos)
15C	food not being cooled not covered in WIC (raw steak, sauce)
49C	wall behind grill unclean
43C	rice scoop stored w/ handle down in bin, generally
56C	hood over fryer and flat top not clean, drips forming
x 51P	spray nozzle hanging below flood line, work order in place per PIC
16PF	can opener blade not clean (cos)
55C	mop wet, not hanging (cos) (mop in bucket)
49C	handsink by 3-door freezer and fryers not clean
49C	cabinet under soda machine not clean
45C	single use container used as scoop in several containers
x 51P	plumbing under 3-bay leaking, PIC stated work order is in
	Discussed w/ PIC ill food workers policy and pest control
	Discussed w/ PIC the need for allergen labeling on pre-
	packaged cakes. Discussed dated can policy & designated area.
	Thermometer and test strips available - thermometers calibrated
	Overall very clean and organized kitchen!
	CFPM Josue is very knowledgeable and has good
	active managerial control.
	Good glove use observed.
	Provide photoproof of corrected "P" violations w/in 3 days. (email)


Person in Charge (Signature) Josue Leon

Date 2/20/24

Inspector (Signature) Kin O'Rourke R.S. / Katelyn Perse

Date 2/20/24

K.person@manchester.ct.gov

Risk Category: <u>2</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>2-28-24</u>	
Establishment: <u>Bennett Academy</u>		Time In _____ AM/PM Time Out _____ AM/PM
Address: <u>1151 Main St</u>	LHD: <u>Manchester</u>	
Town/City: <u>Manchester</u>	Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder: <u>MPS</u>	Reinspection _____ Other _____	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																	
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>																	
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																	
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																	
	IN	OUT	N/A	N/O	Supervision	V	COS	R		IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>		15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>		16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>													<b>Time/Temperature Control for Safety</b>				
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>		19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>		20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>													<b>Consumer Advisory</b>				
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>		21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>		22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>													<b>Highly Susceptible Population</b>				
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		<b>Food/Color Additives and Toxic Substances</b>							
<b>Approved Source</b>													<b>Conformance with Approved Procedures</b>				
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		<b>Food/Color Additives and Toxic Substances</b>							
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<b>GOOD RETAIL PRACTICES</b>													<b>Compliance with Variance/Specialized Process/ROP Criteria/HACCP Plan</b>				
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>													28 <input checked="" type="checkbox"/> Toxic substances properly identified, stored & used <input checked="" type="checkbox"/> P/Pf/C				
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													29 <input type="checkbox"/> Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C				
	OUT	N/A	N/O	Safe Food and Water	V	COS	R		OUT	Proper Use of Utensils	V	COS	R				
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>		43	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>				
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		44	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>				
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>		45	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>				
<b>Food Temperature Control</b>													<b>Utensils and Equipment</b>				
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		46	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>			
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>		47	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>			
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		48	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>			
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		49	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>			
<b>Food Identification</b>													<b>Physical Facilities</b>				
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		50	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>			
<b>Prevention of Food Contamination</b>													<b>Physical Facilities</b>				
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		51	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>			
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		52	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>			
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		53	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>			
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>		54	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>			
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		55	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>			
Permit Holder shall notify customers that a copy of the most recent inspection report is available.													56 <input type="checkbox"/> Adequate ventilation and lighting; designated areas used <input type="checkbox"/> C <input type="checkbox"/>				
Person in Charge (Signature) <u>Pat Mazzetta</u> Date <u>2-28-24</u>	Violations documented		Date corrections due		#												
Person in Charge (Printed) <u>Pat Mazzetta</u>	Priority Item Violations		<u>COS / training needed</u>		<u>1</u>												
Inspector (Signature) <u>Denise Payne</u> Date <u>2/28/24</u>	Priority Foundation Item Violations				<u>0</u>												
Inspector (Printed) <u>Denise Payne</u>	Core Item Violations				<u>0</u>												
	Risk Factor/Public Health Intervention Violations				<u>0</u>												
	Repeat Risk Factor/Public Health Intervention Violations				<u>0</u>												
	Good Retail Practices Violations				<u>0</u>												
	Requires Reinspection - check box if you intend to reinspect				<u>0</u>												

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

# Food Establishment Inspection Report

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 2/28/24

Establishment Bennett Academy Town Manchester

TEMPERATURE OBSERVATIONS					
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cheese	41F	Chicken	152F	Quat botl (front)	200ppm
Yogurt *	41F	Corn	158F		
Milk	37F	Chicken	138F	Dish Machine	>160F
Milk Delivery	39.6F				

### 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.
13PF	multiple dented cans - HDpt reviewed areas of concern w/CFPM. CFPM to Retrain Staff (10 days) Discussed labelled location for Cans to be discarded.
28P	Sanitizer too strong in Spray bottles @ 3 bay End of service 3 bay low → CFPM stated she will dedicate a staff to oversee Chemical prep bottles removed (cos)
	Date Marking noted. ✓
	No ill food workers ✓
	Kitchen Clean + Organized



[dpayne@ManchesterCT.gov](mailto:dpayne@ManchesterCT.gov)

Person in Charge (Signature) Cat Mazzotta  
Inspector (Signature) Denise Payne

Date 2/28/24  
Date 2/28/24



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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 2/14/2024

Establishment Between Rounds Time In 1:30 AM/PM Time Out 2:30 AM/PM

Address 1540 Pleasant Valley Rd LHD Manchester

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

Permit Holder Jerry / Aidan Mathew Reinspection \_\_\_\_\_ Other \_\_\_\_\_



**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

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

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

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

**GOOD RETAIL PRACTICES**

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

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

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

Person in Charge (Signature) [Signature] Date 2/14/2024

Person in Charge (Printed) AIDAN MATHEW

Inspector (Signature) [Signature] Date 2/14/2024

Inspector (Printed) Lauren Grandy

Violations documented	Date corrections due	#
Priority Item Violations	<u>2/17/24</u>	<u>2</u>
Priority Foundation Item Violations	<u>2/24/24</u>	<u>2</u>
Core Item Violations	<u>5/14/24</u>	<u>8</u>
Risk Factor/Public Health Intervention Violations		<u>5</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>5</u>
Good Retail Practices Violations		<u>10</u>
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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

reinspection - 2/24/24

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet

Date 2/14/2024

Establishment Between Rounds Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIF	0F	Front cold prep		handsink hw	100F
WIC	33F	Turkey	39F	handsink hw	86F
Cheese	35F	Cheese	39F	quat 3 bay	200ppm
Turkey	34F	cream cheese	41F	quat sanitizer	200ppm
Cream cheese	35F	Sliced tomato	41F	3 bay hot water	110F
		pastrami	41F		
Butter @ room temp	66F				

### 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.
	CFPM: Ajay Mathew
49c	gaskets of WIF not clean / WIC not clean
16pF	exterior of racks for bagels not clean on back pretable
16pF	interior of proofer not clean
37c	liquids not labeled in spray bottle across from bagel proofer
44pF	utensils / labels jumbled in drawer across from bagel proofer
45p	to go cup used as scoop in sugar container
56c	cleaning equipment stored on floor by mop sink
16pF	interior of ice machine not clean
16pF	interior of drawers by deli slicer not clean (and cabinets)
47c	handle missing on cabinet where drink lids are stored
52c	bucket <del>used</del> with waste water stored under dump sink by coffee area
51c	plumbing at utility sink leaking
47c	door/cabinet missing under espresso machine
47c	Keeco coffee non commercial - person in charge to email spec sheet to lgrandy@manchesterct.gov
notex	Food thermometer / alcohol wipes available
notex	test strips available
22p	Butter out at room temperature at 66F - discarded ↳ discussed time as temperature control; 3-4 hr max hold. Butter must be date/time stamped. After the 3-4 hours butter product must be discarded. (COS)
notex	health dept to email FDA info to Ajay

Person in Charge (Signature) Cemmy [Signature]

Date 2/14/2024

Inspector (Signature) L. Grandy

Date 2/14/2024

# Connecticut Department of Public Health

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <b>2/29/24</b>
Establishment <b>Bowers Elem. School</b>		Time In <b>11:00</b> AM/PM Time Out <b>11:45</b> AM/PM
Address <b>141 Princeton St.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder _____		Reinspection Other _____



## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

## GOOD RETAIL PRACTICES

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

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

OUT/N/A/N/O	V	COS	R
Safe Food and Water			
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control			
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification			
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination			
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN	OUT	N/A	N/O	V	COS	R
Protection from Contamination						
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time/Temperature Control for Safety						
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory						
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Population						
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food/Color Additives and Toxic Substances						
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures						
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Permit Holder shall notify customers that a copy of the most recent inspection report is available.		<b>Violations documented</b> Priority Item Violations Priority Foundation Item Violations Core Item Violations Risk Factor/Public Health Intervention Violations Repeat Risk Factor/Public Health Intervention Violations Good Retail Practices Violations Requires Reinspection - check box if you intend to reinspect	<b>Date corrections due</b> <b>3/5/24</b>	<b>#</b> 1 0 1 1 0 0
Person in Charge (Signature) <i>[Signature]</i>	Date <b>2/29/24</b>			
Person in Charge (Printed) <b>Michelle Hills</b>				
Inspector (Signature) <i>[Signature]</i>	Date <b>2/29/24</b>			
Inspector (Printed) <b>Denise Payne</b>				

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/29/24

Establishment Bowers Elm. School Town Manchester

### TEMPERATURE OBSERVATIONS

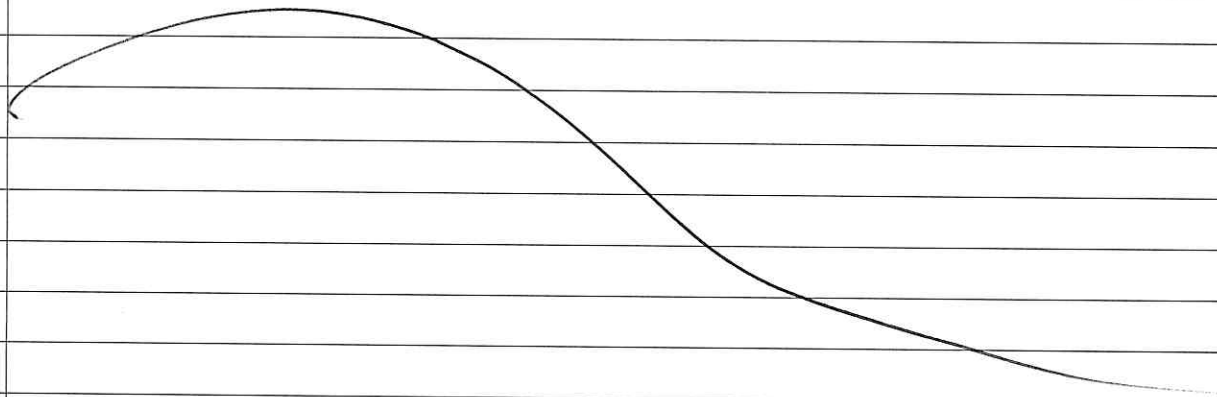
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
hot hold hotdog	141°F	milk cooler, milk	39°F	handsink	86°F
baked beans	140°F			quat bucket	200ppm
cold hold yogurt	41°F			bathroom handsink	96°F
cheese stick	39°F			dishmachine	7160°F
WIC choc. milk	37°F				
american cheese	37°F				
WIF ambient	-4°F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number CFPM Michelle Hills on site  
15p jumbled meat products in freezer (raw turkey over peas)

Test strips and thermometer available  
 Very organized and clean kitchen  
 Discussed all food workers and allergens



\*Steamer unit/hot water still an issue for school



Person in Charge (Signature) [Signature]

Date 2/29/24

Inspector (Signature) [Signature]

Date 2/29/24

Risk Category: <b>4</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other	Date: <b>2/26/24</b>	
Establishment: <b>Buckley Elementary</b>	Time In: _____ AM/PM	Time Out: _____ AM/PM
Address: <b>250 Vernon St</b>	LHD <b>Manchester</b>	
Town/City: <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder: <b>MPS</b>	Reinspection Other	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Preventing Contamination by Hands															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
GOOD RETAIL PRACTICES															
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>				
Food Temperature Control															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Food Identification															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Prevention of Food Contamination															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Person in Charge (Signature) <b>Manager Servino</b>				Date				Violations documented		Date corrections due		#			
Person in Charge (Printed)								Priority Item Violations				0			
Inspector (Signature) <b>Denise Payne</b>				Date <b>2/26/24</b>				Priority Foundation Item Violations				0			
Inspector (Printed) <b>Denise Payne</b>								Core Item Violations				0			
								Risk Factor/Public Health Intervention Violations				0			
								Repeat Risk Factor/Public Health Intervention Violations				0			
								Good Retail Practices Violations				2			
								Requires Reinspection - check box if you intend to reinspect				<input type="checkbox"/>			

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

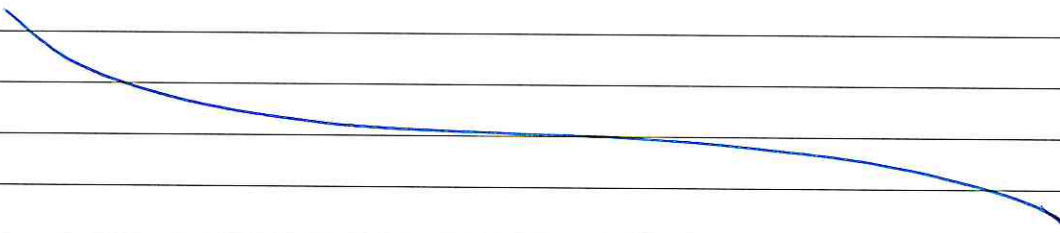
Date 2/26/24

Establishment Buckley Elementary Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Chicken	193F	String Cheese	39F	Hot water	123F
Mashed Potatoes	171F	Milk	37F	Dish Machine	7160°F
Chicken Salad	139F	Pineapple Chunks	41F	Sanitizer corrected to 200ppm	
		Margarine	39F		

### 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.
38C	Rear door with gaps
41C	Low Sanitizer (3) Buckets - Time to Change → New bucket @ 200ppm - Manager discussed changing "Sani" bay to opposite end. <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">COS</span>
	
	* Date marking observed ✓      * Discussed (1) Hummus Container
	Employee Restroom door self closing ✓
	* Farm to Table Produce - HDpt to get w/ Dir. of Food Svc.



Person in Charge (Signature) MANAGER Serving  
 Inspector (Signature) Denise Layne

Date 2/26/24

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>		
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <b>2/15/2024</b>		
Establishment <b>Carito's Bakery</b>		Time In <b>11:30</b> AM/PM Time Out <b>12:30</b> AM/PM		
Address <b>73 A Tolland Turnpike</b>		LHD <b>Manchester</b>		
Town/City <b>Manchester</b>		Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder <b>Rebecca/Luis Muniz</b>		Reinspection Other _____		
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>				
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.				
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed				
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation				
<b>Supervision</b>	<b>Protection from Contamination</b>	<b>Time/Temperature Control for Safety</b>		
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties	15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures		
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4	16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding		
<b>Employee Health</b>				
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting	17 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food	20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures		
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion	<b>Consumer Advisory</b>			
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food		
<b>Good Hygienic Practices</b>				
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use	<b>Highly Susceptible Population</b>			
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered	<b>Food/Color Additives and Toxic Substances</b>		
<b>Preventing Contamination by Hands</b>				
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed	27 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used	<b>Conformance with Approved Procedures</b>		
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan	<b>GOOD RETAIL PRACTICES</b>	
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.			
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation	
<b>Approved Source</b>	<b>Safe Food and Water</b>	<b>Proper Use of Utensils</b>	<b>Utensils and Equipment</b>	
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source	30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required	43 <input type="checkbox"/> OUT In-use utensils: properly stored	47 <input type="checkbox"/> OUT Food and non-food contact surfaces cleanable, properly designed, constructed, and used	
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature	31 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source	44 <input type="checkbox"/> OUT Utensils/equipment/linens: properly stored, dried, & handled	48 <input type="checkbox"/> OUT Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	
13 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated	32 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods	45 <input type="checkbox"/> OUT Single-use/single-service articles: properly stored & used	49 <input checked="" type="checkbox"/> OUT Non-food contact surfaces clean	
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction	<b>Food Temperature Control</b>			
<b>Food Identification</b>			<b>Physical Facilities</b>	
37 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	33 <input type="checkbox"/> OUT Proper cooling methods used; adequate equipment for temperature control	50 <input type="checkbox"/> OUT Hot and cold water available; adequate pressure	51 <input type="checkbox"/> OUT Plumbing installed; proper backflow devices	
<b>Prevention of Food Contamination</b>			52 <input checked="" type="checkbox"/> OUT Sewage and waste water properly disposed	
38 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present	34 <input type="checkbox"/> OUT Plant food properly cooked for hot holding	53 <input type="checkbox"/> OUT Toilet facilities: properly constructed, supplied, & clean	54 <input type="checkbox"/> OUT Garbage and refuse properly disposed; facilities maintained	
39 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	35 <input type="checkbox"/> OUT Approved thawing methods used	55 <input type="checkbox"/> OUT Physical facilities installed, maintained, and clean	56 <input checked="" type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used	
40 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	36 <input type="checkbox"/> OUT Thermometers provided and accurate	<b>Violations documented</b>		
41 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	<b>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</b>			
42 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	Person in Charge (Signature) <b>Rebecca</b> Date <b>2/15/24</b>	Priority Item Violations	3	
Person in Charge (Printed) <b>Rebecca Muniz</b>		Priority Foundation Item Violations	4	
Inspector (Signature) <b>L. Grandu</b> Date <b>2/15/2024</b>		Core Item Violations	6	
Inspector (Printed) <b>Laurien Grandu</b>		Risk Factor/Public Health Intervention Violations	6	
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.		Repeat Risk Factor/Public Health Intervention Violations	7	
		Good Retail Practices Violations	1	
		Requires Reinspection - check box if you intend to reinspect	<input checked="" type="checkbox"/>	

reinspection: 2/18/2024

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/15/2024

Establishment Carlito's Bakery Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
back 2 door freezer	-9F	Front counter	38F	hot water handsink	95
2 door True Freezer	-10F	oreo cheese cake	41F	hot water 3 bay	110F
2 door true refrigerator	36F	sober cooler	36F		
Tomato	37F				
cheese	40F	snapple front milk (diamond)	40F		

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CFPM: Rebecca MUNIZ - DCP Bakery License ✓
10pF	no paper towels at handsink next to 3 bay
10pF	no soap/dispenser at handsink by ovens
56c	blanket/laptop stored on prep table across from 3 bays sink
55c	ceiling tiles stained/not clean
55c	missing ceiling tile above prep sink
notex	sani tabs/test strips available
16pF	prep sink not clean
52c	stagnant dirty water in mop bucket by back entrance
49c	vent covers in restroom/throughout no clean
16p	deli slicer not clean
49c	back window shades by mixer not clean
15p	Food not covered/protected in standing freezer
notex	discussed adding pizza/hot dogs - submit written plan to health Dept for approval - Lgrandy@manchesterct.gov
37pF	brown granular outside original container not labeled ↳ any food product outside original container must be labeled
13p	oat milk expired in front milk cooler - discarded by pic <u>COS</u>
notex	Front counter cold prep (right) not functioning properly - work order submitted - not in use at this time
notex	discussed replacing gobe/snapple coolers with commercial NSF equipment ↳ to be replaced/removed in 60 days.
notex	Thermometer available / alcohol wipes
Person in Charge (Signature)	<u>Rebecca</u> Date <u>2/15/24</u>
Inspector (Signature)	<u>R. Grandy</u> Date <u>2/15/2024</u>



Risk Category: <b>4</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>2/7/24</b>
Establishment <b>Community Caterer</b>		Time In _____ AM/PM Time Out _____ AM/PM
Address <b>460 Main St</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder _____		Reinspection _____ Other _____

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

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

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

Supervision				Protection from Contamination										
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Pf	<input type="checkbox"/>	<input type="checkbox"/>	15 Food separated and protected				P/C	<input type="checkbox"/>	<input type="checkbox"/>	
2 Certified Food Protection Manager for Classes 2, 3, & 4				C	<input type="checkbox"/>	<input type="checkbox"/>	16 Food-contact surfaces: cleaned & sanitized				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>										
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18 Proper cooking time and temperatures				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
4 Proper use of restriction and exclusion				P	<input type="checkbox"/>	<input type="checkbox"/>	19 Proper reheating procedures for hot holding				P	<input type="checkbox"/>	<input type="checkbox"/>	
5 Written procedures for responding to vomiting and diarrheal events				Pf	<input type="checkbox"/>	<input type="checkbox"/>	20 Proper cooling time and temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>										
6 Proper eating, tasting, drinking, or tobacco products use				P/C	<input type="checkbox"/>	<input type="checkbox"/>	25 Consumer advisory provided: raw/undercooked food				Pf	<input type="checkbox"/>	<input type="checkbox"/>	
7 No discharge from eyes, nose, and mouth				C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Population</b>							
<b>Preventing Contamination by Hands</b>				<b>Food/Color Additives and Toxic Substances</b>										
8 Hands clean and properly washed				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26 Pasteurized foods used; prohibited foods not offered				P/C	<input type="checkbox"/>	<input type="checkbox"/>	
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Conformance with Approved Procedures</b>							
10 Adequate handwashing sinks, properly supplied/accessible				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27 Food additives: approved and properly used				P	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Approved Source</b>				<b>GOOD RETAIL PRACTICES</b>										
11 Food obtained from approved source				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>							
12 Food received at proper temperature				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation							
13 Food in good condition, safe, and unadulterated				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Safe Food and Water</b>							
14 Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	30 Pasteurized eggs used where required				P	<input type="checkbox"/>	<input type="checkbox"/>	
<b>GOOD RETAIL PRACTICES</b>				<b>Proper Use of Utensils</b>										
30 Pasteurized eggs used where required				P	<input type="checkbox"/>	<input type="checkbox"/>	43 In-use utensils: properly stored				C	<input type="checkbox"/>	<input type="checkbox"/>	
31 Water and ice from approved source				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44 Utensils/equipment/linens: properly stored, dried, & handled				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
32 Variance obtained for specialized processing methods				Pf	<input type="checkbox"/>	<input type="checkbox"/>	45 Single-use/single-service articles: properly stored & used				P/C	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Food Temperature Control</b>				<b>Utensils and Equipment</b>										
33 Proper cooling methods used; adequate equipment for temperature control				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
34 Plant food properly cooked for hot holding				Pf	<input type="checkbox"/>	<input type="checkbox"/>	48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
35 Approved thawing methods used				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49 Non-food contact surfaces clean				C	<input type="checkbox"/>	<input type="checkbox"/>	
36 Thermometers provided and accurate				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>							
<b>Food Identification</b>				<b>Prevention of Food Contamination</b>										
37 Food properly labeled; original container				P/C	<input type="checkbox"/>	<input type="checkbox"/>	50 Hot and cold water available; adequate pressure				Pf	<input type="checkbox"/>	<input type="checkbox"/>	
38 Insects, rodents, and animals not present				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51 Plumbing installed; proper backflow devices				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
39 Contamination prevented during food preparation, storage & display				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52 Sewage and waste water properly disposed				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
40 Personal cleanliness				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53 Toilet facilities: properly constructed, supplied, & clean				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
41 Wiping cloths: properly used and stored				C	<input type="checkbox"/>	<input type="checkbox"/>	54 Garbage and refuse properly disposed; facilities maintained				C	<input type="checkbox"/>	<input type="checkbox"/>	
42 Washing fruits and vegetables				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55 Physical facilities installed, maintained, and clean				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				56 Adequate ventilation and lighting; designated areas used				56 Natural rubber latex gloves not used per CGS §19a-36f				C	<input type="checkbox"/>	<input type="checkbox"/>

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations		0
Core Item Violations		13
Risk Factor/Public Health Intervention Violations		0
Repeat Risk Factor/Public Health Intervention Violations		0
Good Retail Practices Violations		4
Requires Reinspection - check box if you intend to reinspect		

Person in Charge (Signature) _____	Date <b>2/7/24</b>
Person in Charge (Printed) <b>Ferdinand L. Cruz</b>	
Inspector (Signature) <b>Denise Payne</b>	Date <b>2/7/24</b>
Inspector (Printed) <b>Denise Payne</b>	

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

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 2/7/24  
 Establishment Community Caterer Town Manchester

### TEMPERATURE OBSERVATIONS

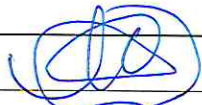
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Ham chunks	167F	Cheese	40F	Hot Water	121F
Cheese Sauce	217F	Potatoes	40F	Dish Machine	7 160F
Pasta + oil	185F	BBQ Chicken	39F	Sanitizer @ 400*	
		Butter	39F		
Ham Cheese Pasta - out for delivery 152F					

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Observations and Corrective Actions
	Ice machine - not in use
49c	Exterior M3 Reachin #3 Ext Unclean
55c	Gap on rear door.
49c	Carts unclean
37c	Dry good containers not labelled.
	Discussed Ill food worker policy - No ill workers
	Discussed Rinsing pasta in Prep sink only.
	Discussed Assembly vs Prep in Dining space.
	Discussed Allergens on Menu ~ Table ReD as discussed
	Discussed Date marking
	Sanitizer @ dispenser to be calibrated. Staff to fill + add water so @ 200 ppm - 300 ppm.
	Test strips Present

Person in Charge (Signature)




Date 2/7/24

Inspector (Signature)

Denise Payne

Date 2/7/24

Risk Category:	<b>Food Establishment Inspection Report</b>			Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>2/20/24</u>		Time In: <u>2:15 AM/PM</u> Time Out: <u>2:45 AM/PM</u>	
Establishment: <u>Dollar Tree</u>			LHD: <u>Manchester</u>	
Address: <u>297 E. Center St.</u>			Purpose of Inspection: <u>Routine</u> Pre-op	
Town/City: <u>Manchester</u>			Reinspection Other _____	
Permit Holder: <u>Rebecca Chambers</u>	<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>			
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>				
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed				
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation				
IN OUT N/A N/O	<b>Supervision</b>			V COS R
1 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf <input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				<input type="checkbox"/>
2 <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C <input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				<input type="checkbox"/>
<b>Employee Health</b>				
3 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf <input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				<input type="checkbox"/>
4 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P <input type="checkbox"/>
Proper use of restriction and exclusion				<input type="checkbox"/>
5 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf <input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				<input type="checkbox"/>
<b>Good Hygienic Practices</b>				
6 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C <input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				<input type="checkbox"/>
7 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C <input type="checkbox"/>
No discharge from eyes, nose, and mouth				<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>				
8 <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf <input type="checkbox"/>
Hands clean and properly washed				<input type="checkbox"/>
9 <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C <input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				<input type="checkbox"/>
10 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C <input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible				<input type="checkbox"/>
<b>Approved Source</b>				
11 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C <input type="checkbox"/>
Food obtained from approved source				<input type="checkbox"/>
12 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf <input type="checkbox"/>
Food received at proper temperature				<input type="checkbox"/>
13 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf <input type="checkbox"/>
Food in good condition, safe, and unadulterated				<input type="checkbox"/>
14 <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C <input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction				<input type="checkbox"/>
<b>GOOD RETAIL PRACTICES</b>				
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>				
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation				
OUT N/A N/O	<b>Safe Food and Water</b>			V COS R
30 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P <input type="checkbox"/>
Pasteurized eggs used where required				<input type="checkbox"/>
31 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C <input type="checkbox"/>
Water and ice from approved source				<input type="checkbox"/>
32 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf <input type="checkbox"/>
Variance obtained for specialized processing methods				<input type="checkbox"/>
<b>Food Temperature Control</b>				
33 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C <input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control				<input type="checkbox"/>
34 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf <input type="checkbox"/>
Plant food properly cooked for hot holding				<input type="checkbox"/>
35 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C <input type="checkbox"/>
Approved thawing methods used				<input type="checkbox"/>
36 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C <input type="checkbox"/>
Thermometers provided and accurate				<input type="checkbox"/>
<b>Food Identification</b>				
37 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C <input type="checkbox"/>
Food properly labeled; original container				<input type="checkbox"/>
<b>Prevention of Food Contamination</b>				
38 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C <input type="checkbox"/>
Insects, rodents, and animals not present				<input type="checkbox"/>
39 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C <input type="checkbox"/>
Contamination prevented during food preparation, storage & display				<input type="checkbox"/>
40 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C <input type="checkbox"/>
Personal cleanliness				<input type="checkbox"/>
41 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C <input type="checkbox"/>
Wiping cloths: properly used and stored				<input type="checkbox"/>
42 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C <input type="checkbox"/>
Washing fruits and vegetables				<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				
Person in Charge (Signature): <u>R Chambers</u>	Date: <u>2-20-24</u>			
Person in Charge (Printed): <u>Rebecca Chambers</u>				
Inspector (Signature): <u>J Ramirez</u>	Date: <u>2/20/24</u>			
Inspector (Printed): <u>Jose Ramirez</u>				
<b>Violations documented</b>		<b>Date corrections due</b>		<b>#</b>
Priority Item Violations		—		0
Priority Foundation Item Violations		—		0
Core Item Violations		5-20-24		2
Risk Factor/Public Health Intervention Violations		—		0
Repeat Risk Factor/Public Health Intervention Violations		—		0
Good Retail Practices Violations		—		2
Requires Reinspection - check box if you intend to reinspect				

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/20/24

Establishment Dollar Tree

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
W/C ambient	35 F			Bathroom hand sink	94 F
W/F ambient	-7 F				
R/C Bologna	40 F				
Shredded cheese	41 F				
Hot dog	41 F				
Sausage	40 F				

## 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.

Rebecca (manager) on site

39c Boxes of food stored on floor in W/F

53c No covered trash can in bathroom

Note overall clean & organized

Note Thermometer available

Note Deliveries usually received on Friday

Person in Charge (Signature)

Date

2-20-24

Inspector (Signature)

Date

2-20-24

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>2/9/2024</b>
Establishment <b>Dunkin - west middle</b>		Time In <b>11:00</b> AM/PM Time Out <b>12:00</b> AM/PM
Address <b>255 A West middle tphe</b>		LHD <b>manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>CFPM: hannah</b>		Reinspection Other _____
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>		
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed		
P=Priority item PF=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
<b>Supervision</b>	<b>Protection from Contamination</b>	<b>Time/Temperature Control for Safety</b>
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties	15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4	16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting	17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food	20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion	18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures	21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events	19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition	22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use	20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records	23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer Advisory
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food	24 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Highly Susceptible Population
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed	22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered	25 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food/Color Additives and Toxic Substances
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used	26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Conformance with Approved Procedures
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source	<b>GOOD RETAIL PRACTICES</b>	
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.	
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated	Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation	
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction	<b>Safe Food and Water</b>	<b>Proper Use of Utensils</b>
30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required	30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored	43 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled
31 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source	31 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods	44 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Single-use/single-service articles: properly stored & used
32 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control	33 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding	45 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Gloves used properly
34 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used	34 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate	46 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils and Equipment
35 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	35 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present	47 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used
36 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	36 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	48 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available
37 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	37 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	49 <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean
38 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	38 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Prevention of Food Contamination	50 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure
39 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present	39 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices	51 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed
40 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	40 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean	52 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage and refuse properly disposed; facilities maintained
41 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	41 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean	53 <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used
42 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	42 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Natural rubber latex gloves not used per CGS §19a-36f	54 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Violations documented
43 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	43 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Permit Holder shall notify customers that a copy of the most recent inspection report is available.	55 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Priority Item Violations
44 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person in Charge (Signature) <i>Hannah Dobson</i> Date <b>2/9/24</b>	44 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person in Charge (Printed) <b>Hannah Dobson</b>	56 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Priority Foundation Item Violations
45 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Inspector (Signature) <i>L. Brandy</i> Date _____	45 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Inspector (Printed) <b>Lauren Brandy</b>	57 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Core Item Violations
46 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.	46 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Requires Reinspection - check box if you intend to reinspect	58 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Risk Factor/Public Health Intervention Violations
		59 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Repeat Risk Factor/Public Health Intervention Violations
		60 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Good Retail Practices Violations
		61 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O

# Food Establishment Inspection Report

LHD manchester Inspection Report Continuation Sheet

Date 2/9/24

Establishment Dunkin - west middle Town manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WALK in Freezer	0F	Milk dispenser		quat 3 bay	200ppm
		milk	37F	not water	99F
WALK in cooler	38F	oat	39F	↳ hand sink	
eggs (cooked)	39F	almond	39F		
bacon	39F			not water 3 bay	110F
hot held hash browns	139F	restroom hot water	105F	sanitizer bucket	200ppm
				quat	

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CFFM: Hannah
56c	employee food/drinks/keys stored on prep table in back prep area
notex	First aid kit / vomit diarrhea kit available <span style="float: right;">↳ COS</span>
notex	test strips available at 3 bay
notex	discussed moving shovels/umbrellas to different location
16pF	shelving by sandwich prep not clean
49c	gasket of cold prep sandwich station drawers not clean
16pF	interior of drink cold prep at drive thru not clean
16pF	shelving with to go boxes not clean
notex	pest control report - no pest issues
notex	discussed designated area for employee beverages
notex	great labeling!
notex	good storage of equipment + utensils
notex	Food allergen posted at front of house near registers

Person in Charge (Signature) Hannah

Inspector (Signature) R. Gundy

Date 2/9/24

Date 2/9/2024

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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 2/20/24

Establishment Dunkin Donuts - Fast Freddie's Time In 3:20 AM/PM PM Time Out 4:00 AM/PM PM

Address 1527a Pleasant Valley rd. LHD Manchester

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

Permit Holder Mario Medeiros Reinspection Other \_\_\_\_\_



**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

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

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

Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

**GOOD RETAIL PRACTICES**

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

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

Safe Food and Water				Proper Use of Utensils					
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>

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

Person in Charge (Signature) Eric Risley Date 2-20-24

Person in Charge (Printed) Eric Risley

Inspector (Signature) Jose Ramirez Date 2-20-24

Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations	<u>2-23-24</u>	<u>3</u>
Priority Foundation Item Violations		<u>0</u>
Core Item Violations	<u>5-20-24</u>	<u>13</u>
Risk Factor/Public Health Intervention Violations		<u>10</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>1</u>
Good Retail Practices Violations		<u>15</u>
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/20/24

Establishment Dunkin Donuts - Fast Fred's Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Delfield reach in ambient	60°F	WIC american cheese	41°F	handsink	100°F
empanadas	32°F	↳ cream cheese	39°F	quat in 3-bay	200ppm
burrito wrap	33°F	sausage	36°F	quat bucket	150ppm
crossaint stuffer	41°F	cream cheese	38°F	customer bathroom	85°F
milk	38°F	bat milk	38°F		
Almond milk	41°F				
bagel bites	39°F				
egg	37°F				

### 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.
	CFPM - Krystal on site
49c	handsink by donuts not clean interior, also by ice machine
49c	exterior of ice machine not clean
49c	3-bay exterior not clean, water staining excessive
47c	handle on delfield reach in damaged, repaired w/ tape not approved repair. OK for temporary
56c	ceiling light shield over 3-bay damaged
22P	Delfield reach in sausage 50°F, cheese 52°F, egg 50°F, PIC voluntarily discarded (egg bites 51°F) <b>COS</b>
47c	Delfield reach in not properly functioning. All TCS foods still within temp (41° or below) moved to WIC. <sup>PIC to monitor</sup>
39c	severe ice build up on silver king unit by Delfield reach in
43c	spoons stored in stagnant water near coffee station, throughout
45c	coffee filters not protected
49c	gasket on u/c Delfield unit by espresso machine unclean
39P	to-go boxes and cups stored next to exposed fiber glass insulation in basement <b>COS</b>
45P	trash bags used to cover speed rack, not approved <b>COS</b>
49c	floor in WIC (Dunkin section) not clean
37c	unlabeled granulars and squeeze bottles throughout
43c	handle stored in sugar bin, handle down
Note	Good hand washing observed

Person in Charge (Signature) [Signature]

Date

Inspector (Signature) [Signature]

Date 2/20/24



Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>2/22/24</u>
Establishment <u>Dunkin Donuts</u>		Time In <u>2:00</u> AM/PM Time Out <u>2:50</u> AM/PM
Address <u>171 Spencer St</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Mario Medeiros</u>		Reinspection Other _____



**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item												IN=in compliance			OUT=not in compliance			N/A=not applicable			N/O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type												Mark in appropriate box for COS and/or R			COS=corrected on-site during inspection			R=repeat violation					
IN	OUT	N/A	N/O	Supervision				V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination				V	COS	R		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15 Food separated and protected				P/C	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Certified Food Protection Manager for Classes 2, 3, & 4				C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16 Food-contact surfaces: cleaned & sanitized				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17 Proper disposition of returned, previously served, reconditioned, and unsafe food				P	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Proper use of restriction and exclusion				P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18 Proper cooking time and temperatures				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Written procedures for responding to vomiting and diarrheal events				Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19 Proper reheating procedures for hot holding				P	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Proper eating, tasting, drinking, or tobacco products use				P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 Proper cooling time and temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 No discharge from eyes, nose, and mouth				C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21 Proper hot holding temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Hands clean and properly washed				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22 Proper cold holding temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23 Proper date marking and disposition				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Adequate handwashing sinks, properly supplied/accessible				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24 Time as a public health control: procedures and records				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Food obtained from approved source				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 Consumer advisory provided: raw/undercooked food				Pf	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Food received at proper temperature				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26 Pasteurized foods used; prohibited foods not offered				P/C	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13 Food in good condition, safe, and unadulterated				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27 Food additives: approved and properly used				P	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14 Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28 Toxic substances properly identified, stored & used				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		

**GOOD RETAIL PRACTICES**

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

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

Person in Charge (Signature) Melinda Jenkins Date 2/21/24

Person in Charge (Printed) \_\_\_\_\_


Inspector (Signature) Jose Ramirez Date 2/22/24

Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations	<u>2-25-24</u>	<u>1</u>
Priority Foundation Item Violations	<u>3-3-24</u>	<u>2</u>
Core Item Violations	<u>5-22-24</u>	<u>4</u>
Risk Factor/Public Health Intervention Violations		<u>2</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>2</u>
Good Retail Practices Violations		<u>3</u>
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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



Risk Category: <b>2</b>		<b>Food Establishment Inspection Report</b>			Page 1 of <b>2</b>						
Establishment type: <b>Permanent</b> Temporary Mobile Other _____				Date: <b>2/28/2024</b>							
Establishment <b>Dunkin - Walmart</b>				Time In <b>11:15 AM</b> Time Out <b>11:45 AM</b>							
Address <b>420 Buckland Hills Dr.</b>				LHD <b>Manchester</b>							
Town/City <b>Manchester</b>				Purpose of Inspection: <b>Routine</b> Pre-op							
Permit Holder <b>Mario Mederius - CFPM - Bonnie</b>				Reinspection Other							
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>											
<small>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</small>											
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed											
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation											
<b>Supervision</b>			<b>Protection from Contamination</b>								
IN	OUT	N/A/N/O	V	COS	R	IN	OUT	N/A/N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input checked="" type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties			Food separated and protected								
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4			Food-contact surfaces: cleaned & sanitized								
<b>Employee Health</b>			<b>Time/Temperature Control for Safety</b>								
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting			Proper cooking time and temperatures								
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>
Proper use of restriction and exclusion			Proper reheating procedures for hot holding								
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events			Proper cooling time and temperatures								
<b>Good Hygienic Practices</b>			<b>Consumer Advisory</b>								
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use			Proper hot holding temperatures								
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>
No discharge from eyes, nose, and mouth			Proper cold holding temperatures								
<b>Preventing Contamination by Hands</b>			<b>Compliance with Approved Procedures</b>								
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>
Hands clean and properly washed			Proper date marking and disposition								
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed			Time as a public health control: procedures and records								
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<b>Highly Susceptible Population</b>					
Adequate handwashing sinks, properly supplied/accessible			Consumer advisory provided: raw/undercooked food								
<b>Approved Source</b>			<b>Food/Color Additives and Toxic Substances</b>								
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>
Food obtained from approved source			Food additives: approved and properly used								
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>
Food received at proper temperature			Toxic substances properly identified, stored & used								
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<b>Conformance with Approved Procedures</b>					
Food in good condition, safe, and unadulterated			Compliance with variance/specialized process/ROP criteria/HACCP Plan								
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<b>GOOD RETAIL PRACTICES</b>					
Required records available: molluscan shellfish identification, parasite destruction			<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>								
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation											
<b>Safe Food and Water</b>			<b>Proper Use of Utensils</b>								
OUT	N/A/N/O	V	COS	R	OUT	V	COS	R			
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Pasteurized eggs used where required			In-use utensils: properly stored								
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Water and ice from approved source			Utensils/equipment/linens: properly stored, dried, & handled								
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Variance obtained for specialized processing methods			Single-use/single-service articles: properly stored & used								
<b>Food Temperature Control</b>			<b>Utensils and Equipment</b>								
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper cooling methods used; adequate equipment for temperature control			Gloves used properly								
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Plant food properly cooked for hot holding			Food and non-food contact surfaces cleanable, properly designed, constructed, and used								
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Approved thawing methods used			Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available								
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Thermometers provided and accurate			Non-food contact surfaces clean								
<b>Food Identification</b>			<b>Physical Facilities</b>								
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food properly labeled; original container			Hot and cold water available; adequate pressure								
<b>Prevention of Food Contamination</b>			Plumbing installed; proper backflow devices								
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Insects, rodents, and animals not present			Sewage and waste water properly disposed								
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Contamination prevented during food preparation, storage & display			Toilet facilities: properly constructed, supplied, & clean								
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Personal cleanliness			Garbage and refuse properly disposed; facilities maintained								
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Wiping cloths: properly used and stored			Physical facilities installed, maintained, and clean								
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Washing fruits and vegetables			Adequate ventilation and lighting; designated areas used								
Permit Holder shall notify customers that a copy of the most recent inspection report is available.			Natural rubber latex gloves not used per CGS §19a-36f								
Person in Charge (Signature) <i>Bonnie Avery</i> Date <b>2-28-24</b>			<b>Violations documented</b>								
Person in Charge (Printed) <b>Bonnie Avery</b>			Priority Item Violations <b>cos this day</b> # <b>1</b>								
Inspector (Signature) <i>L. Grandy</i> Date <b>2/28/24</b>			Priority Foundation Item Violations <b>5/28/2024</b> # <b>2</b>								
Inspector (Printed) <b>Lauren Grandy</b>			Core Item Violations # <b>1</b>								
			Risk Factor/Public Health Intervention Violations # <b>1</b>								
			Repeat Risk Factor/Public Health Intervention Violations # <b>1</b>								
			Good Retail Practices Violations # <b>3</b>								
			Requires Reinspection - check box if you intend to reinspect								
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.											

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/28/2024

Establishment Dunkin-Walmart Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
reach in freezer	0F	undercounter	38F	water handsink	<del>116</del> F
		oat milk	41F		
reach in cooler	35F			quat 3 bay	200 ppm
eggs	39F	undercounter	36F		
sausage	39F	eggs	<del>41</del> 39F	water handsink	113F
		way mare	37F		
dairy dispenser		sausage	38F		
milk	37F	egg	38F		

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CFPM: Bonnie A.
note*	test strips available for quat sanitizer
49c	exterior of sugar bin not clean
15P	Food not covered/protected in reach in cooler <u>(cos)</u>
note*	good date marking of food product
49c	Floors throughout not clean
note*	discussed ill worker policy
note*	overall clean + organized
note*	good labeling of food product
note*	provided DPH Allergy poster + this day
note*	good glove use at time of visit

Person in Charge (Signature) Bonnie A. Caley Date \_\_\_\_\_

Inspector (Signature) L. Hymay/P Date 2/28/24

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>2/23/24</b>	
Establishment <b>EA Teriyaki</b>	Time In <b>1:10</b> AM/PM <b>PM</b> Time Out <b>2:10</b> AM/PM <b>PM</b>	
Address <b>194 Buckland Hills Dr. #2056</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <b>Jerry Li</b>	Reinspection Other _____	



**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

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

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

Supervision				Protection from Contamination			
IN	OUT	N/A	N/O	IN	OUT	N/A	N/O
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected			
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized			
Employee Health				Time/Temperature Control for Safety			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper disposition of returned, previously served, reconditioned, and unsafe food			
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				Proper cooking time and temperatures			
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				Proper reheating procedures for hot holding			
Good Hygienic Practices				Proper cooling time and temperatures			
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				Proper hot holding temperatures			
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				Proper cold holding temperatures			
Preventing Contamination by Hands				Proper date marking and disposition			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				Time as a public health control: procedures and records			
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory			
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Consumer advisory provided: raw/undercooked food			
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
Adequate handwashing sinks, properly supplied/accessible				Pasteurized foods used; prohibited foods not offered			
Approved Source				Food/Color Additives and Toxic Substances			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				Food additives: approved and properly used			
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				Toxic substances properly identified, stored & used			
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures			
Food in good condition, safe, and unadulterated				Compliance with variance/specialized process/ROP criteria/HACCP Plan			
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Required records available: molluscan shellfish identification, parasite destruction							

**GOOD RETAIL PRACTICES**

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

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

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

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

Person in Charge (Signature) <b>D.N.C.C.</b>	Date <b>D.N.C.C.</b>
Person in Charge (Printed) <b>D.N.C.C.</b>	
Inspector (Signature) <b>Jose Ramirez</b>	Date <b>2/23/24</b>
Inspector (Printed) <b>Jose Ramirez</b>	

Violations documented	Date corrections due	#
Priority Item Violations	<b>2-26-24</b>	<b>1</b>
Priority Foundation Item Violations	<b>COS</b>	<b>1</b>
Core Item Violations	<b>5-23-24</b>	<b>5</b>
Risk Factor/Public Health Intervention Violations		<b>2</b>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<b>5</b>
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/23/24

Establishment EA Teriyaki

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door Avantco RIC		WIC Chicken	38F	Hard sink by stove	120F
raw beef	38F	chicken	38F	3 bay chlorine	100ppm
raw chicken	39F	chicken	38F	Hard sink by grill	120F
pot stickers	38F	Display hot hold		cold drawer under grill	
rice cooker rice	185F	spring roll	155F	shrimp	35F
under counter cooler by ice		white rice	150F	beef	35F
chicken	39F	brown rice	170F	cooked noodles	35F
WIC shrimp	38F	grill hot hold chicken	180F	RIF ambient	-10F

## OBSERVATIONS AND CORRECTIVE ACTIONS

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

- | Item Number          | Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code. |
|----------------------|--|
| 43C                  | Scoop handle in rice bin buried in rice  |
| 55C                  | Tools/clutter stored on wire shelf above prep sink   |
| <del>44C</del> 28 PF | unlabeled spray bottles w/ cleaning chemicals by mop sink 28 PF  |
| 45C                  | to go cup lids not inverted or protected at front counter  |
| 37C                  | unlabeled squeeze bottles by grill   |
| 45P                  | Beef stored in to-go bags in 2 door RIF  |
| 2C                   | No CFPM on site  |

Note CFPM must be on site during all operating hours. send more employees to training as needed to ensure you have enough CFPM's to cover all shifts.

Note Good glove use & hand washing observed

Note Test strips & thermometer available

Note SR called Jerry (owner) & discussed violations found.


Person in Charge (Signature) DNCC

Date DNCC

Inspector (Signature) [Signature]

Date 2/23/24

Risk Category: <u>3</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>3</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>2/5/24</u>
Establishment <u>East Catholic H.S.</u>		Time In <u>10:45 AM</u> Time Out <u>12:30 AM/PM</u>
Address <u>115 New State rd.</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Rachel Begin</u>		Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.													
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed													
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
Supervision				Protection from Contamination				Time/Temperature Control for Safety					
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
1	Person/Alternate Person in charge present, demonstrates knowledge and performs duties						15	Food separated and protected			P/C		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	Food-contact surfaces: cleaned & sanitized			P/P/C		
2	Certified Food Protection Manager for Classes 2, 3, & 4						17	Proper disposition of returned, previously served, reconditioned, and unsafe food			P		
Employee Health				Good Hygienic Practices				Consumer Advisory					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	6	Proper eating, tasting, drinking, or tobacco products use			P/C		
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						7	No discharge from eyes, nose, and mouth			C		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	8	Hands clean and properly washed			P/Pf		
4	Proper use of restriction and exclusion						9	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed			P/Pf/C		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	10	Adequate handwashing sinks, properly supplied/accessible			Pf/C		
5	Written procedures for responding to vomiting and diarrheal events						11	Food obtained from approved source			P/Pf/C		
Preventing Contamination by Hands				Approved Source				Highly Susceptible Population					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	12	Food received at proper temperature			P/Pf		
6	Proper eating, tasting, drinking, or tobacco products use						13	Food in good condition, safe, and unadulterated			P/Pf		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	14	Required records available: molluscan shellfish identification, parasite destruction			P/Pf/C		
7	No discharge from eyes, nose, and mouth						15	Compliance with variance/specialized process/ROP criteria/HACCP Plan			P/Pf/C		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	16	Consumer advisory provided: raw/undercooked food			Pf		
8	Hands clean and properly washed						17	Pasteurized foods used; prohibited foods not offered			P/C		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	18	Food additives: approved and properly used			P		
9	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed						19	Toxic substances properly identified, stored & used			P/Pf/C		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	20	Compliance with variance/specialized process/ROP criteria/HACCP Plan			P/Pf/C		
10	Adequate handwashing sinks, properly supplied/accessible						21	Proper cooking time and temperatures			P/Pf/C		
GOOD RETAIL PRACTICES				Proper Use of Utensils				Utensils and Equipment					
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.													
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>				
30	Pasteurized eggs used where required					43	In-use utensils: properly stored						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	Utensils/equipment/linens: properly stored, dried, & handled			Pf/C			
31	Water and ice from approved source					45	Single-use/single-service articles: properly stored & used			P/C			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	46	Gloves used properly			C			
32	Variance obtained for specialized processing methods					47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used			P/Pf/C			
Food Temperature Control				Food Identification				Physical Facilities					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	37	Food properly labeled; original container			P/C		
33	Proper cooling methods used; adequate equipment for temperature control					38	Insects, rodents, and animals not present			P/C			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	39	Contamination prevented during food preparation, storage & display			P/Pf/C		
34	Plant food properly cooked for hot holding					40	Personal cleanliness			Pf/C			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	41	Wiping cloths: properly used and stored			C		
35	Approved thawing methods used					42	Washing fruits and vegetables			P/Pf/C			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	43	Hot and cold water available; adequate pressure			Pf		
36	Thermometers provided and accurate					44	Plumbing installed; proper backflow devices			P/Pf/C			
Prevention of Food Contamination				Violations documented				Date corrections due					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	Priority Item Violations			2/5/24	2	
37	Food properly labeled; original container						51	Priority Foundation Item Violations			2/5/24	2	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	Core Item Violations			5/5/24	13	
38	Insects, rodents, and animals not present						53	Risk Factor/Public Health Intervention Violations				4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	Repeat Risk Factor/Public Health Intervention Violations				1	
39	Contamination prevented during food preparation, storage & display						55	Good Retail Practices Violations				18	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	56	Requires Reinspection - check box if you intend to reinspect			<input checked="" type="checkbox"/>		
40	Personal cleanliness												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>							
41	Wiping cloths: properly used and stored												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>							
42	Washing fruits and vegetables												

Person in Charge (Signature) \_\_\_\_\_ Date 2/5/24

Person in Charge (Printed) \_\_\_\_\_

Inspector (Signature) L. Grandy Date 2/5/24

Inspector (Printed) Lauren Grandy

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/5/24

Establishment East Catholic H.S. Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
general tso chicken	162°F	hot hold rice	170°F	handsink	117°F
hamburger hot hold	156°F			sanitizer bucket	400ppm
WIC Cheese	39°F				
1/2 + 1/2	37°F				

### 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.
	Rachel - CFPM on site
37C	unlabeled container w/ brown granular undercounter shelving on ceiling
49C	exterior of sliding doors under prep table across from fryer not clean
49C	wall behind fryer unclean, tape used to cover outlet
51C	faucet on 3-bay leaking
47C	garden hose spray nozzle used on 3-bay, below flood rim
49C/47C	gasket on victory hot hold damaged / unclean
13P	box <del>of</del> of eggs in WIC w/ many cracked eggs - to be discarded - Sysco picking up for return per PIC (COS)
49C	walls in WIC not clean
15P	raw burgers over cooked chicken in WIF
55C	ceiling in WIF near fans chipping / damaged
47C	gasket on WIC damaged
38C	sticky pad for mice open in dry storage room
55C	ceiling in dry storage room damaged / stained
13PF	dented can in dry storage - removed - discussed dented can policy (COS)
16PF/49C	interior / exterior of ice machine not clean
47C	interior gasket in ice machine not secure
51C	plumbing at 3-bay sink rusted
49C	multiple black carts unclean
55C	holes in wall at 3-bay sink area
55C	prep sink not secured to wall

Person in Charge (Signature) [Signature]

Date 2/5/24

Inspector (Signature) [Signature]

Date 2/5/24



# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/5/24

Establishment East Catholic HS. Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

### 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.

Discussed w/ PIC date marking policy. Anything held over 24 hrs needs to be labeled / date marked.

Discussed monitoring / testing quat sanitizer

2-door victory fridge and 2-door crescor fridge not in use

Thermometers and test strips available

Good glove use observed, good handwashing observed

Discussed hierarchy in WIC / WIF, no raw over RTE

No laundry being done by kitchen, school use only (uniforms)  
Back corner w/ stand up fridges / table not used by kitchen.

MOZZICATOR@ECHS.COM  
↳ maintenance - email regarding 3 bay plumbing + hose - will follow up 2/15/24. Rich to email with corrections

Lauren Grandy - lgrandy@manchesterot.gov


Person in Charge (Signature)

Date 2/5/24

Inspector (Signature)

Date 2/5/24

# Connecticut Department of Public Health

Risk Category: <u>3</u>	<b>Food Establishment Inspection Report</b>			Page 1 of <u>3</u>
Establishment type: <input checked="" type="radio"/> Permanent <input type="radio"/> Temporary <input type="radio"/> Mobile <input type="radio"/> Other	Date: <u>2/28/24</u>			Time In: <u>2pm</u> AM/PM    Time Out: _____ AM/PM
Establishment: <u>El Dicho Mexicano</u>				LHD: <u>Manchester</u>
Address: <u>219 Middle Trk West</u>				Purpose of Inspection: <input checked="" type="radio"/> Routine <input type="radio"/> Pre-op
Town/City: <u>Manchester</u>	Permit Holder: _____			Reinspection: _____    Other: _____

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

GOOD RETAIL PRACTICES											
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.											
Mark OUT if numbered item is not in compliance    V=violation type    Mark in appropriate box for COS and/or R    COS=corrected on-site during inspection    R=repeat violation											
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Re-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f		<input type="checkbox"/>	<input type="checkbox"/>
Person in Charge (Signature) <u>[Signature]</u> Date <u>2/28/24</u>								Violations documented	Date corrections due	#	
Person in Charge (Printed) _____								Priority Item Violations	<u>3 days</u>	<u>3</u>	
Inspector (Signature) <u>[Signature]</u> Date <u>2/28/24</u>								Priority Foundation Item Violations	<u>10 days</u>	<u>2</u>	
Inspector (Printed) <u>Denise Payne</u>								Core Item Violations	<u>90 days</u>	<u>10</u>	
								Risk Factor/Public Health Intervention Violations		<u>5</u>	
								Repeat Risk Factor/Public Health Intervention Violations		<u>4</u>	
								Good Retail Practices Violations		<u>4</u>	
								Requires Reinspection - check box if you intend to reinspect			

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/28/24

Establishment El Dicho Mexicano Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Rice	38F	Beans	160F	Handsink	94F
Flautus (just made)	39F				
Beef steak	38F	Chicken	168F	Prep sink	118F
Milk	37F				
Tomato	40F	Calamari	37F	Dish machine	>160F
Garlic	37F			Sanitizer (cos)	
Milk	38F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

- Item Number 1 New Chef on site w/ CFPM Certificate. - Chef not aware of New food code changes discussed in 2023. Reviewed this day. Esp. Date marking. Some items marked, some are not!
- 20P Rice out at 76°F - Not cooled properly. Discussed process - Chef knowledgeable however NO follow thru on Rice - discarded.
- 48C Dish Machine dials not working. Hood still has blue packing material on it (remove) Chef stated they discussed line build-up with Chem supplier - waiting on product. Discussed actively cleaning daily, then once gone - schedule regular lime-away treatment.
- 44C Dish racks stored on floor
- 13P Onions with mold - discarded. Staff to review daily
- 44C Metal bowl / single use bowl as scoop \*Handles Required
- 47C Flour bin cover cracked + taped.
- 44C Tongs stored on oven handle, not approved
- 37C SQUEEZE bottles / spice containers without labels
- 116C Can opener blade unclean in storage
- 22P Improper ice bath (diced onions 54F / Tomatoes 50F) Discarded
- 48C Soda nozzle unclean at bar
- 44PF Utensils stored in Sanitizer at bar, not approved. Removed to Dish Wash
- 116C Sanitizer Dispenser not working - OK to do manually.

↪ not registering strips bad? 50-100ppm  
 Changing to Bleach Sani. Date

Person in Charge (Signature)

Inspector (Signature)

Denise Payne
Date 2/28/24

# Food Establishment Inspection Report

LHD Manchester.

Inspection Report Continuation Sheet

Date 2/28/24

Establishment El Dicho Mexicano Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

### 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.
	Discussed items not in use; glass ware on lower shelf at Dishwasher station, <del>sub</del> man cups stored on top of napkins Clutter in bar. If present it must be clean and organized (off the floor) or remove.
	No Re-use of single use containers / Alum. pans (discarded)
	Discussed Allergens - Poster - New menu on order - provide final for approval
*	Discussed Ill food worker forms IA/IB <span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">Required</span>
15c	Food bins, bags of food NOT covered or protected.
33PF	2 door True Cooler was freezing, now not below 4°F - adjust or service - all product to be checked. Discard if out of temp. If OK, hold in Cold prep or walk-in
	Health Dpt. to provide FDA documents via email

Person in Charge (Signature)

*Ricardo Hernandez*


Date

Inspector (Signature)

*Danise Payne*

Date

2/28/24

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>																																																																																																																																																																																																																																																																																																																															
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>2/23/24</b>																																																																																																																																																																																																																																																																																																																																
Establishment <b>Elicit Brewing Co.</b>	 <p>Connecticut Department of Public Health</p>	Time In <b>2:30 AM/PM</b> Time Out <b>4:00 AM/PM</b>																																																																																																																																																																																																																																																																																																																															
Address <b>165 Adams St.</b>		LHD <b>Manchester</b>																																																																																																																																																																																																																																																																																																																															
Town/City <b>Manchester</b>		Purpose of inspection: <b>Routine</b> Pre-op																																																																																																																																																																																																																																																																																																																															
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<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>																																																																																																																																																																																																																																																																																																																																	
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																																																																																																																																																																																																																																																																																																																																	
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																																																																																																																																																																																																																																																																																																																	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Consumer Advisory</b>																																																																																																																																																																																																																																																																																																																																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Highly Susceptible Population</b>																																																																																																																																																																																																																																																																																																																																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Food/Color Additives and Toxic Substances</b>																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Conformance with Approved Procedures</b>																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>GOOD RETAIL PRACTICES</b>																																																																																																																																																																																																																																																																																																																																	
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>																																																																																																																																																																																																																																																																																																																																	
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																																																																																																																																																																																																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>OUT</th><th>N/A</th><th>N/O</th><th>Safe Food and Water</th><th>V</th><th>COS</th><th>R</th></tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pasteurized eggs used where required</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Water and ice from approved source</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Variance obtained for specialized processing methods</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="7" style="text-align: center;"><b>Food Temperature Control</b></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooling methods used; adequate equipment for temperature control</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Plant food properly cooked for hot holding</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Approved thawing methods used</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Thermometers provided and accurate</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="7" style="text-align: center;"><b>Food Identification</b></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food properly labeled; original container</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="7" style="text-align: center;"><b>Prevention of Food Contamination</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Insects, rodents, and animals not present</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Contamination prevented during food preparation, storage &amp; display</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Personal cleanliness</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Wiping cloths: properly used and stored</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Washing fruits and vegetables</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	OUT	N/A	N/O	Safe Food and Water	V	COS	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food Temperature Control</b>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food Identification</b>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Prevention of Food Contamination</b>							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; 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cleaning agents, sanitizers, and test strips available</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td>Non-food contact surfaces clean</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="5" style="text-align: center;"><b>Physical Facilities</b></td></tr> <tr> <td><input type="checkbox"/></td><td>Hot and cold water available; adequate pressure</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Plumbing installed; proper backflow devices</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Sewage and waste water properly disposed</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Toilet facilities: properly constructed, supplied, &amp; clean</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Garbage and refuse properly disposed; facilities maintained</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Physical facilities installed, maintained, and clean</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Adequate ventilation and lighting; designated areas used</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Natural rubber latex gloves not used per CGS §19a-36f</td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	OUT	Proper Use of Utensils	V	COS	R	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils and Equipment</b>					<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained and used; 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Permit Holder shall notify customers that a copy of the most recent inspection report is available.																																																																																																																																																																																																																																																																																																																																	
Person in Charge (Signature) <i>Amanda Frome</i> Date <b>2/23/24</b>	Violations documented																																																																																																																																																																																																																																																																																																																																
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Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.	Priority Item Violations	<b>1</b>																																																																																																																																																																																																																																																																																																																															
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	Risk Factor/Public Health Intervention Violations	<b>2</b>																																																																																																																																																																																																																																																																																																																															
	Repeat Risk Factor/Public Health Intervention Violations	<b>2</b>																																																																																																																																																																																																																																																																																																																															
	Good Retail Practices Violations	<b>5</b>																																																																																																																																																																																																																																																																																																																															
	Requires Reinspection - check box if you intend to reinspect																																																																																																																																																																																																																																																																																																																																

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 2/23/24

Establishment Elicit Brewing Co. Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
hot water (bar)	99F	ATOSA Freezer	-9F	dish machine	50-100 ppm
walk in cooler	39F	WIF	9F	dish machine bar 2	0 ppm
beef	39F	pizza prep		quat bucket	200 ppm
Marinara	40F	chicken	40F		
undercounter chix	40F	cut tomato	40F		
blue cheese	40F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CFCM: Amanda
38 pf	Fruit Flies present at downstairs bar/upstairs bar
48 pf	dish machine at 0 ppm at upstairs bar - work order placed (this day)
note	good date marking
1bc	shelving in bay Marie across from fryers not clean
49c	hood not clean - cleaning due next week
16p	Knives in cutting area/box not clean - moved to be w/R/s in 3 bay
49c	walls/ceiling tiles in front of pizza oven not clean
note	delivery received this day - putting boxes away
note	no activity at time of visit - closed at time of inspection
note	overall clean + organized
note	discussed dented can policy
54c	trash/clutter/unused equipment stored outside by dumpster/back entrance of kitchen
	person in charge to email copy of most recent pest control report to <a href="mailto:Lgrandy@manchesterct.gov">Lgrandy@manchesterct.gov</a>
	Health Dept to drop off DPH food allergen poster next week

Person in Charge (Signature) Date 2/23/24  
 Inspector (Signature) Date 2/23/24

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>4</b>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <b>2-12-24</b>
Establishment <b>Filomena's</b>		Time In <b>1:15 AM/PM</b> Time Out <b>3:15 AM/PM</b>
Address <b>775 Main St.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <b>Mike Kelly</b>		Reinspection Other _____



**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item				IN=in compliance	OUT=not in compliance	N/A=not applicable	N/O=not observed						
P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R				COS=corrected on-site during inspection	R=repeat violation				
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<b>Supervision</b>													
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PC	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties													
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PC	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4													
<b>Employee Health</b>													
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting													
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion													
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events													
<b>Good Hygienic Practices</b>													
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use													
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth													
<b>Preventing Contamination by Hands</b>													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed													
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed													
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible													
<b>Approved Source</b>													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source													
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature													
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated													
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction													

**GOOD RETAIL PRACTICES**

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

Mark OUT if numbered item is not in compliance				V=violation type	Mark in appropriate box for COS and/or R				COS=corrected on-site during inspection	R=repeat violation		
OUT	N/A	N/O	V	COS	R	OUT	N/A	N/O	V	COS	R	
<b>Safe Food and Water</b>												
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	
Pasteurized eggs used where required												
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Water and ice from approved source												
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Variance obtained for specialized processing methods												
<b>Food Temperature Control</b>												
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	
Proper cooling methods used; adequate equipment for temperature control												
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Plant food properly cooked for hot holding												
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Approved thawing methods used												
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	
Thermometers provided and accurate												
<b>Food Identification</b>												
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Food properly labeled; original container												
<b>Prevention of Food Contamination</b>												
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Insects, rodents, and animals not present												
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Contamination prevented during food preparation, storage & display												
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Personal cleanliness												
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	
Wiping cloths: properly used and stored												
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Washing fruits and vegetables												
Permit Holder shall notify customers that a copy of the most recent inspection report is available.												

Violations documented	Date corrections due	#
Priority Item Violations	2-15-24	5
Priority Foundation Item Violations	2-22-24	14
Core Item Violations	5-12-24	26
Risk Factor/Public Health Intervention Violations		15
Repeat Risk Factor/Public Health Intervention Violations		15
Good Retail Practices Violations		30
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

Person in Charge (Signature) *[Signature]* Date **2/12/24**

Person in Charge (Printed) **Dawn Fuchs**

Inspector (Signature) *[Signature]* Date **2-12-24**

Inspector (Printed) **Jose Ramirez**

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

reinspection: 2/15/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/12/24

Establishment Filomena's Pizzeria Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
reach in true milk	41°F	hot hold meatballs	146°F	hand sink	115°F
sliced cheese	38°F				
cooled pasta	38°F				
sausage	38°F				
raw beef	38°F				
chicken wing	38°F				
ground beef	35°F				

### 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.
	(CFPM) chris on site
10PF	no paper towels at hand sink in warewash room, throughout
45C	single use container used as scoop
49C	metal shelf next to ovens extremely unclean
<del>45C</del> 45C	hood baffles not clean. Instructed PIC to schedule cleaning by 2/16.
43C	tongs stored on oven handle <span style="float: right;">↑ submit documentation to health dept. when scheduled</span>
49C	exterior of oven, fryer, grill not clean
49C	shelf next to fryer not clean
49C	wall behind fryer not clean, generally
37C	unlabeled squeeze bottles and granulars throughout
16PF	interior of microwave not clean
16PF	interior of cold prep fridge across from fryer not clean
49C	ceiling in kitchen very unclean, throughout
49C	interior of 3-door undercounter fridge unclean
16PF	meat slicer not clean
49C	floors throughout not clean
49C	gaskets throughout not clean
15C	food uncovered in 1-door reach in freezer
23PF	not date marking
15P	raw over RTE in <del>reach</del> reach in freezer
45C	reuse of single use items in True refrigerator
15C	uncovered flour/breading
10PF	no soap at multiple hand sinks

Person in Charge (Signature)

Inspector (Signature)

Date 2/12/24  
Date 2-12-24



# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/12/24

Establishment Filomends

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
pizza station		cooked pasta (WIC)	41°F	chlorine bucket	50-100 ppm
pepperoni	41°F			dish machine	71/60°F
sliced tomato	41°F			customer bathroom	120°F
Sausage	41°F				
WIC Ambient	40°F				
meatballs	39°F				
mozzarella	39°F				
Sausage	40°F				



### 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 code.
<del>39P</del> 39P	no splash guard on handsink by pizza prep area
44c	wooden pizza paddles stored in box on floor
47c	duct tape on handle of pizza cold prep to keep on
16PF	interior of pizza cold prep fridge not clean
56c	light not shielded near prep sink/storage area
39PF	dented can on shelving, removed by PIC <u>COS</u>
49c	exterior of flour bin not clean, generally
47c	prep sink by dough mixer leaking, pipe duct taped
39c	food stored on floor in WIC and WIF, and basement
15P	raw meat stored over bread, eggs over onions, hierarchy issues throughout
49c	fan box in WIC not clean
49c	shelving in WIC not clean
16PF	can opener blade not clean
39c	ice build up in chest freezers in basement
39P	food stored under sewer pipe in basement
49c	exterior of knife holder by cold prep not clean
44c	jumbled utensils in bin on shelf by warewash
10PF	no signage at multiple handsinks
16PF	ice machine interior not clean in bar
47PF	ice scoop broken, in ice machine in bar
53c	toilet paper not in dispenser in womens bathroom

Person in Charge (Signature)

Date 2/12/24

Inspector (Signature)

Date 2-12-24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/12/24

Establishment Filomena's Town Manchester

### TEMPERATURE OBSERVATIONS


Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

### 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.
51P	customer bathroom hot water at 120°F, max allowed <u>115°F</u>
note	Discussed date marking and labeling policy w/ PIC. All TCS, RTE foods must be marked. Use or discard w/in 7 days unless manufacturer label is less. Food not date marked upon <sup>reinspection</sup> will be discarded. Test strips and thermometer available. Discussed w/ PIC the need for more routine cleaning. Food glove use observed.
✓	Overall kitchen was not clean. Floors, walls, ceilings, equipment. Discussed w/ PIC importance of handwashing: how, when, where. ↳ All handwash sinks must be supplied with soap, paper towels, trash bin, and signage.
14pf	PIC instructed to not use whole shell clams until shellfish tags are provided to the Health Dept. and verified by inspector. HD to follow up.

Person in Charge (Signature)	Date <u>2/12/24</u>
Inspector (Signature)	Date <u>2-12-24</u>

Risk Category: <b>4</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <b>2-26-24</b>
Establishment: <b>Highland Park Elementary</b>		Time In _____ AM/PM Time Out _____ AM/PM
Address: <b>397 Porter St</b>		LHD <b>Manchester</b>
Town/City: <b>Manchester</b>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder: <b>MPS</b>		Reinspection _____ Other _____




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

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



Risk Category: <b>4</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>7</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>2/7/24</b>
Establishment <b>Hissno Sushi</b>		Time In <b>11:30 AM</b> Time Out <b>12 PM</b>
Address <b>317 Highland st.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>khin thu zar</b>		Reinspection Other _____



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

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


Person in Charge (Signature) <i>[Signature]</i> Date <b>2/7/2024</b>		
Person in Charge (Printed) <b>Khin Thu Zar</b>		
Inspector (Signature) <i>[Signature]</i> Date <b>2/7/24</b>		
Inspector (Printed) <b>Lauren Grandy</b>		

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations	<b>2/17/24</b>	<b>1</b>
Core Item Violations	<b>5/17/24</b>	<b>2</b>
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		
Requires Reinspection - check box if you intend to reinspect		

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



Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>2/14/24</b>
Establishment <b>HomeWood suites</b>		Time In <b>10:30</b> AM/PM Time Out <b>11:15</b> AM/PM
Address <b>109 Pavilions Drive</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Brendan McDermott</b>		Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.													
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed													
P=Priority item PF=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
Supervision				Protection from Contamination				Time/Temperature Control for Safety					
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health				Good Hygienic Practices				Consumer Advisory					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands				Approved Source				Highly Susceptible Population					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES													
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.													
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
OUT	N/A	N/O	V	COS	R	OUT	N/A	N/O	V	COS	R		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
Safe Food and Water				Food Temperature Control				Utensils and Equipment					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification				Prevention of Food Contamination				Physical Facilities					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
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Risk Category: <u>1</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>2/21/24</u>
Establishment <u>JE Mart LLC</u>		Time In <u>11:00</u> AM/PM Time Out <u>11:30</u> AM/PM
Address <u>378 Middle Tpke West</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Jeong Hee Moon</u>		Reinspection Other _____



**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item																				
P=Priority item			Pf=Priority foundation item			C=Core item			V=violation type											
IN			OUT			N/A			N/O											
<b>Supervision</b>						V	COS	R	<b>Protection from Contamination</b>											
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf			15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>			
2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C			16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Employee Health</b>						V	COS	R	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf			<b>Time/Temperature Control for Safety</b>											
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P			18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf			19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Good Hygienic Practices</b>						V	COS	R	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>			
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C			21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>			
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C			22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Preventing Contamination by Hands</b>						V	COS	R	23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>			
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf			24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C			<b>Consumer Advisory</b>											
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C			25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Approved Source</b>						V	COS	R	<b>Highly Susceptible Population</b>											
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C			26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>			
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf			<b>Food/Color Additives and Toxic Substances</b>											
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf			27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>			
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C			28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
<b>GOOD RETAIL PRACTICES</b>						V	COS	R	<b>Conformance with Approved Procedures</b>											
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																				
OUT			N/A			N/O			OUT			V			COS			R		
<b>Safe Food and Water</b>						V	COS	R	<b>Proper Use of Utensils</b>											
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P			43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>			
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C			44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf			45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Food Temperature Control</b>						V	COS	R	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>			
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C			<b>Utensils and Equipment</b>											
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf			47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C			48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C			49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Food Identification</b>						V	COS	R	<b>Physical Facilities</b>											
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C			50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Prevention of Food Contamination</b>						V	COS	R	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C			52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C			53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C			54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>			
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C			55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C			56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>			
Permit Holder shall notify customers that a copy of the most recent inspection report is available.						Natural rubber latex gloves not used per CGS §19a-36f														

Person in Charge (Signature) <u>[Signature]</u>	Date <u>2/21/24</u>
Person in Charge (Printed) <u>Jeong Hee Moon.</u>	
Inspector (Signature) <u>[Signature]</u>	Date <u>2/21/24</u>
Inspector (Printed) <u>Jose Ramirez</u>	

Violations documented	Date corrections due	#
Priority Item Violations	<u>—</u>	<u>0</u>
Priority Foundation Item Violations	<u>—</u>	<u>0</u>
Core Item Violations	<u>5-21-24</u>	<u>1</u>
Risk Factor/Public Health Intervention Violations		<u>0</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>0</u>
Good Retail Practices Violations		<u>1</u>
Requires Reinspection - check box if you intend to reinspect		

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



Risk Category: <u>2</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>2/26/24</u>	
Establishment: <u>Keeney@Robertson Ekm</u>	Time In _____ AM/PM	Time Out _____ AM/PM
Address: <u>65 N School St</u>	LHD <u>Manchester</u>	
Town/City: <u>Manchester</u>	Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder: <u>MPS</u>	Reinspection _____ Other _____	



Connecticut Department of Public Health

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>															
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<b>Time/Temperature Control for Safety</b>							
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>															
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>															
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>															
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Consumer Advisory</b>							
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Population</b>							
<b>GOOD RETAIL PRACTICES</b>															
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R				
30	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>			
31	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
32	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Food Temperature Control</b>															
33	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>			
34	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils and Equipment</b>								
35	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
36	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Food Identification</b>															
37	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Prevention of Food Contamination</b>															
38	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>								
39	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>			
40	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
42	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Person in Charge (Signature) <u>Marianna Basile</u> Date <u>2-26-24</u>				Person in Charge (Printed) <u>Marianna Basile</u>				Violations documented							
Inspector (Signature) <u>Denise Payne</u> Date <u>2/26/24</u>				Inspector (Printed) <u>Denise Payne</u>				Date corrections due							
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.							Priority Item Violations					#			
							Priority Foundation Item Violations					0			
							Core Item Violations					0			
							Risk Factor/Public Health Intervention Violations					0			
							Repeat Risk Factor/Public Health Intervention Violations					0			
Good Retail Practices Violations							1								
Requires Reinspection - check box if you intend to reinspect															

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2-26-24

Establishment Keeney at Robertson Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Chicken	146F 152F	Cream cheese	38F	Hot Water	123F
Corn	137F	Margarine	38F	Sanitizer adjusted to	
Mash Potatoes	143F	Milk	37F	300ppm	

### 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.

41c Sani bucket low - adjusted COS

Kitchen well Organized.

Reviewed Allergens in book ✓

Reviewed all food worker doc's ✓


Person in Charge (Signature) Margaret Basile

Date 2-26-24

Inspector (Signature) Denise Payne

Date 2/26/24

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>3</u>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <u>1/26/24</u>	
Establishment <u>King Donut</u>	Time In <u>11:45</u> AM/PM Time Out <u>12:45</u> AM/PM	
Address <u>467 Hartford rd.</u>	LHD <u>Manchester</u>	
Town/City <u>Manchester</u>	Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder <u>Kakoiee Anan</u>	Reinspection Other <u>30-day</u>	



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item PF=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES															
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In-use utensils: properly stored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored & used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Food Temperature Control															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Food Identification															
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Prevention of Food Contamination															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Physical Facilities															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Person in Charge (Signature) <u>[Signature]</u> Date <u>1/26/24</u> Person in Charge (Printed) _____ Inspector (Signature) <u>[Signature]</u> Date <u>1/26/24</u> Inspector (Printed) <u>Denise Payne</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Violations documented</th> <th>Date corrections due</th> <th>#</th> </tr> </thead> <tbody> <tr> <td>Priority Item Violations</td> <td><u>1/29/24</u></td> <td><u>1</u></td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td><u>2/06/24</u> <u>2/19/24</u></td> <td><u>7</u></td> </tr> <tr> <td>Core Item Violations</td> <td><u>4/26/24</u></td> <td><u>15</u></td> </tr> <tr> <td>Risk Factor/Public Health Intervention Violations</td> <td></td> <td><u>3</u></td> </tr> <tr> <td>Repeat Risk Factor/Public Health Intervention Violations</td> <td></td> <td><u>3</u></td> </tr> <tr> <td>Good Retail Practices Violations</td> <td></td> <td><u>15</u></td> </tr> <tr> <td>Requires Reinspection - check box if you intend to reinspect</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>	Violations documented	Date corrections due	#	Priority Item Violations	<u>1/29/24</u>	<u>1</u>	Priority Foundation Item Violations	<u>2/06/24</u> <u>2/19/24</u>	<u>7</u>	Core Item Violations	<u>4/26/24</u>	<u>15</u>	Risk Factor/Public Health Intervention Violations		<u>3</u>	Repeat Risk Factor/Public Health Intervention Violations		<u>3</u>	Good Retail Practices Violations		<u>15</u>	Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>
Violations documented	Date corrections due	#																							
Priority Item Violations	<u>1/29/24</u>	<u>1</u>																							
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Repeat Risk Factor/Public Health Intervention Violations		<u>3</u>																							
Good Retail Practices Violations		<u>15</u>																							
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>																							

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

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 1/26/24

Establishment King Donut Town Manchester

TEMPERATURE OBSERVATIONS					
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
undercounter fridge	30°F			handsink	115°F
-raw egg	39°F			3-bay sink	115°F
-american cheese	39°F				
reach in fridge	38°F				
				Sanitizer	100ppm
				*Discussed only towel in sanit, dry towels, NO Soap	

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

- | Item Number | Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code. |
|-------------|--|
|             | CEPM none  |
| ✓ 16 pf     | interior of microwave not clean  |
| ✓ 28 pf     | spray bottle w/ clear liquid unlabeled - discarded - (COS)   |
| ✓ 22 P      | butter out at room temp - discarded - (COS)  |
| ✓ 37 C      | squeeze bottles and containers not labeled   |
| ✓ 23 pf     | no date marking → Reviewed   |
| ✓ 45 C      | coffee filters + to go cups not protected  |
| ✓ 47 C      | parchment paper (not clean) used as liner on counter by coffee maker   |
| ✓ 49 C      | interior of undercounter fridge not clean  |
| ✓ 49 C      | exterior / handles of sugar bin not clean  |
| ✓ 43 C      | handle stored in sugar bin   |
| ✓ 15 C      | frozen bags w/ food opened - not protected   |
|             | note individual sale food item, not approved / allowed labels require  |
| ✓ 49 C      | 3-bay sink interior not clean  |
| ✓ 41 C      | Sponge stored in dirty water in 3-bay sink   |
| 53 pf       | no toilet paper in employee bathroom   |
| ✓ 47 C      | non-commercial hamilton beach coffee grinder - to be removed   |
| 16 pf       | no papertowels in customer bathroom  |
| ✓ 53 C      | public bathroom access needs to be 36" wide  |
| Note:       | POS power cord extends over undercounter fridge, through supplies to outlet - not allowed  |
| 15 C        | uncovered sugar Bin  |

Person in Charge (Signature) [Signature] Date 1/26/24  
 Inspector (Signature) Denise Payne Date 1/26/24

# Food Establishment Inspection Report

LHD manchester

Inspection Report Continuation Sheet

Date 1/26/24

Establishment King Donut Town manchester

TEMPERATURE OBSERVATIONS					
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

**OBSERVATIONS AND CORRECTIVE ACTIONS**

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
CFPM ✓ 2PF (@ 12pm)	no CFPM on site, staff on site stated she was for cleaning only and was "closed". Health Department required open sign to be off and doors locked
✓ 48PF	no sanitizer @ service counter or 3-bay sink
✓ note*	counter next to handsink should not be used for food prep/storage or a splash guard will be required.
✓ SSC	case lights LED hanging from wires - not secured
✓ 45C	jumbled plastic utensil/silverware in tray
SSC	ceiling tile over 3-bay not secured
	<p style="color: blue;">Egg @ 70 in metal tin → once cooled down, Mng to put in cooler - NOT approved to cool or HOT HOLD product Discarded (COS)</p> <p style="color: blue;">Donut cases - keep doors closed</p> <p style="color: blue;">Dierfield w/c cooler torn gasket</p> <p style="color: blue;">Pans unclean</p>


Person in Charge (Signature) [Signature]

Date 1/26/24

Inspector (Signature) Denise Payne

Date 1/26/24

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>2/12/24</b>
Establishment <b>La Plazita Del Mofongo</b>		Time In <b>12:00 AM/PM</b> Time Out <b>1:00 AM/PM</b>
Address <b>425 Broad Street</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder _____		Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item PF=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
Supervision				Protection from Contamination				Time/Temperature Control for Safety							
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R		
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Person/Alternate Person in charge present, demonstrates knowledge and performs duties								Food separated and protected							
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Certified Food Protection Manager for Classes 2, 3, & 4								Food-contact surfaces: cleaned & sanitized							
								Proper disposition of returned, previously served, reconditioned, and unsafe food							
Employee Health				Good Hygienic Practices				Consumer Advisory							
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper eating, tasting, drinking, or tobacco products use				Consumer advisory provided: raw/undercooked food							
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
Proper use of restriction and exclusion				No discharge from eyes, nose, and mouth				Highly Susceptible Population							
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Written procedures for responding to vomiting and diarrheal events				Preventing Contamination by Hands				Pasteurized foods used; prohibited foods not offered							
				Hands clean and properly washed				Food/Color Additives and Toxic Substances							
				No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Food additives: approved and properly used							
				Adequate handwashing sinks, properly supplied/accessibile				Toxic substances properly identified, stored & used							
Approved Source				Good Retail Practices				Conformance with Approved Procedures							
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Food obtained from approved source				Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.				Compliance with variance/specialized process/ROP criteria/HACCP Plan							
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Food received at proper temperature				Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation											
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Food in good condition, safe, and unadulterated				Safe Food and Water				In-use utensils: properly stored							
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Required records available: molluscan shellfish identification, parasite destruction				Water and ice from approved source				Utensils/equipment/linens: properly stored, dried, & handled							
				Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used							
Food Temperature Control				Food Identification				Physical Facilities							
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Proper cooling methods used; adequate equipment for temperature control				Food properly labeled; original container				Hot and cold water available; adequate pressure							
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Prevention of Food Contamination				Plumbing installed; proper backflow devices				
Plant food properly cooked for hot holding				Insects, rodents, and animals not present				Contamination prevented during food preparation, storage & display				Sewage and waste water properly disposed			
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used				Toilet facilities: properly constructed, supplied, & clean				
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate				Garbage and refuse properly disposed; facilities maintained				
				Wiping cloths: properly used and stored				Physical facilities installed, maintained, and clean				Adequate ventilation and lighting; designated areas used			
				Washing fruits and vegetables				Natural rubber latex gloves not used per CGS §19a-36f							

Person in Charge (Signature) _____ Date _____ Person in Charge (Printed) <b>Yvonne M. M...</b> Inspector (Signature) _____ Date <b>2/12/24</b> Inspector (Printed) <b>Jose Ramirez</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Violations documented</th> <th style="text-align: left;">Date corrections due</th> <th style="text-align: left;">#</th> </tr> </thead> <tbody> <tr> <td>Priority Item Violations</td> <td><b>2-15-24</b></td> <td><b>2</b></td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td><b>2-22-24</b></td> <td><b>5</b></td> </tr> <tr> <td>Core Item Violations</td> <td><b>5-12-24</b></td> <td><b>6</b></td> </tr> <tr> <td>Risk Factor/Public Health Intervention Violations</td> <td></td> <td></td> </tr> <tr> <td>Repeat Risk Factor/Public Health Intervention Violations</td> <td></td> <td><b>06</b></td> </tr> <tr> <td>Good Retail Practices Violations</td> <td></td> <td><b>7</b></td> </tr> <tr> <td colspan="3">Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/></td> </tr> </tbody> </table>	Violations documented	Date corrections due	#	Priority Item Violations	<b>2-15-24</b>	<b>2</b>	Priority Foundation Item Violations	<b>2-22-24</b>	<b>5</b>	Core Item Violations	<b>5-12-24</b>	<b>6</b>	Risk Factor/Public Health Intervention Violations			Repeat Risk Factor/Public Health Intervention Violations		<b>06</b>	Good Retail Practices Violations		<b>7</b>	Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		
Violations documented	Date corrections due	#																							
Priority Item Violations	<b>2-15-24</b>	<b>2</b>																							
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Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>																									

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



# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/12/24

Establishment La Plazita del Mofongo Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door Aero Sliced cheese	38°F	hot hold rice	160°F	handsink kitchen	125°F
↓ ham	38°F	beef roast	141°F	customer bathroom	127°F
tomato	38°F	chicken	152°F	hot hold steam table	
1/2 + 1/2	38°F	WIC pork cured	38°F	↓ chicken wings	140°F
↓ Shredded cheese	41°F	block of cheese	38°F	ribs	140°F
2 door Traulsen raw steak	35°F	Salami	38°F	↓ pork	139°F
raw chicken	35°F	2 door freezer ambient	-7°F	rice	138°F
ground beef	35°F	2 door True sliced cheese	38°F	↓ beef	140°F

### 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.
	CFPM on site - Yaztery Martinez
49C	interior of traulsen 2-door not clean shelving
37C	unlabeled containers w/ granulars, throughout
45C	reuse of single use items
16pf	interior of microwave not clean
28pf	chemical sanitizer bucket not labeled
23pf	containers of food not date marked, reviewed policy w/ PIC
15P	raw beef over ready to eat food in 2 door freezer
47pf	damaged plastic container on storage shelves
53C	no toilet paper in customer bathroom
10C	no hand signage in customer bathroom <span style="float: right;">(mixing / valve)</span>
51P	hot water in customer bathroom @ 127°F, max temp to be 115°F
47C	paper towels used to store cups on top of in bar
16pf	can opener in bar not clean
	good glove use observed
	dishmachine not in use
	test strips and thermometer available
	Discussed allergens, date marking and labeling policies w/ PIC
	Overall very clean and organized kitchen!

Person in Charge (Signature)

Date 2/12/2024

Inspector (Signature)

Date 2/12/24

Risk Category: <b>2</b>		<b>Food Establishment Inspection Report</b>				Page 1 of <b>3</b>	
Establishment type: <b>Permanent</b> Temporary Mobile Other _____				Date: <b>2/15/24</b>			
Establishment <b>Levant Market</b>							
Address <b>397 Broad St. suite B</b>							
Town/City <b>Manchester</b>							
Permit Holder <b>Rich Sater</b>							
Time In <b>1:30</b> AM/PM		Time Out <b>3:30</b> AM/PM		LHD <b>Manchester</b>			
Purpose of Inspection: <b>Routine</b> Pre-op				Reinspection Other _____			
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.							
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed							
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation							
IN	OUT	N/A	N/O	Supervision	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices							
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands							
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation							
OUT	N/A	N/O	Safe Food and Water	V	COS	R	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Food Temperature Control							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Food Identification							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Prevention of Food Contamination							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.							
Person in Charge (Signature) <i>Rich Sater</i>				Date <b>2-15-2014</b>			
Person in Charge (Printed) _____							
Inspector (Signature) <i>Lauren Grandy</i>				Date <b>2/15/2024</b>			
Inspector (Printed) <b>Lauren Grandy</b>							
Violations documented		Date corrections due				#	
Priority Item Violations		<b>2/18/24</b>				<b>9</b>	
Priority Foundation Item Violations		<b>2/25/24</b>				<b>10</b>	
Core Item Violations		<b>5/15/24</b>				<b>10</b>	
Risk Factor/Public Health Intervention Violations						<b>18</b>	
Repeat Risk Factor/Public Health Intervention Violations							
Good Retail Practices Violations						<b>11</b>	
Requires Reinspection - check box if you intend to reinspect						<input checked="" type="checkbox"/>	

reinspection: 2/18/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/15/24

Establishment Levant Market

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Advantco Freezer	21F				
ikon Freezer	2F				
eggs in refrigerator	40F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
16pf	blender cups used for spices dirty/not clean
16pf/42c	interior of non-commercial coca cola fridge not clean ↳ not approved for use
49c	exterior of Advantco Freezer not clean
37pf	granulars in clear bucket on dry storage not labeled
23p	no date marking on Frozen Falafel / Food products
16pf	interior of 3 door ikon refrigerator/freezer not clean
15p	Garbanzo beans stored on floor - moved <u>CO</u>
54c	walls/ceiling damaged in dry storage room ↳ all single service containers to be moved into kitchen until dry storage room to be fixed
55c	remove excess shelves, equipment + trash in back of house area (very cluttered) - 30 days to remove
16pf	mixer bowl not clean
49c	exterior of white bins with rice not clean
51pf	3 bay sink leaking - bucket collecting waste
49c	hood of oven not clean
45c	To go scoop used as scoop in white granular
16pf	blender/grinders not clean
16pf	pots/pans stored under prep table not clean
16pf	interior/exterior of microwave not clean
	<del>no hot water at hand sink by 3 bay sink - <u>COSTA</u></del>

Person in Charge (Signature)

Date

Inspector (Signature) L. Grandy

R. [Signature]

Date 2/15/2024

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/15/24

Establishment Levant Market

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

### OBSERVATIONS AND CORRECTIVE ACTIONS

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



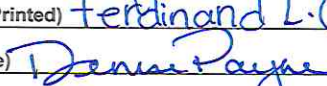

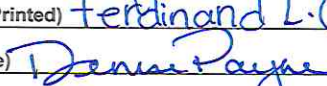

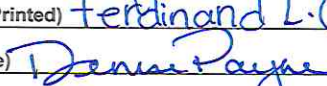
Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
16p	can opener not clean
16pF	jumbled utensils along cookline
16p	interior of ice machine not clean
52c	dirty stagnant water in bucket next to mop sink
28p	laundry detergent pods + scented lemon bleach stored in kitchen ↳ removed from establishment (cos)
28p	Tire spray stored in 3 bay sink at halal area - removed (cos)
16p	prep tables at halal area not clean
49c	gasket/slides of refrigeration not clean
16p	prep tables / knives at Halal Meat area not clean
16p	knife wedged in between cutting boards
41c	unclean sponges + wiping cloths on prep tables
16p	interior of 4 door free Not clean
notex	per Fire Marshal, order to not cook until hood cleaned + verified by Fire Marshal.
notex	not open at time of visit per owner - preparing for holiday - upon arrival packing boxes with expired food
notex	owner owns Novah Hookah - No food service at Novah hookah - only customers allowed to pick food up and bring in - No serving!
notex	Health Dept requires produce description of process for approval

Person in Charge (Signature)

Date

Inspector (Signature)

Date 2/15/24

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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Establishment: <b>MACC Kitchen</b>	 <p>Connecticut Department of Public Health</p>	Time In: _____ AM/PM Time Out: _____ AM/PM																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">Supervision</th> <th colspan="4">Protection from Contamination</th> </tr> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> </tr> </thead> <tbody> <tr> <td>1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>15</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Person/Alternate Person in charge present, demonstrates knowledge and performs duties</td> <td colspan="4">Food separated and protected</td> </tr> <tr> <td colspan="4">Pf</td> <td colspan="4">P/C</td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>16</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Certified Food Protection Manager for Classes 2, 3, &amp; 4</td> <td colspan="4">Food-contact surfaces: cleaned &amp; sanitized</td> </tr> <tr> <td colspan="4">C</td> <td colspan="4">P/Pf/C</td> </tr> <tr> <td colspan="3"><b>Employee Health</b></td> <td colspan="5"><b>Time/Temperature Control for Safety</b></td> </tr> <tr> <td>3</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>18</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Management, food employee and conditional employee; knowledge, responsibilities and reporting</td> <td colspan="4">Proper cooking time and temperatures</td> </tr> <tr> <td colspan="4">P/Pf</td> <td colspan="4">P/Pf/C</td> </tr> <tr> <td>4</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>19</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Proper use of restriction and exclusion</td> <td colspan="4">Proper reheating procedures for hot holding</td> </tr> <tr> <td colspan="4">P</td> <td colspan="4">P</td> </tr> <tr> <td>5</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>20</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Written procedures for responding to vomiting and diarrheal events</td> <td colspan="4">Proper cooling time and temperatures</td> </tr> <tr> <td colspan="4">Pf</td> <td colspan="4">P</td> </tr> <tr> <td colspan="3"><b>Good Hygienic Practices</b></td> <td colspan="5"><b>Consumer Advisory</b></td> </tr> <tr> <td>6</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>21</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Proper eating, tasting, drinking, or tobacco products use</td> <td colspan="4">Proper hot holding temperatures</td> </tr> <tr> <td colspan="4">P/C</td> <td colspan="4">P</td> </tr> <tr> <td>7</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>22</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">No discharge from eyes, nose, and mouth</td> <td colspan="4">Proper cold holding temperatures</td> </tr> <tr> <td colspan="4">C</td> <td colspan="4">P</td> </tr> <tr> <td colspan="3"><b>Preventing Contamination by Hands</b></td> <td colspan="5"><b>Compliance with Approved Procedures</b></td> </tr> <tr> <td>8</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>23</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Hands clean and properly washed</td> <td colspan="4">Proper date marking and disposition</td> </tr> <tr> <td colspan="4">P/Pf</td> <td colspan="4">P/Pf</td> </tr> <tr> <td>9</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>24</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">No bare hand contact with RTE food or a pre-approved alternative procedure properly followed</td> <td colspan="4">Time as a public health control: procedures and records</td> </tr> <tr> <td colspan="4">P/Pf/C</td> <td colspan="4">P/Pf/C</td> </tr> <tr> <td>10</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"><b>Highly Susceptible Population</b></td> </tr> <tr> <td colspan="4">Adequate handwashing sinks, properly supplied/accessible</td> <td colspan="4">Pasteurized foods used; prohibited foods not offered</td> </tr> <tr> <td colspan="4">Pf/C</td> <td colspan="4">P/C</td> </tr> <tr> <td colspan="3"><b>Approved Source</b></td> <td colspan="5"><b>Food/Color Additives and Toxic Substances</b></td> </tr> <tr> <td>11</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>27</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Food obtained from approved source</td> <td colspan="4">Food additives: approved and properly used</td> </tr> <tr> <td colspan="4">P/Pf/C</td> <td colspan="4">P</td> </tr> <tr> <td>12</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>28</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Food received at proper temperature</td> <td colspan="4">Toxic substances properly identified, stored &amp; used</td> </tr> <tr> <td colspan="4">P/Pf</td> <td colspan="4">P/Pf/C</td> </tr> <tr> <td>13</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"><b>Conformance with Approved Procedures</b></td> </tr> <tr> <td colspan="4">Food in good condition, safe, and unadulterated</td> <td colspan="4">Compliance with variance/specialized process/ROP criteria/HACCP Plan</td> </tr> <tr> <td colspan="4">P/Pf</td> <td colspan="4">P/Pf/C</td> </tr> <tr> <td>14</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"><b>GOOD RETAIL PRACTICES</b></td> </tr> <tr> <td colspan="4">Required records available: molluscan shellfish identification, parasite destruction</td> <td colspan="4">P/Pf/C</td> </tr> <tr> <td colspan="3"><b>Good Retail Practices</b> are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</td> <td colspan="5">Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation</td> </tr> <tr> <td colspan="3"><b>Safe Food and Water</b></td> <td colspan="5"><b>Proper Use of Utensils</b></td> </tr> <tr> <td>30</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>43</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Pasteurized eggs used where required</td> <td colspan="4">In-use utensils: properly stored</td> </tr> <tr> <td colspan="4">P</td> <td colspan="4">C</td> </tr> <tr> <td>31</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>44</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Water and ice from approved source</td> <td colspan="4">Utensils/equipment/linens: properly stored, dried, &amp; handled</td> </tr> <tr> <td colspan="4">P/Pf/C</td> <td colspan="4">Pf/C</td> </tr> <tr> <td>32</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>45</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Variance obtained for specialized processing methods</td> <td colspan="4">Single-use/single-service articles: properly stored &amp; used</td> </tr> <tr> <td colspan="4">Pf</td> <td colspan="4">P/C</td> </tr> <tr> <td colspan="3"><b>Food Temperature Control</b></td> <td colspan="5"><b>Utensils and Equipment</b></td> </tr> <tr> <td>33</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>46</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Proper cooling methods used; adequate equipment for temperature control</td> <td colspan="4">Gloves used properly</td> </tr> <tr> <td colspan="4">Pf/C</td> <td colspan="4">C</td> </tr> <tr> <td>34</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>47</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Plant food properly cooked for hot holding</td> <td colspan="4">Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td> </tr> <tr> <td colspan="4">Pf</td> <td colspan="4">P/Pf/C</td> </tr> <tr> <td>35</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>48</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Approved thawing methods used</td> <td colspan="4">Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td> </tr> <tr> <td colspan="4">Pf/C</td> <td colspan="4">Pf/C</td> </tr> <tr> <td>36</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>49</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Thermometers provided and accurate</td> <td colspan="4">Non-food contact surfaces clean</td> </tr> <tr> <td colspan="4">Pf/C</td> <td colspan="4">C</td> </tr> <tr> <td colspan="3"><b>Food Identification</b></td> <td colspan="5"><b>Physical Facilities</b></td> </tr> <tr> <td>37</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>50</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Food properly labeled; original container</td> <td colspan="4">Hot and cold water available; adequate pressure</td> </tr> <tr> <td colspan="4">P/C</td> <td colspan="4">Pf</td> </tr> <tr> <td colspan="3"><b>Prevention of Food Contamination</b></td> <td colspan="5">51 <input type="checkbox"/> Plumbing installed; proper backflow devices</td> </tr> <tr> <td>38</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>52</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Insects, rodents, and animals not present</td> <td colspan="4">Sewage and waste water properly disposed</td> </tr> <tr> <td colspan="4">Pf/C</td> <td colspan="4">P/Pf/C</td> </tr> <tr> <td>39</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>53</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Contamination prevented during food preparation, storage &amp; display</td> <td colspan="4">Toilet facilities: properly constructed, supplied, &amp; clean</td> </tr> <tr> <td colspan="4">P/Pf/C</td> <td colspan="4">Pf/C</td> </tr> <tr> <td>40</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>54</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Personal cleanliness</td> <td colspan="4">Garbage and refuse properly disposed; facilities maintained</td> </tr> <tr> <td colspan="4">Pf/C</td> <td colspan="4">C</td> </tr> <tr> <td>41</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>55</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Wiping cloths: properly used and stored</td> <td colspan="4">Physical facilities installed, maintained, and clean</td> </tr> <tr> <td colspan="4">C</td> <td colspan="4">P/Pf/C</td> </tr> <tr> <td>42</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>56</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Washing fruits and vegetables</td> <td colspan="4">Adequate ventilation and lighting; 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Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation					<b>Safe Food and Water</b>			<b>Proper Use of Utensils</b>					30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required				In-use utensils: properly stored				P				C				31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source				Utensils/equipment/linens: properly stored, dried, & handled				P/Pf/C				Pf/C				32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used				Pf				P/C				<b>Food Temperature Control</b>			<b>Utensils and Equipment</b>					33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control				Gloves used properly				Pf/C				C				34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding				Food and non-food contact surfaces cleanable, properly designed, constructed, and used				Pf				P/Pf/C				35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				Pf/C				Pf/C				36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate				Non-food contact surfaces clean				Pf/C				C				<b>Food Identification</b>			<b>Physical Facilities</b>					37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; 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No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Time as a public health control: procedures and records																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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Adequate handwashing sinks, properly supplied/accessible				Pasteurized foods used; prohibited foods not offered																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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Food in good condition, safe, and unadulterated				Compliance with variance/specialized process/ROP criteria/HACCP Plan																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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<b>Good Retail Practices</b> are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.			Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
<b>Safe Food and Water</b>			<b>Proper Use of Utensils</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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Pasteurized eggs used where required				In-use utensils: properly stored																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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<b>Food Temperature Control</b>			<b>Utensils and Equipment</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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Proper cooling methods used; adequate equipment for temperature control				Gloves used properly																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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Plant food properly cooked for hot holding				Food and non-food contact surfaces cleanable, properly designed, constructed, and used																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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Approved thawing methods used				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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Thermometers provided and accurate				Non-food contact surfaces clean																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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Insects, rodents, and animals not present				Sewage and waste water properly disposed																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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Contamination prevented during food preparation, storage & display				Toilet facilities: properly constructed, supplied, & clean																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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Wiping cloths: properly used and stored				Physical facilities installed, maintained, and clean																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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Washing fruits and vegetables				Adequate ventilation and lighting; designated areas used																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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Permit Holder shall notify customers that a copy of the most recent inspection report is available.			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Violations documented</th> <th>Date corrections due</th> <th>#</th> </tr> </thead> <tbody> <tr> <td>Priority Item Violations</td> <td></td> <td>0</td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td></td> <td>0</td> </tr> <tr> <td>Core Item Violations</td> <td></td> <td>3</td> </tr> <tr> <td>Risk Factor/Public Health Intervention Violations</td> <td></td> <td>0</td> </tr> <tr> <td>Repeat Risk Factor/Public Health Intervention Violations</td> <td></td> <td>0</td> </tr> <tr> <td>Good Retail Practices Violations</td> <td></td> <td>4</td> </tr> <tr> <td colspan="3">Requires Reinspection - check box if you intend to reinspect</td> </tr> </tbody> </table>					Violations documented	Date corrections due	#	Priority Item Violations		0	Priority Foundation Item Violations		0	Core Item Violations		3	Risk Factor/Public Health Intervention Violations		0	Repeat Risk Factor/Public Health Intervention Violations		0	Good Retail Practices Violations		4	Requires Reinspection - check box if you intend to reinspect																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/7/24

Establishment MACC Kitchen Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Ham Chunks	167F	Cheese	40F	Hot Water	12F
Cheese sauce	217F	Potatoes	40F	Dish Machine	160F
Pasta + oil	185F	BBQ Chicken	39F	Sanitizer @ 400 *	
		Butter	39F		

### 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.
	Ice Machine - not in use
49c	Exterior M3 Reach in #3 unclean
55c	Gap on rear door
49c	Carts unclean..
37c	Dry good containers not labelled.
	Discussed Ill food worker policy - No ill workers
	Discussed Rinsing Pasta in Prep sink only
	Discussed Assembly vs Prep in Dining space
	Discussed Allergens on Menu - notifying staff chill vs freeze
	Discussed Date Marking
	Sanitizer @ dispenser to be calibrated. Staff to fill + add water so @ 200-300 ppm

test strips present




Person in Charge (Signature)

Date 2/7/24

Inspector (Signature) Denise Payne

Date 2/7/24

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>2/7/24</b>
Establishment <b>Manchester Chinese Cuisine</b>		Time In _____ AM/PM Time Out _____ AM/PM
Address <b>956 Main St</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of inspection: <b>Routine</b> Pre-op
Permit Holder _____		Reinspection _____ Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Time/Temperature Control for Safety</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Consumer Advisory</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Population</b>			
<b>GOOD RETAIL PRACTICES</b>															
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Food Temperature Control</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils and Equipment</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Food Identification</b>															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Prevention of Food Contamination</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Person in Charge (Signature) <b>Xiulan Lin</b>		Date <b>2/7/24</b>		Violations documented				Date corrections due							
Person in Charge (Printed) <b>Xiulan Lin</b>				Priority Item Violations				#							
Inspector (Signature) <b>Denise Payne</b>		Date <b>2/7/24</b>		Priority Foundation Item Violations				<b>3</b>							
Inspector (Printed) <b>Denise Payne</b>				Core Item Violations				<b>3</b>							
				Risk Factor/Public Health Intervention Violations				<b>1</b>							
				Repeat Risk Factor/Public Health Intervention Violations											
				Good Retail Practices Violations				<b>5</b>							
				Requires Reinspection - check box if you intend to reinspect											

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





Risk Category: <b>4</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>2/29/24</b>
Establishment <b>Manchester Rehabilitation + HHC</b>		Time In <b>9:15 AM</b> Time Out <b>10:45 AM</b>
Address <b>385 W. Center St</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op _____
Permit Holder <b>Stephanie Laflash</b>		Reinspection _____ Other _____



**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

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

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

**GOOD RETAIL PRACTICES**

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

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

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

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

Person in Charge (Signature) <i>[Signature]</i>	Date <b>2/28/24</b>
Person in Charge (Printed) <b>Stephanie Laflash</b>	
Inspector (Signature) <i>[Signature]</i>	Date <b>2/28/24</b>
Inspector (Printed) <b>Kim Dubowski R.C. / Katelyn Person</b>	

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations		0
Core Item Violations	<b>5/29/24</b>	3
Risk Factor/Public Health Intervention Violations		1
Repeat Risk Factor/Public Health Intervention Violations		0
Good Retail Practices Violations		3
Requires Reinspection - check box if you intend to reinspect		

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/29/24

Establishment Manchester Rehabilitation Town Manchester

TEMPERATURE OBSERVATIONS					
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
milk cooler - MILK	40°F	Final temp sausage	196°F	handsink	96°F
Sliced cheese	39°F			quat bucket	400 ppm
chicken pieces	41°F			3 bay hot	126°F
ham	46°F			dishmachine	7160°F
WIC ambrosia	39°F			handsink in dining	
whipped butter	37°F			↳ 106°F	
egg salad	41°F				



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.
	CFRM - Stephanie on site
44C	jumbled cups in metal drawer across from coffee station
49C	lime build up on floor of warewash room
49C	exterior of pots and pans with excess build-up
	thermometer + alc wipes and test strips available
	very clean and organized throughout
	Discussed monitoring pots and pans for needed replacement
	No ill food workers, discussed ill food worker policy
	Discussed w/ PIC manual warewashing procedure
	Discussed allergens with PIC, provided allergen poster this day
	Discussed w/ PIC pest control. Actively monitoring and treating for drain flies as needed.

Person in Charge (Signature) Date 2/28/24

Inspector (Signature) Kim Olandi CS. / Katelyn Per Date 2/29/24

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>2/12/24</b>
Establishment: <b>Martin Elementary</b>		Time In _____ AM/PM Time Out _____ AM/PM
Address: <b>Dartmouth</b>		LHD <b>Manchester</b>
Town/City: <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder _____		Reinspection _____ Other _____
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>		
<small>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</small>		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed		
P=Priority item PF=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
<b>Supervision</b>	<b>Protection from Contamination</b>	
1 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties	15 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	P/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
2 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4	16 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized	P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
<b>Employee Health</b>		
3 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting	17 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food	P <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
4 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion	<b>Time/Temperature Control for Safety</b>	
5 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures	P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
<b>Good Hygienic Practices</b>		
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding	P <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures	P <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
<b>Preventing Contamination by Hands</b>		
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed	21 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures	P <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	22 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures	P <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
10 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible	23 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition	P/Pf <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
<b>Approved Source</b>		
11 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records	P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature	<b>Consumer Advisory</b>	
13 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food	Pf <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction	<b>Highly Susceptible Population</b>	
<b>GOOD RETAIL PRACTICES</b>		
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>		
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
<b>Safe Food and Water</b>	<b>Proper Use of Utensils</b>	
30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required	43 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored	C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
31 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source	44 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled	Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
32 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods	45 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Single-use/single-service articles: properly stored & used	P/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
<b>Food Temperature Control</b>		
33 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control	46 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Gloves used properly	C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
34 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding	<b>Utensils and Equipment</b>	
35 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used	47 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
36 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate	48 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
<b>Food Identification</b>		
37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	49 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean	C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
<b>Prevention of Food Contamination</b>		
38 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present	<b>Physical Facilities</b>	
39 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	50 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure	Pf <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
40 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	51 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices	P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
41 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	52 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed	P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
42 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	53 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean	Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) <b>Grace Cedeno</b> Date <b>2/12/24</b>	Violations documented	
Person in Charge (Printed) <b>Grace Cedeno</b>	Date corrections due	
Inspector (Signature) <b>Denise Payne</b> Date <b>2/12/24</b>	#	
Inspector (Printed) <b>Denise Payne</b>	Priority Item Violations	
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.	Priority Foundation Item Violations	
	Core Item Violations	<b>90 days</b> 1
	Risk Factor/Public Health Intervention Violations	
	Repeat Risk Factor/Public Health Intervention Violations	
	Good Retail Practices Violations	1
	Requires Reinspection - check box if you intend to reinspect	

# Food Establishment Inspection Report

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 2/12/24

Establishment Martin Elementary Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Rice	186F	Cheese	41F	Hot water	114F
Beans	150F	Milk	36F	Quat bucket	300ppm
Hamburger	156F	Buttermilk Ranch	37F		

## 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

Walk in Cooler ceiling unclear/dust

Clean & Organized

Nachos Rice + Mex. black beans on the menu



Person in Charge (Signature)

Lorraine M. Cochran

Date


2/12/24

Inspector (Signature)

Denise Payne

Date

2/12/24

Risk Category:		<b>Food Establishment Inspection Report</b>				Page 1 of 3	
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <u>2/8/24</u>					
Establishment <u>McDonalds</u>				Time In _____ AM/PM		Time Out _____ AM/PM	
Address <u>1221 Tolland Tpke</u>				LHD <u>Manchester</u>			
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op			
Permit Holder _____				Reinspection _____		Other <u>FOA checklist</u>	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.							
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed							
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation							
IN	OUT	N/A	N/O	Supervision	V	COS	R
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>
				Employee Health	V	COS	R
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>
				Good Hygienic Practices	V	COS	R
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>
				Preventing Contamination by Hands	V	COS	R
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
				Approved Source	V	COS	R
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation							
OUT	N/A	N/O	Safe Food and Water	V	COS	R	
30	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	
31	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
32	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
				Food Temperature Control	V	COS	R
33	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
34	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
35	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
36	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
				Food Identification	V	COS	R
37	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
				Prevention of Food Contamination	V	COS	R
38	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
39	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
40	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
41	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	
42	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.							
Person in Charge (Signature) <u>[Signature]</u>		Date <u>2-8-24</u>		Person in Charge (Printed) <u>[Signature]</u>		Date <u>2-8-24</u>	
Inspector (Signature) <u>[Signature]</u>		Date <u>2/8/24</u>		Inspector (Printed) <u>Denise Payne</u>			
Violations documented		Date corrections due		#			
Priority Item Violations				10 days 2/8/24		2	
Priority Foundation Item Violations						13	
Core Item Violations						8	
Risk Factor/Public Health Intervention Violations							
Repeat Risk Factor/Public Health Intervention Violations							
Good Retail Practices Violations							
Requires Reinspection - check box if you intend to reinspect							

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

*See note / Response Red*

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/8/24

Establishment McDonalds - Tolland Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door reach in butter ham	30°F 36°F	cold hold burger	35°F	handsink	106°F
final temp chicken	204°F	hot hold burger	157°F	3-bay hot water	115°F
hot hold chicken	140°F	final temp burger	168°F	dishmachine chlorine	50-100ppm
chx nuggets	137°F			bathroom hot	85°F
milk fridge cream	37°F			sanitizer bucket chlorine	200ppm

### 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	Description
	CFPM on site - Jacqueline Delgado.
48C	Sanitizer low in buckets by handsink; <sup>100ppm</sup> (COS) changed out
note	2-door Traulsen doors not fully closing, temperatures holding
52PF	2 door Traulsen interior not clean, wastewater collecting
note	to-go containers not protected, inverted by PIC (COS)
49C	2-door Bev-Air freezer interior bottom shelf not clean
49C	bucket under sweet tea collecting Syrup dripping, Syrup box leaking, discarded (COS) removed syrup box, floors cleaned
56C	personal cell phone on prep table - (COS) removed by manager
16PF	utensils by ice cream machine designated "clean" not clean, PIC moved to warewash - (COS)
note	ice not protected by drive thru window, use cover
note	hoods over fryer, baffles cleaned every 2 days per PIC, monitor build up.
49C	cup holders by sweet tea machine not clean, not in use
51C	cold water faucet on handsink missing on cookline
	Provide email Health Dept. for all proposed TCS items to be held <del>*</del>
	use using Time vs. Temp. Include food item and time.
note	cup holders at drive thru require covers
<del>*</del>	hood system was due in December 2023, scheduled for January 2024. No cleaning to date. Manager will reach out to regional manager to correct. Notify Health Dept. by 2/9/24 with scheduled cleaning. Provide invoice upon completion.

Person in Charge (Signature) Jacqueline Delgado

Date

Inspector (Signature) Denise Payne

Date 2/8/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/8/24

Establishment McDonalds Tollan & Pike Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC milk	41°F				
butter	41°F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
49c/47c	gasket on WIF not clean and damaged/torn and WIC
45c	fry sleeves and paper goods unprotected in basement
55c	mop stored in stagnant water in mop bucket in basement
56c	lights not shielded in basement
45c	food paper goods being stored under sewer pipe in basement (COS)

Person in Charge (Signature) <i>[Signature]</i>	Date <u>2-8-24</u>
Inspector (Signature) <i>[Signature]</i>	Date <u>2/8/24</u>



**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: McDonalds Tolland Tpk

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

**Resources:**

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

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

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

**Environmental Health Inspector:**

Signature of Inspector: *Dennis Payne*

Print Name: \_\_\_\_\_

Date: 2/8/24

**Person In Charge:**

Signature of Person In Charge: \_\_\_\_\_

Title: \_\_\_\_\_


Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Email delpa@je317@gmail.com

*Hdpt - send pkt via email*



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>3</b>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <b>2/29/24</b>
Establishment <b>Panda King</b>	 <p>Connecticut Department of Public Health</p>	Time In _____ AM/PM Time Out _____ AM/PM
Address <b>575 Main St</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder _____		Reinspection _____ Other _____

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item										IN=in compliance			OUT=not in compliance			N/A=not applicable			N/O=not observed		
P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R			COS=corrected on-site during inspection			R=repeat violation											
IN	OUT	N/A	N/O		V	COS	R	IN	OUT	N/A	N/O	V	COS	R							
<b>Supervision</b>																					
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="radio"/>	<input type="radio"/>	15	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food separated and protected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>					
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="radio"/>	<input type="radio"/>	16	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="radio"/>	<input type="radio"/>					
<b>Employee Health</b>																					
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="radio"/>	<input type="radio"/>	17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="radio"/>	<input type="radio"/>					
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper use of restriction and exclusion	P	<input type="radio"/>	<input type="radio"/>	<b>Time/Temperature Control for Safety</b>													
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="radio"/>	<input type="radio"/>	18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooking time and temperatures	P/Pf/C	<input type="radio"/>	<input type="radio"/>					
<b>Good Hygienic Practices</b>																					
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="radio"/>	<input type="radio"/>	19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper reheating procedures for hot holding	P	<input type="radio"/>	<input type="radio"/>					
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No discharge from eyes, nose, and mouth	C	<input type="radio"/>	<input type="radio"/>	20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooling time and temperatures	P	<input type="radio"/>	<input type="radio"/>					
<b>Preventing Contamination by Hands</b>																					
8	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Hands clean and properly washed	P/Pf	<input type="radio"/>	<input type="radio"/>	21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper hot holding temperatures	P	<input type="radio"/>	<input type="radio"/>					
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="radio"/>	<input type="radio"/>	22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cold holding temperatures	P	<input type="radio"/>	<input type="radio"/>					
10	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="radio"/>	<input type="radio"/>	23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper date marking and disposition	P/Pf	<input type="radio"/>	<input type="radio"/>					
<b>Approved Source</b>																					
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food obtained from approved source	P/Pf/C	<input type="radio"/>	<input type="radio"/>	24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="radio"/>	<input type="radio"/>					
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food received at proper temperature	P/Pf	<input type="radio"/>	<input type="radio"/>	<b>Consumer Advisory</b>													
13	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food in good condition, safe, and unadulterated	Pf/C	<input type="radio"/>	<input type="radio"/>	25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="radio"/>	<input type="radio"/>					
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="radio"/>	<input type="radio"/>	<b>Highly Susceptible Population</b>													
<b>GOOD RETAIL PRACTICES</b>																					
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>																					
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																					
<b>Safe Food and Water</b>																					
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pasteurized eggs used where required	P	<input type="radio"/>	<input type="radio"/>	43	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	In-use utensils: properly stored	C	<input type="radio"/>	<input type="radio"/>					
31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Water and ice from approved source	P/Pf/C	<input type="radio"/>	<input type="radio"/>	44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="radio"/>	<input type="radio"/>					
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Variance obtained for specialized processing methods	Pf	<input type="radio"/>	<input type="radio"/>	45	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="radio"/>	<input type="radio"/>					
<b>Food Temperature Control</b>																					
33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="radio"/>	<input type="radio"/>	46	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Gloves used properly	C	<input type="radio"/>	<input type="radio"/>					
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Plant food properly cooked for hot holding	Pf	<input type="radio"/>	<input type="radio"/>	<b>Utensils and Equipment</b>													
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Approved thawing methods used	Pf/C	<input type="radio"/>	<input type="radio"/>	47	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="radio"/>	<input type="radio"/>					
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thermometers provided and accurate	Pf/C	<input type="radio"/>	<input type="radio"/>	48	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="radio"/>	<input type="radio"/>					
<b>Food Identification</b>																					
37	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food properly labeled; original container	Pf/C	<input type="radio"/>	<input type="radio"/>	49	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Non-food contact surfaces clean	C	<input type="radio"/>	<input type="radio"/>					
<b>Prevention of Food Contamination</b>																					
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Insects, rodents, and animals not present	Pf/C	<input type="radio"/>	<input type="radio"/>	<b>Physical Facilities</b>													
39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="radio"/>	<input type="radio"/>	50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hot and cold water available; adequate pressure	Pf	<input type="radio"/>	<input type="radio"/>					
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Personal cleanliness	Pf/C	<input type="radio"/>	<input type="radio"/>	51	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="radio"/>	<input type="radio"/>					
41	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Wiping cloths: properly used and stored	C	<input type="radio"/>	<input type="radio"/>	52	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="radio"/>	<input type="radio"/>					
42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Washing fruits and vegetables	P/Pf/C	<input type="radio"/>	<input type="radio"/>	53	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="radio"/>	<input type="radio"/>					
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																					
Person in Charge (Signature) <u>Wenhui Chen</u> Date <u>2/29/24</u>																					
Person in Charge (Printed) <u>WENHUI CHEN</u>																					
Inspector (Signature) <u>Denise Payne</u> Date <u>2/29/24</u>																					
Inspector (Printed) <u>Denise Payne</u>																					
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.																					

Violations documented	Date corrections due	#
Priority Item Violations	<u>P 3 days</u>	
Priority Foundation Item Violations	<u>Pf 10 days</u>	
Core Item Violations	<u>C 90 days + sooner</u>	
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		
Requires Reinspection - check box if you intend to reinspect		

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/29/24

Establishment Panda King

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Pork Ribs	34F	Rice fried	154F	Chlorine Sanit.	100ppm
Chicken	37F	White Rice	158F	3 bay	
Chicken	38F	Miso soup	193F		
Salmon	33F			Hot water	> 110F
Red fish	32F				
Shrimp	39F	Egg Roll	41F		
Chicken	39F	Chicken Nugget	39F		
Pork	41F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
—	Frozen Fish for staff - invoice provided * LAST Pest report May 2023 - Additional inspection Required
10PF	Prep hand sink blocked by Empty boxes/bags of Chicken
10PF 49C	Prep sink unclean / No paper towel - COS
15C	Tubs of Beef Ribs stacked on top of each other, unprotected. - COS Plastic wrap provided + placed in cooler
15P	Bin of fish stored on floor cleaner bucket - Fish transferred to new bin + placed in freezer
48PF	Staff improperly washing, rinse, 60sec sanitize then allowed to air dry
48C	Items in air dry unclean with food debris.
8P	Staff using phone to translate not washing hands prior to prepping
47C	Containers - cardboard used as a table. NOT approved
54C	Boxes of Empty chicken product stacked in dry storage. Chickled out at room temp! - Chef stated 20-30 mins. Put into fridge (WIC)
47C	Rice bin exterior unclean - White bins
47P	Rice cover severely cracked - discarded.
45C	# 10 can, single use bowl used as scoop
37C	Containers of White granulars not labelled

Person in Charge (Signature) Wen Huachen

Date 2/29/24

Inspector (Signature) Denise Payne

Date 2/29/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/29/24

Establishment Panda King

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
15P	Nesting an unclean bowl that had raw chicken in it on top of carrots in Cold prep unit.
41C	Wet towels, not in sanitizer, on tables.
47PF	Utensils wedged between 2 tables → unclean
13PF	Dented can (Tomato sauce) in walk in cooler discarded
15P	Walk in Cooler / Reach in fridge / RI freezer all have jumbled meats - not stored by final cook temp.
49C	WIC shelves unclean.
15C	Panco in dry storage not covered/protected.
47C	Can opener + blade unclean.
16PF	Bowls stored under prep table (Chicken prepped) is unclean with Red liquid + bits of chicken.
45C	Sushi containers not inverted/protected. Vegetables at sushi counter not refrigerated.
47C	Paper towel in cups with vegetables.
15C	Food in freezer not covered.
55C	Ceiling tiles unclean in Kitchen - see April 27, 23 Report.
55C	Ceiling tiles in Sushi area not cleanable.
DPH. Allergen Poster Provided this day	
No Allergen Poster or Menu List (Allergen poster provided 4/27/23)	
Doors are closed due to Temperature Outside.	

Person in Charge (Signature) Wenderson

Date 2/29/24

Inspector (Signature) Denise Payne

Date 2/29/24



2/29/24 Inspection follow-up

INSPECTION REPORT  
FOOD SERVICE ESTABLISHMENTS  
CONTINUATION SHEET

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

NAME OF ESTABLISHMENT <i>Panda King</i>	TOWN <i>Manchester</i>	DATE OF INSPECTION <i>March 1, 24</i>
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INSPECTION FORM #	REMARKS
	<i>Information Provided, Meeting with owner.</i>
	<i>Review + Respond to Listed Violation + Concerns (2pg)</i>
	<i>Review Person In Charge Responsibilities</i>
	<i>and</i>
	<i>Knowledge</i>
	<i>Training Document 7 areas of knowledge for staff</i>
	<i>Introduction to Food Safety</i>
	<i>Food safety Reference Card</i>
	<i>Manual washing</i>
	<i>Hand wash - times to wash hands</i>
	<i>- Posters for sinks</i>
<i>—</i>	<i>Response by End of day WED. Mar 6<sup>th</sup>, 24.</i>
<i>—</i>	<i>Re-inspection Thurs.</i>
	<i>CFPM must exhibit Knowledge.</i>
	<i>Owner to purchase washable tiles for Kitchen (Start lease)</i>
	<i>dpayne@manchesterct.gov</i>
	<i>860 647 3180</i>
	<i>Any questions</i>
	<i>Contact Exterminator - inspect to document observation</i>

INITIAL (INSPECTOR) <i>DPayne</i>	INITIAL (PERSON IN CHARGE) <i>W...</i>
-----------------------------------	--

Distribution: 1st - White - Health Department 2nd - Yellow - Owner/Manager

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

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/20/24

Establishment Pizza Mia Town Manchester

30 day insp

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Mozarella	38F	Sausage	37F	Hot Water	116F
Milk	39F			Quat buckets	200ppm
Tomatoes	37F			Dish Machine	100ppm Chl
Hamburgers	37F			<u>AND</u> >160F *	
Lasagna	39F				
Wings	39F				
Tomatoes	38F				
Meatballs	38F				

## OBSERVATIONS AND CORRECTIVE ACTIONS

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

- | Item Number | Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code. |
|-------------|--|
| ✓ 45C       | Hallow stirrers at bar not protected   |
| ✓ 43C       | Utensil handle in product butter/Flour bin   |
| ✓ 41C       | Wet cloth over Pizza Cold prep, not in use, not in Sanitizer (unclean)   |
| ✓ 23P       | Nozzle marking on RTE TCS foods - Max 7 days   |
| ✓ 45C       | To go containers not inverted/protected (Cos)  |
| ✓ 15C       | Bread for breadcrumbs over pizza oven not protected  |
| ✓ 44C       | Tongs on low oven handles  |
| 116P        | Can opener blade unclean with dried on food debris   |
| ✓ 48C       | Unclean bowl @ meat slicer with a bag of togo cups in it   |
| 116P / 49C  | Meat Slicer blade + Unit unclean with dried on food  |
| 15C         | Bowl of flour and open bag of flour, not protected in prep   |
| ✓ 51C       | Dump sink at bar - faucet leaking  |

Reviewed waitstaff handwashing policy

Heat strip +/- Chlorine strips for Dish Machine - both sanitizers not Required (1)

Provide process of cooling to Health Dpt / Provide time for spiced butter process.

Discussed odors in Ware wash.

Discussed a drying rack at bar, not linens

Note Nozzle drip hose not connected at bar

Discussed line on wall behind Dish Machine / staff must make sure dry + clean before storage.



Person in Charge (Signature) [Signature]

Date 2/24/24

Inspector (Signature) Denise Payne

Date 2/20/24

\* Health Dpt to follow upon frozen Muscles + TAG Requirement (14PF)

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

Establishment type: Permanent Temporary Mobile Other Date: 2/22/24

Establishment: Pizza Mia Address: 55 East Centers + Town/City: Manchester Permit Holder: [Signature]



Time In: [Blank] AM/PM Time Out: [Blank] AM/PM LHD: Manchester Purpose of Inspection: Routine Pre-op Reinspection: [Checked] Other: Initial insp 2/20/24

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

Table with columns for item number, compliance status (IN, OUT, N/A, N/O), description, violation type (V), and correction status (COS, R). Includes sections for Supervision, Employee Health, Good Hygienic Practices, Approved Source, and Time/Temperature Control for Safety.

GOOD RETAIL PRACTICES

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

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

Table with columns for item number, compliance status (OUT, N/A, N/O), description, violation type (V), and correction status (COS, R). Includes sections for Safe Food and Water, Food Temperature Control, Food Identification, Prevention of Food Contamination, Proper Use of Utensils, Utensils and Equipment, and Physical Facilities.

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

Person in Charge (Signature) [Signature] Date 2-22-2024 Person in Charge (Printed) Juan Orellana Inspector (Signature) Denise Payne Date 2/22/24 Inspector (Printed) Denise Payne

Table with columns: Violations documented, Date corrections due, #. Rows include Priority Item Violations, Priority Foundation Item Violations, Core Item Violations, Risk Factor/Public Health Intervention Violations, Repeat Risk Factor/Public Health Intervention Violations, Good Retail Practices Violations, and Requires Reinspection - check box if you intend to reinspect.

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date Feb 22, 24

Establishment Pizza Mia

Town Manchester

Follow-up to 2/20/24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Milk	40F			Hot Water	114F
Tomatoes	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.

Note - Sanitizer dispensers low → OK to manually adjust to 200ppm, Test strips present

- ✓ Stirres properly stored
- ✓ Flour bin scoop properly stored
- ✓ No drying bread out.
- ✓ Tongs on cookline - high + dry
- ✓ Can opener in warewash area.
  
- ✓ New Meat slicer on site - clean & sanitized
- (2) New Cold prep units
- ✓ No odors in Warewash noted. / Warewash walls clean
  
- HDpt provided 2022 Code for frozen Shellfish
  
- Date marking observed. HDpt reviewed the process and will follow-up with management if there are questions  
MADE / FROZEN / THAWED / DISCARDS  
 Handout provided for reference

Person in Charge (Signature)

[Signature]

Date 2/22/24

Inspector (Signature)

Denise Payne RS

Date 2/22/24



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>3</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>2/16/24</b>	
Establishment <b>Poke Don</b>	Time In <b>12:00 AM/PM</b> Time Out <b>1:45 AM/PM</b>	
Address <b>179 Deming st. unit 12</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <b>Allen Zhao</b>	Reinspection Other _____	



**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

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

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

Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
							16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>									
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>									
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Population</b>						
<b>Approved Source</b>				<b>Food/Color Additives and Toxic Substances</b>									
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>GOOD RETAIL PRACTICES</b>				<b>Conformance with Approved Procedures</b>									
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>				Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation									
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>									
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Temperature Control</b>				<b>Utensils and Equipment</b>									
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Identification</b>				<b>Physical Facilities</b>									
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<b>Prevention of Food Contamination</b>				<b>Violations documented</b>									
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Priority Item Violations	<b>Date corrections due</b>		<b>#</b>			
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Priority Foundation Item Violations	<b>COS</b>		<b>3</b>			
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Core Item Violations	<b>2-26-24</b>		<b>3</b>			
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Risk Factor/Public Health Intervention Violations	<b>5-16-24</b>		<b>17</b>			
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Repeat Risk Factor/Public Health Intervention Violations			<b>6</b>			
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				Good Retail Practices Violations						<b>17</b>			
Person in Charge (Signature) <i>[Signature]</i> Date <b>02/16/24</b>				Requires Reinspection - check box if you intend to reinspect						<input checked="" type="checkbox"/>			
Person in Charge (Printed)				Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.									
Inspector (Signature) <i>[Signature]</i> Date <b>2/16/24</b>													
Inspector (Printed) <b>Dose Ramirez</b>													

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/16/24

Establishment Poke Don Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
front cold prep coleslaw	41°F	hot hold rice	135°F	handsink in front	90°F
green slaw	39°F	hot hold miso soup	165°F	chlorine bucket (front)	10ppm
Shrimp	39°F	front hot hold rice	154°F	customer handsink	120°F
salmon	40°F	WIC salmon	32°F	WIF ambient	-2°F
tuna	39°F	chicken	38°F		
corn	39°F	mango	38°F		
boba balls	39°F	tuna	39°F		
		shrimp	41°F		

### 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.
	CFPM X in Ni
51C	hot water faucet handle on handsink by 3-bay broken (COS)
2C	no CFPM on site upon arrival.
39C	ice build up in chest freezer
49C	coleman cooler used for storage of utensils exterior not clean
56C	hood above fryer extremely unclean, last done 6/9/23, was due 10/9/23 ↳ schedule cleaning ASAP, PIC stated prof. cleaning to be done 2/26/24
49C	floor behind fryer not clean
49C	wall behind fryer/wok not clean
49C	exterior of microwave by wok not clean (COS)
16P	rags stored in sanitizer bucket w/ no sanitizer 0ppm (too many rags)
49C	unclean ice bin interior in front service area - not in use
16PF	interior of ice machine in front not clean
49C	curtain behind metal shelving leading to front, not clean (COS)
16P	sanitizer bucket @ 10ppm, concentration too low (50-100ppm req)
49C	metal shelving w/ rice cooker not clean, generally
49C	gasiket on WIC not clean
	<del>no light in WIF KP</del>
39C	food stored on floor in buckets in WIF
49C	exterior of rice bin not clean
51P	customer bathroom hot water at 120°F; max allowed 115°F (COS)
16PF	vegetable slicer not clean
49C	floors and walls throughout kitchen not clean

Person in Charge (Signature) [Signature]

Date 02/16/24

Inspector (Signature) [Signature]

Date 2/16/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/16/24

Establishment Poike Don Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
37C	unlabeled containers and squeeze bottles throughout
23PF	RTE raw fish not properly date marked. Discussed w/ PIC proper date-marking policy. Any Ready-to-Eat foods that are TCS and held more than 24 hrs must be labeled and date marked. Not to exceed 7 days.
49C	exterior of equipment (wok, fryer, etc) generally not clean
* 14P	no parasite destruction records on file for Salmon.
note	cold prep by chest freezer, out of order, empty. PIC instructed to repair/replace or remove ASAP
↓	Discussed dented can policy, label designated area for dented cans
↓	Ice machine in kitchen not making ice, used for ice storage PIC to put in work order.
	Discussed pest control, monthly services provided, no issues
	Discussed ill food workers policy
	Discussed proper sanitizer concentration and time (every 4 hrs or as needed)
	Test strips and thermometer available
*	Discussed w/ PIC that there must be a CFPM on site during all hours of operation + prep time!
	PIC to email <a href="mailto:jramirez@manchester.ct.gov">jramirez@manchester.ct.gov</a> with verification of parasite destruction <del>or exemption</del>

Person in Charge (Signature) [Signature]

Date 02/16/24

Inspector (Signature) [Signature]

Date 2/16/24

Risk Category: <u>2</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>																																																																																																																																																																																																																																																																																																																															
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Good Hygienic Practices</b>																																																																																																																																																																																																																																																																																																																																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Preventing Contamination by Hands</b>																																																																																																																																																																																																																																																																																																																																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Approved Source</b>																																																																																																																																																																																																																																																																																																																																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Time/Temperature Control for Safety</b>																																																																																																																																																																																																																																																																																																																																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Consumer Advisory</b>																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Highly Susceptible Population</b>																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Food/Color Additives and Toxic Substances</b>																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Conformance with Approved Procedures</b>																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>GOOD RETAIL PRACTICES</b>																																																																																																																																																																																																																																																																																																																																	
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>																																																																																																																																																																																																																																																																																																																																	
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																																																																																																																																																																																																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>OUT</th><th>N/A</th><th>N/O</th><th>Safe Food and Water</th><th>V</th><th>COS</th><th>R</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pasteurized eggs used where required</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Water and ice from approved source</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Variance obtained for specialized processing methods</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="7" style="text-align:center;"><b>Food Temperature Control</b></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooling methods used; adequate equipment for temperature control</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Plant food properly cooked for hot holding</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Approved thawing methods used</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Thermometers provided and accurate</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="7" style="text-align:center;"><b>Food Identification</b></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food properly labeled; original container</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="7" style="text-align:center;"><b>Prevention of Food Contamination</b></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Insects, rodents, and animals not present</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Contamination prevented during food preparation, storage &amp; display</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Personal cleanliness</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Wiping cloths: properly used and stored</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Washing fruits and vegetables</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </tbody> </table>	OUT	N/A	N/O	Safe Food and Water	V	COS	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food Temperature Control</b>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food Identification</b>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Prevention of Food Contamination</b>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>OUT</th><th>Proper Use of Utensils</th><th>V</th><th>COS</th><th>R</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td>In-use utensils: properly stored</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td>Utensils/equipment/linens: properly stored, dried, &amp; handled</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td>Single-use/single-service articles: properly stored &amp; used</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td>Gloves used properly</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="5" style="text-align:center;"><b>Utensils and Equipment</b></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td>Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td>Non-food contact surfaces clean</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="5" style="text-align:center;"><b>Physical Facilities</b></td> </tr> <tr> <td><input type="checkbox"/></td><td>Hot and cold water available; adequate pressure</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td>Plumbing installed; proper backflow devices</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td>Sewage and waste water properly disposed</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td>Toilet facilities: properly constructed, supplied, &amp; clean</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td>Garbage and refuse properly disposed; facilities maintained</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td>Physical facilities installed, maintained, and clean</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td>Adequate ventilation and lighting; designated areas used</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td>Natural rubber latex gloves not used per CGS §19a-36f</td><td></td><td></td><td></td> </tr> </tbody> </table>	OUT	Proper Use of Utensils	V	COS	R	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils and Equipment</b>					<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>					<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f																																																																																																																		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
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<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
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<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<b>Physical Facilities</b>																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input checked="" type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input checked="" type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f																																																																																																																																																																																																																																																																																																																																
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																																																																																																																																																																																																																																																																																																																																	
Person in Charge (Signature) <u>[Signature]</u> Date <u>2-14-2024</u>	Violations documented																																																																																																																																																																																																																																																																																																																																
Person in Charge (Printed)	Date corrections due																																																																																																																																																																																																																																																																																																																																
Inspector (Signature) <u>[Signature]</u> Date <u>2/14/24</u>	Priority Item Violations	= 0																																																																																																																																																																																																																																																																																																																															
Inspector (Printed) <u>Jose Ramirez</u>	Priority Foundation Item Violations	= 0																																																																																																																																																																																																																																																																																																																															
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	Good Retail Practices Violations	10																																																																																																																																																																																																																																																																																																																															
	Requires Reinspection - check box if you intend to reinspect																																																																																																																																																																																																																																																																																																																																

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/14/24

Establishment Popeyes

Town Manchester

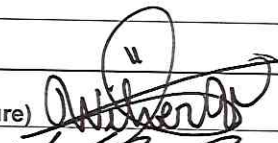
### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cold hot chicken	46°F	hot hold chicken thigh	171°F	sanitizer bucket	200ppm
cold prep cheese	41°F	hot hold chicken nug	185°F	3-bay quat	400ppm
WIC coleslaw	39°F	mashed potato	160°F	hand sink by 3 bay	85°F
DeWitt coleslaw	41°F	spicy chicken	150°F	customer bathroom	85°F
		chicken nugget	150°F		
cold prep chicken wings	40°F	mac + cheese	156°F		
WIF ambient	8°F				

### 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.
	CFPM Izamar on site
49C	floor behind fryer not clean
47C	interior of microwave door peeling, discussed w/ PIC <sup>repair or</sup> replace
47C	gasket torn on WIC door, PIC said gaskets are being fix this week
49C	shelving in WIC not clean
56C	cell phone stored on bag of seasoning by 3-bay
52C	standing water on side of WIC - (COS)
49C	floor drain by prep sink not clean
35C	thawing food on shelving by 3-bay sink - (COS)
55C	peeling tile at drive thru window
49C	wall by hot hold, front counter not clean
	WIC cooler by front counter, not working, not in use. Repair / Replaced / Remove within 90 days.
	test strips and thermometers available
	Discussed w/ PIC proper thawing methods. Thawing is to be done under refrigeration or cold running water

Person in Charge (Signature)



Date 2-14-2024

Inspector (Signature)



Date 2-14-24

Risk Category: <u>4</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>3</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>2/7/24</u>	
Establishment <u>Prospect Manchester Hospital</u>	Time In <u>9:00</u> <u>AM</u> /PM Time Out <u>11:30</u> <u>AM</u> /PM	
Address <u>71 Haynes St.</u>	LHD <u>Manchester</u>	
Town/City <u>Manchester</u>	Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder <u>Lauren D. Harry</u>	Reinspection _____ Other _____	



**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item										IN=in compliance			OUT=not in compliance			N/A=not applicable			N/O=not observed						
P=Priority item Pf=Priority foundation item C=Core item V=violation type										Mark in appropriate box for COS and/or R									COS=corrected on-site during inspection			R=repeat violation			
IN	OUT	N/A	N/O	Supervision						V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination						V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties						Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected						P/C	<input type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4						C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting						P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food						P	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion						P	<input type="checkbox"/>	<input type="checkbox"/>	<b>Time/Temperature Control for Safety</b>												
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events						Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use						P/C	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding						P	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth						C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures						P	<input type="checkbox"/>	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed						P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures						P	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures						P	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition						P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature						P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Consumer Advisory</b>												
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated						P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food						Pf	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Population</b>												
<b>GOOD RETAIL PRACTICES</b>										<b>Food/Color Additives and Toxic Substances</b>															
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>										<i>Food additives: approved and properly used</i>															
Mark OUT if numbered item is not in compliance V=violation type										Mark in appropriate box for COS and/or R										COS=corrected on-site during inspection			R=repeat violation		
OUT	N/A	N/O	Safe Food and Water						V	COS	R	OUT	Proper Use of Utensils						V	COS	R				
30	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required						P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	In-use utensils: properly stored						C	<input type="checkbox"/>	<input type="checkbox"/>			
31	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input checked="" type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled						P/C	<input type="checkbox"/>	<input type="checkbox"/>			
32	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods						Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored & used						P/C	<input type="checkbox"/>	<input type="checkbox"/>			
33	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	Gloves used properly						C	<input type="checkbox"/>	<input type="checkbox"/>			
34	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding						Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils and Equipment</b>													
35	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Food Identification</b>										<b>Physical Facilities</b>															
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	Hot and cold water available; adequate pressure						Pf	<input type="checkbox"/>	<input type="checkbox"/>			
38	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
39	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	Sewage and waste water properly disposed						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
40	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
41	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored						C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained						C	<input type="checkbox"/>	<input type="checkbox"/>			
42	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
Permit Holder shall notify customers that a copy of the most recent inspection report is available.										56	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used						C	<input type="checkbox"/>	<input type="checkbox"/>					
										<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f															
Person in Charge (Signature) <u>Don J...</u> Date <u>2/7/24</u>										Violations documented															
Person in Charge (Printed) <u>Haris Kad...</u>										Date corrections due															
Inspector (Signature) <u>L. Grandy</u> Date <u>2/7/2024</u>										Priority Item Violations <u>2/10/24</u>															
Inspector (Printed) <u>Lauren Grandy</u>										Priority Foundation Item Violations <u>2/17/24</u>															
										Core Item Violations <u>5/7/24</u>															
										Risk Factor/Public Health Intervention Violations <u>5</u>															
										Repeat Risk Factor/Public Health Intervention Violations <u>1</u>															
										Good Retail Practices Violations <u>17</u>															
										Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>															

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

reinspection: 2/17/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/7/24

Establishment Manchester Hospital Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
self service yogurt	41°F	WIC #1 tuna salad	37°F	handsink kitchen	130°F
cottage cheese	39°F	cream cheese	37°F	sanitizer bucket quat	400ppm
hot hold oatmeal	176°F	WIF #2 ambient	2°F	quat bucket prep	200ppm
whole milk	41°F	WIC #3 marinating chicken	38°F	hot hold gravy	160
hot hold scram eggs	135°F	pepper jack cheese	38°F	canned fruit cup	38°F
home fries	150°F	WIC #4 cut melon	36°F	ice cream freezer	-22°F
reach in on service line ham	38°F	chicken salad	39°F	dishmachine	71600°F
sliced tomatoes	39°F	prep table tomatoes	40°F	cooled rice	170°F

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Description
	CFPM - Harry
37C	brown granulars on self-service line not labeled
49C	wall behind panini press on service line not clean (caeteria)
44C	jumbled utensils on shelving under panini press on service line
16pf	interior of cold prep table across from WIC #4 unclean
49C	exterior of cold prep table " " " " "
51C	prep sink pipe leading to drain leaking
49C	wall behind 2-bay prep sink by WIF #2 unclean
49C	wall behind grill on cookline not clean, generally
16pf	undercounter freezer on cookline not clean interior
22P	1-door prep cooler not holding temp, food voluntarily discarded
16pf	microwave on cookline interior not clean
49C	floor along cookline not clean
45C	jumbled to-go containers in drawer in prep area by warewash
55C	cracked tiles in second warewash machine area
16pf	3-door reach in freezer interior not clean
36pf	no visible thermometer in 3-door reach in freezer
49C	floor near ice machine/mixer unclean, generally
15P	<del>unprotected coffee grounds in filter above coffee machine</del> 15 (gift shop only)
55C	ceiling tiles above coffee machines peeling/damaged
49C	stagnant water under steamer along cookline on shelf
37C	unlabeled salad dressings in WIC #4
49C	fan covers along cookline not clean/dirty

Person in Charge (Signature)

Date 2/7/24

Inspector (Signature)

Date 2/7/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/7/24

Establishment Manchester Hospital Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

### 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.
22P see pg 2	<p>* tomatoes 47°F, Swiss cheese 46°F, pepperoni 47°F, <sup>cooked</sup> pasta 47°F                      ambient temperature of cold prep unit on cookline 43°F                      PIC voluntarily discarded food product. unit not to be used,                      work order to be placed for unit this day. <u>(105)</u></p> <p>Discussed w/ PIC utensil storage for toppings for oatmeal on service line.</p> <p>Discussed labeling of single service items (cookies) for grab-n-go</p> <p>Discussed produce washing procedure prior to wrapping</p> <p>Discussed cooling process and temperatures associated with.</p> <p>Discussed internal cooking temp w/ staff on cookline</p> <p>Food glove use observed</p> <p>Test strips and thermometers available</p> <p>Overall very organized Kitchen!</p>

Person in Charge (Signature)

Inspector (Signature)

Date 2/7/24  
Date 2/7/24



Risk Category: <u>3</u>		<b>Food Establishment Inspection Report</b>				Page 1 of <u>5</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other _____				Date: <u>2/21/24</u>			
Establishment <u>Randy's Wooster st. Pizza</u>				Time In <u>10:30</u> AM/PM		Time Out <u>1:30</u> AM/PM	
Address <u>285 E. Center st.</u>				LHD <u>Manchester</u>			
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op			
Permit Holder <u>Randall Price</u>				Reinspection		Other _____	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.							
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed							
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation							
IN	OUT	N/A	N/O	Supervision	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>
				Employee Health	V	COS	R
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>
				Good Hygienic Practices	V	COS	R
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>
				Preventing Contamination by Hands	V	COS	R
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf	<input type="checkbox"/>	<input type="checkbox"/>
				Approved Source	V	COS	R
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation							
OUT	N/A	N/O	Safe Food and Water	V	COS	R	
30	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	
31	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
32	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
				Food Temperature Control	V	COS	R
33	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
34	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
35	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
36	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
				Food Identification	V	COS	R
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
				Prevention of Food Contamination	V	COS	R
38	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
40	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
41	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	
42	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.							
Person in Charge (Signature) <u>[Signature]</u>				Date <u>02/21/24</u>			
Person in Charge (Printed) _____							
Inspector (Signature) <u>[Signature]</u>				Date <u>2/21/24</u>			
Inspector (Printed) <u>Kim DIBENOSKI, RS</u>							
Violations documented		Date corrections due		#			
Priority Item Violations		COS			1		
Priority Foundation Item Violations		3/4/24			9		
Core Item Violations		5/2/21/24			46		
Risk Factor/Public Health Intervention Violations					11		
Repeat Risk Factor/Public Health Intervention Violations							
Good Retail Practices Violations					45		
Requires Reinspection - check box if you intend to reinspect					<input checked="" type="checkbox"/>		

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/21/24

Establishment Randy's Wooster St Pizza Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC raw chicken	39°F			hand sink	118°F
sliced tomatoes	40°F			3-bay in basement	110°F
chicken tenders	38°F			dish machine	7160°F



### 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.
	(FPM) Staci on site
39C	Food stored on floor in WIC + WIF
45C	single use containers cut to be scoops for salt and sugar (COS)
16PF	unclean knives stored in drawer under butcher block prep table in basement
16PF	meat slicer in basement not clean
47C	cheese grater repaired w/ tape, part on order in basement
55C	non-washable ceiling tiles above prep area in basement moved prep station to be under cleansable tiles.
49C	exterior of flour bin unclean in basement
44C	jumbled utensils in drawer sitting on shelf below long butcher block prep table
16PF	hobart dough mixer unclean, upper splash surface
49C	speed racks in WIC, generally, not clean
15C	broccoli in WIF not protected (COS)
53C	door in basement bathroom not self closing
16C	employee bathroom requires handwashing signage, all handwash sinks
53C	employee bathroom requires trash can w/ lid
55C	employee bathroom wall damaged
55C	excess unused equipment and clutter in basement
55C	ceiling above warewashing machine missing tiles
47C	non-commercial food processor (hamilton beach) not approved <sup>also</sup> <sub>circle</sub>
47C	dish racks stored on floor in warewash

Person in Charge (Signature) [Signature] Date 02/21/24  
 Inspector (Signature) [Signature] Date 2/21/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/21/24

Establishment Randy's Wooster St. <sup>Pizza</sup> Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
pepsi cooler cheese	41°F			customer bathroom	115°F
Sliced tomatoes	40°F			Sanitizer chlorine	100ppm
chicken	40°F				
pizza prep pepperoni	40°F				
ground beef	40°F				
cold prep unit	37°F				
blu cheese	40°F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
55C	pizza box storage room. has exposed wood shelving and holes in ceiling
56C	back storage room w/ pizza boxes requires lights to be shielded or shatter proof.
55C	cover base missing in room w/ ice machine
16PF	interior of ice machine not clean
47C	ice machine exterior top/lid missing. using sheet pans to cover exposed ice, not approved.
51C	ice machine leaking, water pooling under machine
49C	floor by warewash not clean
39PF	no splash guard by clean side of dish machine, on handsink
44C	wet nesting of containers on shelving by warewash
47C	generally equipment not in good repair (utensils, plastic containers)
53C	upstairs bathroom door not self closing
54C	no trash by handsink by kitchen door
47C	bare wood on swinging doors leading to kitchen, by pizza box area
49C	interior of pizza prep cold hold unit not clean
47PF	laminante <sup>counter</sup> top to pizza prep area, chipped, gouged
37C	unlabeled squeeze bottles throughout
49C	top of undercounter drawer/ventico unit not clean (under grill)
Person in Charge (Signature)	Date
Inspector (Signature) <u>Kim [Signature] / K. Penna</u>	Date <u>2/21/24</u>

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/21/24

Establishment Randy's Wooster St. Pizzatown Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
butter	40°F	heavy cream (bar)	41°F	Final temp chicken and bacon pizza	200°F
tomatoes	41°F				
Sliced cheese	40°F				
chicken tenders	41°F				
Atosa reach in beef	38°F				
beef	40°F				
mozz cheese	38°F				

### 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.
56C	hood above fryers and flat top/grill extremely unclean *
15C	spices and herbs unprotected by cold prep in kitchen
49C	floor under equipment generally not clean along cookline
45C	single use container used as scoop in spices
49C	interior of McCall freezer not clean (upstairs)
45C	to-go containers and aluminum pans not protected throughout
16PF	interior of Galaxy microwave not clean
44C/16PF	hotel pan w/ jumbled utensils and cloth oven mits (unclean)
15C	Food uncovered in Atosa reach in
49C	interior walls/floor of 2-Door Hobart fridge not clean
47C	Hobart door not closing tight in back of kitchen by mops/brooms
39P	5-gallon buckets w/ lids have 1 1/2 inch holes drilled in cover. Plastic shards exposed increasing physical hazard. Discarded
16PF	soda gun in bar interior not clean (nozzle) (cos)
45C	hollow drink stirrers not protected in bar
55C	Generally, bare wood exposed in kitchen, basement, and storage
55C	Generally, unfinished walls (multiple holes), missing cove base, and unsecured FRP, missing ceiling tiles/non-washable
*	PIC states hood cleaning is scheduled for 1 <sup>st</sup> week of march
47C	Non-NSF butcher block on casters in kitchen across from grill
47C/47C	Damaged, non-nsf table along cookline, black laminate top on wheels
Person in Charge (Signature)	Date <u>02/21/24</u>
Inspector (Signature) <u>Kim Delaney RS / K. Person</u>	Date <u>2/21/24</u>

# Food Establishment Inspection Report

Page 5 of 5

LHD Manchester

Inspection Report Continuation Sheet

Date 2/21/24

Establishment Randy's Wooster St. PizzaTown Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

### 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 37C No allergen statement posted

Discussed w/ PIC date-marking policy. Any RTE, TCS foods held > 24 hours require date marking. (7 day MAX). PIC instructed to provide a written plan for approval to the Health Dept. regarding Wolf Pack pizza

Discussed ill food worker policy and training  
Test strips and thermometer available

Discussed 2-step cooling process w/ PIC

Person in Charge (Signature)

Date 02/21/24

Inspector (Signature)

Date 2/21/24

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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 2/21/24

Establishment Roosters Chicken & Waffles Time In 11:40 AM/PM Time Out 1:20 AM/PM

Address 394 Middle Tpke West LHD Manchester

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

Permit Holder Riccardo Francois Reinspection Other \_\_\_\_\_



**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

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

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

IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R	
<b>Supervision</b>														
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							Food separated and protected							
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized							
<b>Employee Health</b>														
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Proper disposition of returned, previously served, reconditioned, and unsafe food							
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Time/Temperature Control for Safety</b>							
Proper use of restriction and exclusion							18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures							
Written procedures for responding to vomiting and diarrheal events							19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Good Hygienic Practices</b>														
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding							
Proper eating, tasting, drinking, or tobacco products use							20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures							
No discharge from eyes, nose, and mouth							21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Preventing Contamination by Hands</b>														
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures							
Hands clean and properly washed							22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures							
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition							
Adequate handwashing sinks, properly supplied/accessibile							24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Approved Source</b>														
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records							
Food obtained from approved source							<b>Consumer Advisory</b>							
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food							
Food received at proper temperature							<b>Highly Susceptible Population</b>							
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered							
Food in good condition, safe, and unadulterated							<b>Food/Color Additives and Toxic Substances</b>							
Required records available: molluscan shellfish identification, parasite destruction							27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>GOOD RETAIL PRACTICES</b>														
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.														
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation														
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Proper Use of Utensils</b>							
Pasturized eggs used where required							In-use utensils: properly stored							
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled							
Water and ice from approved source							Single-use/single-service articles: properly stored & used							
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly							
Variance obtained for specialized processing methods							<b>Utensils and Equipment</b>							
<b>Food Temperature Control</b>														
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used							
Proper cooling methods used; adequate equipment for temperature control							Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available							
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean							
Plant food properly cooked for hot holding							<b>Physical Facilities</b>							
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure							
Approved thawing methods used							Plumbing installed; proper backflow devices							
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed							
Thermometers provided and accurate							Toilet facilities: properly constructed, supplied, & clean							
<b>Food Identification</b>														
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained							
Food properly labeled; original container							Physical facilities installed, maintained, and clean							
<b>Prevention of Food Contamination</b>														
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used							
Insects, rodents, and animals not present							Natural rubber latex gloves not used per CGS §19a-36f							
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Violations documented</b>							
Contamination prevented during food preparation, storage & display							Priority Item Violations							
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date corrections due							
Personal cleanliness							2-24-24							
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#							
Wiping cloths: properly used and stored							4							
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Priority Foundation Item Violations							
Washing fruits and vegetables							3-2-24							
							5							
							10							
							9							
							0							
							0							
							10							

Person in Charge (Signature) Lavi Date 2/21/2024

Person in Charge (Printed) Lavi

Inspector (Signature) Jose Ramirez Date 2/21/24

Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations	2-24-24	4
Priority Foundation Item Violations	3-2-24	5
Core Item Violations	5-21-24	10
Risk Factor/Public Health Intervention Violations		9
Repeat Risk Factor/Public Health Intervention Violations		0
Good Retail Practices Violations		0
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/21/24

Establishment Roosters Chicken & Waffles Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold prep table				Hand sink by 3 bay	105F
sliced cheese	37F			Hand sink employee Bathroom	55F
shredded cheese	37F			Prep sink	110F
RIC by grill					
sliced tomato	38F				
raw chicken wings	38F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	Ravi (Employee) on site
49C	Exterior & interior of all equipment unclean
15P	Sliced tomatoes in RIC stored directly on shelf
51C	3 bay sink not in use due to leaking plumbing.
1PF	No PIC present
2C	No CFPM present
16P	Kitchenwares being washed in prep sink
10PF	No hot water in employee bathroom
49C	Floor/walls unclean throughout
55C	Clutter under front service counter & behind cold prep table wall
37C	Unlabeled squeeze bottles w/ various sauces throughout
55C	Damaged floor tiles by 3 bay
49C	unclean shelving above 3 bay
36PF	No thermometers available
16PF	Interior of microwave unclean
28PF	unlabeled spray bottle w/ cleaning chemical stored by prep sink.
56C	Hood unclean. was due to be cleaned October 2023.
22P	To go containers of various sauces stored at room temp @ 70F. <del>CoS</del> discarded
47C	RIC hinge damaged
3P	Note employees not knowledgeable on basic food safety principles. 3P
Note	JR & Employee called owner, no answer.
	Louinel Sterling 860-960-4222, Riccardo Franchise owner

Person in Charge (Signature) Ravi

Date 02/21/24

Inspector (Signature) [Signature]

Date 2/21/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/21/24

Establishment Roosters chicken & waffles Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

## 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 | Observations and Corrective Actions  |
|-------------|--|
| Note        | employee stated they are manually washing kitchenwares in prep sink because 3 bay sink plumbing leaks when used.   |
| Note        | Hood cleaning must be scheduled by 2/23/24.  |
| Note        | JR spoke w/ Lou (owner) on the phone. JR reviewed all violations w/ Lou. Lou agreed to voluntarily close until 3 bay sink is repaired, thermometer is available, and CFPM is on site during all operating hours. Business to remain closed until Lou contacts JR or health dept. and reinspection completed. |
| Note        | Lou stated that sauces have been diluted in a manner that makes them non TCS. Explained to Lou that a request must be submitted & approved by health dept. before that special process continues.  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
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Person in Charge (Signature) Rout

Date 02/21/24

Inspector (Signature) [Handwritten Signature]

Date 2/21/24



Risk Category: 1	<b>Food Establishment Inspection Report</b>	Page 1 of 2
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>2-9-24</u>
Establishment <u>Rumaisa LLC</u>		Time In <u>10:00 AM</u> Time Out <u>10:50 AM</u>
Address <u>484 Middle Tpke East</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: Routine <input type="checkbox"/> <b>Pre-op</b> <input checked="" type="checkbox"/>
Permit Holder <u>Muhammad Zubair</u>		Reinspection _____ Other _____

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15 Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16 Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17 Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18 Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19 Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21 Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8 Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22 Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23 Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Adequate handwashing sinks, properly supplied/accessible	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24 Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26 Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13 Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27 Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14 Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28 Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15 Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29			

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

Person in Charge (Signature) <u>[Signature]</u> Date <u>2-9-24</u>		
Person in Charge (Printed) <u>Muhammad Zubair</u>		
Inspector (Signature) <u>[Signature]</u> Date <u>2-9-24</u>		
Inspector (Printed) <u>Jose Ramirez</u>		

Violations documented		
Priority Item Violations	Date corrections due	#
Priority Foundation Item Violations	<u>2-12-24</u>	<u>1</u>
Core Item Violations	<u>2-19-24</u>	<u>5</u>
Risk Factor/Public Health Intervention Violations		<u>2</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>8</u>
Good Retail Practices Violations		
Requires Reinspection - check box if you intend to reinspect		

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

# Food Establishment Inspection Report

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 2-9-24

Establishment Rumaisa LLC Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC ambient	40F				
milk cooler whole milk	40F				
Hand sink by coffee	126F				
Hand sink customer BR	125F				

### 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.
48 PF	No sanitizer at 3 bay ✓
48 PF	NO test strips available ✓
10 PF	NO Soap at hand sink by coffee and bathroom ✓
36 PF	customer bathroom hand sink 125F. ✓ 105F
10 PF	No paper towels in Bathroom ✓
36 PF	No thermometer available ✓

Person in Charge (Signature)	Date <u>2-9-24</u>
Inspector (Signature)	Date <u>2-9-24</u>



Manchester Health Department

479 Main Street

Manchester, CT 06040

Follow-up inspection

initial 12/8/23

Establishment: SAI Foods	Date of Inspection: 2-21-24
CFPM onsite	
Pallets stored outside front entrance. No approvable	
All storage of Food service <u>and</u> retail must be onsite.	
Walk-in freezers so full, cannot be accessed or inspected	
→ Not proper procedure → No clearing being done.	
Baked Potatoes cooked 2/20/24. License is NOT for cooking	
or making ahead of time	
Fire Marshal inspection this day - Hood Violation	
→ All cooking stopped until Fire Marshal approves	
hood system	
New FDA Food Code 2023 includes Retail Sales area	
— including Butcher Shop, produce area etc.	
Health Department found butcher not to have	
basic food safety knowledge. All butcher shop activities	
ceased until Health Dpt can approve processes	
MOP Sink Required ✓	
Owner to provide List of services, processes and training	
for facility for review. <a href="mailto:dpayne@manchester.ct.gov">dpayne@manchester.ct.gov</a>	
Initial (Inspector) <i>J. Payne</i>	Initial (Person in Charge) <i>J. Payne</i>



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

Follow-up

INSPECTION REPORT  
FOOD SERVICE ESTABLISHMENTS  
CONTINUATION SHEET

NAME OF ESTABLISHMENT SAI Food	TOWN Manchester	DATE OF INSPECTION 2-27-24
INSPECTION FORM #	(Unannounced) REMARKS	
	DP/LG on site with Fire Marshal Roger T. Owners brother Saeed on site.	
	* Food pallets still on curb. All pallet to be brought into store "day of" delivery	
	They have closed the storage unit at the CubeSmart Selfstorage 166 Adams Street AND the use of Rentable Warehouse Space.	
	Fire Dpt Requires removal of obdequipment blocking egress. Hood system is approved.	
	* Chemicals Unlabelled in Kitchen Discarded. Clean + Sanitize Kitchen, OK to reopen.	
	Butcher Shop - CFPM on site in Room with meatcutter. MHDpt has offered a free course to the butcher. Owner will be contacted & Notify healthDpt by 2/28/24.	
INITIAL (INSPECTOR)	INITIAL (PERSON IN CHARGE)	

## Denise Payne

---

**From:** Sampath Damineni <sdamineni@gmail.com>  
**Sent:** Friday, February 23, 2024 10:44 AM  
**To:** Denise Payne  
**Cc:** DAMINENIP@GMAIL.COM; DAMINENIP@YAHOO.COM; Sam Damineni  
**Subject:** \*\*\*SPAM\*\*\* Re: Sai Food Mart

**Importance:** Low

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

Good morning Denise!

We have 3 food certified professionals in house and one will accompany the meat man until he takes training  
We have Asnol company servicing the kitchen hood today and another company cleaning the hood on Monday and after that we will can Fire Marshal to inspect

We will have the produce cut in kitchen area only when kitchen is not in use

Working on the refrigerator in meat dept, will take care of that soon

Thank you!

Regards,

Sam

On Feb 22, 2024, at 3:53 PM, Denise Payne <dpayne@manchesterct.gov> wrote:

Thank you for calling about the issues identified in yesterday's inspection. As we discussed the kitchen is closed until the Fire Marshal approves and inspects the hood system. Please review the list of items identified and create a plan (a schedule) to address. As we discussed, if you have the CFPM in the cutting room with your employee over seeing, I will approve this area for use. If anyone from the Health Dept or Fire Dept stops in and there is staff in the meat cutting room without supervision, we will close this area until your staff is trained and knowledgeable. I have included a link to a company advertising training in March – this is not a required location however they do have a class coming up soon. Any ANSI organization is approved.

If you have questions, please let me know. Respond to this email confirming you accept the requirements to become compliant. I will be back in next week and we can schedule a time to do a walk thru if you are unclear about what the item I have listed refers to.

<https://www.hrfoodsafety.com/>

*Denise Payne, R.S.*

Environmental Health Inspector

Manchester Health Department

479 Main Street, P.O. Box 191

Manchester, CT 06040

Risk Category: <u>2</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>2/21/24</u>
Establishment <u>Smoothie Naturale</u>		Time In <u>3:00</u> AM/PM Time Out <u>4:00</u> AM/PM
Address <u>199 Buckland Hills Dr. #2106</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Marco Cumbal</u>		Reinspection Other _____
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>		
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
IN OUT N/A N/O	<b>Supervision</b>	V COS R
1	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf
2	Certified Food Protection Manager for Classes 2, 3, & 4	C
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf
4	Proper use of restriction and exclusion	P
5	Written procedures for responding to vomiting and diarrheal events	Pf
6	Proper eating, tasting, drinking, or tobacco products use	P/C
7	No discharge from eyes, nose, and mouth	C
8	Hands clean and properly washed	P/Pf
9	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C
10	Adequate handwashing sinks, properly supplied/accessible	P/C
11	Food obtained from approved source	P/Pf/C
12	Food received at proper temperature	P/Pf
13	Food in good condition, safe, and unadulterated	P/Pf
14	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C
15	Food separated and protected	P/C
16	Food-contact surfaces: cleaned & sanitized	P/Pf/C
17	Proper disposition of returned, previously served, reconditioned, and unsafe food	P
18	Proper cooking time and temperatures	P/Pf/C
19	Proper reheating procedures for hot holding	P
20	Proper cooling time and temperatures	P
21	Proper hot holding temperatures	P
22	Proper cold holding temperatures	P
23	Proper date marking and disposition	P/Pf
24	Time as a public health control: procedures and records	P/Pf/C
25	Consumer advisory provided: raw/undercooked food	Pf
26	Pasteurized foods used; prohibited foods not offered	P/C
27	Food additives: approved and properly used	P
28	Toxic substances properly identified, stored & used	P/Pf/C
29	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C
<b>GOOD RETAIL PRACTICES</b>		
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
OUT N/A N/O	<b>Safe Food and Water</b>	V COS R
30	Pasteurized eggs used where required	P
31	Water and ice from approved source	P/Pf/C
32	Variance obtained for specialized processing methods	Pf
33	Proper cooling methods used; adequate equipment for temperature control	Pf/C
34	Plant food properly cooked for hot holding	Pf
35	Approved thawing methods used	Pf/C
36	Thermometers provided and accurate	Pf/C
37	Food properly labeled; original container	P/C
38	Insects, rodents, and animals not present	Pf/C
39	Contamination prevented during food preparation, storage & display	P/Pf/C
40	Personal cleanliness	Pf/C
41	Wiping cloths: properly used and stored	C
42	Washing fruits and vegetables	P/Pf/C
43	Utensils and Equipment	V COS R
44	In-use utensils: properly stored	C
45	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C
46	Single-use/single-service articles: properly stored & used	P/C
47	Gloves used properly	C
48	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C
49	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C
50	Non-food contact surfaces clean	C
51	Hot and cold water available; adequate pressure	Pf
52	Plumbing installed; proper backflow devices	P/Pf/C
53	Sewage and waste water properly disposed	P/Pf/C
54	Toilet facilities: properly constructed, supplied, & clean	Pf/C
55	Garbage and refuse properly disposed; facilities maintained	P
56	Physical facilities installed, maintained, and clean	P/Pf/C
57	Adequate ventilation and lighting; designated areas used	C
58	Natural rubber latex gloves not used per CGS §19a-36f	C
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) <u>[Signature]</u>	Date <u>2/21/2024</u>	
Person in Charge (Printed) <u>Zissy Morales</u>		
Inspector (Signature) <u>[Signature]</u>	Date	
Inspector (Printed) <u>Jose Ramirez</u>		
Violations documented		#
Priority Item Violations		2
Priority Foundation Item Violations	<u>3-2-24</u>	1
Core Item Violations	<u>5-21-24</u>	11
Risk Factor/Public Health Intervention Violations		3
Repeat Risk Factor/Public Health Intervention Violations		0
Good Retail Practices Violations		11
Requires Reinspection - check box if you intend to reinspect		

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/21/24

Establishment Smoothie Naturale Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC Cut watermelon	38F	Front RIC True milk	49F	Hand sink by 3 bay	103F
tapioca pearls	35F	Coconut milk	50F	Chlorine bucket	50ppm
honey dew melon	34F	tapioca pearls	60F		
Front display		Soy milk	47F		
strawberries	34F	condensed milk	48F		
tapioca pearls	37F	whipped cream	46F		
coconut milk					

### 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.
54C	No trash can at hand sink by 3 bay
10PF	Paper towels not dispensing by 3 bay
39C	Box of bananas stored on floor by 3 bay
49C	WIC vent cover unclean
47C	Non commercial ice cube trays in RIC/non commercial pitcher
56C	Employee purse stored on prep table
37C	unlabeled containers of white granulars & squeeze bottles
43C	Spoon stored in stagnant water at front counter and dipper well
43C	Scoop handles stored buried in drink mix powders & ice bin
39P	Medicine (liquid in bottle) stored on prep table next to produce <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">COS</span>
49C	under counter coolers at front line unclean (not in use)
47C	Non commercial microwave
2C	No CFPM on site
Note	Discussed storing employee food away from produce
Note	test strips & thermometer available
22P	TCS Food > 41F in True RIC at front line <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">COS</span> discarded
Note	Do not store TCS Food in True RIC
Note	Discussed removing/replacing non commercial equipment.

Person in Charge (Signature) <u>[Signature]</u>	Date <u>2/21/24</u>
Inspector (Signature) <u>[Signature]</u>	Date <u>2/21/24</u>



**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: Smoothie Naturale

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

**Resources:**

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

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

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

**Environmental Health Inspector:**

Signature of Inspector:

Print Name: Jose Ramirez

Date: 2/21/24

**Person In Charge:**

Signature of Person In Charge:

Print Name: Isly Morales

Title: \_\_\_\_\_  
 Date: 21/02/2024

Email: \_\_\_\_\_



## Denise Payne

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**From:** Elisha Feenstra <efeenstra@mpspride.org>  
**Sent:** Thursday, February 29, 2024 11:36 AM  
**To:** Denise Payne  
**Cc:** Nutrition Office  
**Subject:** St. Bridget's Inspection

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

Hi Denise,

I'm following up on the 2/28 inspection at St. Bridget's. The refrigerator is all set. It was serviced this morning, and is running at temperature.

Thanks,  
Elisha

Elisha Feenstra, MBA, RDN  
Dietetic Supervisor  
Manchester Public Schools

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: Permanent <b>0</b> Temporary Mobile Other	Date: <b>2/28/23</b>	
Establishment <b>St Bridgets Elem School</b>	Time In <b>11:00 AM</b> Time Out <b>PM</b>	
Address <b>80 Main St.</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <b>MRS</b>	Reinspection Other	



**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item				IN=in compliance			OUT=not in compliance			N/A=not applicable			N/O=not observed		
P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R			COS=corrected on-site during inspection			R=repeat violation					
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R		
<b>Supervision</b>															
1				Pf			15				P/C				
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected											
2				C			16				P/Pf/C				
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized											
<b>Employee Health</b>															
3				P/Pf			17				P				
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper disposition of returned, previously served, reconditioned, and unsafe food											
4				P			18				P/Pf/C				
Proper use of restriction and exclusion				Proper cooking time and temperatures											
5				Pf			19				P				
Written procedures for responding to vomiting and diarrheal events				Proper reheating procedures for hot holding											
<b>Good Hygienic Practices</b>															
6				P/C			20				P				
Proper eating, tasting, drinking, or tobacco products use				Proper cooling time and temperatures											
7				C			21				P				
No discharge from eyes, nose, and mouth				Proper hot holding temperatures											
<b>Preventing Contamination by Hands</b>															
8				P/Pf			22				P				
Hands clean and properly washed				Proper cold holding temperatures											
9				P/Pf/C			23				P/Pf				
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Proper date marking and disposition											
10				Pf/C			24				P/Pf/C				
Adequate handwashing sinks, properly supplied/accessible				Time as a public health control: procedures and records											
<b>Approved Source</b>															
11				P/Pf/C			25				Pf				
Food obtained from approved source				Consumer advisory provided: raw/undercooked food											
12				P/Pf			26				P/C				
Food received at proper temperature				Highly Susceptible Population											
13				P/Pf			27				P				
Food in good condition, safe, and unadulterated				Pasteurized foods used; prohibited foods not offered											
14				P/Pf/C			28				P/Pf/C				
Required records available: molluscan shellfish identification, parasite destruction				Food/Color Additives and Toxic Substances											
<b>GOOD RETAIL PRACTICES</b>															
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>															
Mark OUT if numbered item is not in compliance				V=violation type			Mark in appropriate box for COS and/or R			COS=corrected on-site during inspection			R=repeat violation		
OUT	N/A	N/O	V	COS	R	OUT	N/A	N/O	V	COS	R	OUT	N/A	N/O	
<b>Safe Food and Water</b>															
30				P			43				C				
Pasteurized eggs used where required				In-use utensils: properly stored											
31				P/Pf/C			44				Pf/C				
Water and ice from approved source				Utensils/equipment/linens: properly stored, dried, & handled											
32				Pf			45				P/C				
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used											
<b>Food Temperature Control</b>															
33				Pf/C			46				C				
Proper cooling methods used; adequate equipment for temperature control				Gloves used properly											
34				Pf			<b>Utensils and Equipment</b>								
Plant food properly cooked for hot holding				Food and non-food contact surfaces cleanable, properly designed, constructed, and used											
35				Pf/C			47				P/Pf/C				
Approved thawing methods used				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available											
36				Pf/C			48				Pf/C				
Thermometers provided and accurate				Non-food contact surfaces clean											
<b>Food Identification</b>															
37				Pf/C			<b>Physical Facilities</b>								
Food properly labeled; original container				Hot and cold water available; adequate pressure											
<b>Prevention of Food Contamination</b>															
38				Pf/C			50				Pf				
Insects, rodents, and animals not present				Plumbing installed; proper backflow devices											
39				P/Pf/C			51				P/Pf/C				
Contamination prevented during food preparation, storage & display				Sewage and waste water properly disposed											
40				Pf/C			52				P/Pf/C				
Personal cleanliness				Toilet facilities: properly constructed, supplied, & clean											
41				C			53				Pf/C				
Wiping cloths: properly used and stored				Garbage and refuse properly disposed; facilities maintained											
42				P/Pf/C			54				C				
Washing fruits and vegetables				Physical facilities installed, maintained, and clean											
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Person in Charge (Signature) <i>Jm</i> Date <b>2-28-23</b>															
Person in Charge (Printed) <b>Jennifer Marrero</b>															
Inspector (Signature) <i>Denise Payne</i> Date <b>2/28/24</b>															
Inspector (Printed) <b>Denise Payne</b>															
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.															

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/28/23

Establishment St Bridgets Elem School Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hummus	41F	Sausage	144F	Hot water H. Sink	94F
Yogurt	41F	Pancake	147F	Quat Spray btl	200ppm
Milk	37F				

### 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.

New PIC/CPPM Jennifer Menaro ✓

Kitchen clean / service area organized

\* Refrigerator going up in temp to 45°F - Now down to 40°F.  
 CPPM to request service call. Notify Hdpt of issue or repair. Service call to main office made

Discussed separation of space in Kitchen.  
 School equipment separate from Food Service.  
 Non-Commercial Homestyle Refrigerator/Freezer for teachers - not food service!

Discussed No Wash-Rinse-Sanitizing (equipment goes back to MMA)

Person in Charge (Signature)

Date 2-28-24

Inspector (Signature) Jenise Payne

Date 2/28/23

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>2/14/24</b>	
Establishment <b>Starbucks Buckland(851)</b>	Time In <b>12:55 AM/PM</b> Time Out <b>1:20 AM/PM</b>	
Address <b>350 Buckland St.</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder _____	Reinspection _____ Other _____	



**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

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

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

**GOOD RETAIL PRACTICES**

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

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

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

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

Person in Charge (Signature) _____	Date <b>2/14/24</b>
Person in Charge (Printed) <b>Stephany Hopkins</b>	
Inspector (Signature) _____	Date <b>2/14/24</b>
Inspector (Printed) <b>Sose Ramirez</b>	

Violations documented	Date corrections due	#
Priority Item Violations	—	0
Priority Foundation Item Violations	—	0
Core Item Violations	—	0
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		
Requires Reinspection - check box if you intend to reinspect		

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/14/24

Establishment Starbucks - Buckland Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
True Freezer 2 door	-7°F			handsink by 3-bay	90°F
1 door	-4°F			sanitizer quat bucket	400ppm
True Fridge 2 door	35°F			dish machine	7160°F
↳ egg bites	40°F			customer bathroom	85°F
Delivered v/c egg bites	39°F				
2% milk	39°F				
whole milk	39°F				
1/2 + 1/2	35°F				

### 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 t
	CFPM Heater on site
	Test strips and thermometer available
	Great handwashing observed
	Extremely clean and organized throughout
	Excellent Inspection!
	~



Person in Charge (Signature) [Signature]  
 Inspector (Signature) [Signature]

Date 2/14/24  
 Date 2/14/24

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>2/9/2023</b>
Establishment <b>Subway - Green Rd</b>		Time In <b>10:30</b> AM/PM Time Out <b>11:30</b> AM/PM
Address <b>327 Green Rd</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Rupali Kiventunu - CFPM</b>		Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																									
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.																									
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																									
P=Priority item PF=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																									
Supervision				Protection from Contamination				Time/Temperature Control for Safety																	
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R												
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>												
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected				Proper cooking time and temperatures																	
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>												
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized				Proper reheating procedures for hot holding																	
Employee Health				Consumer Advisory				Highly Susceptible Population																	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>												
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Consumer advisory provided: raw/undercooked food				Pasteurized foods used; prohibited foods not offered																	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>												
Proper use of restriction and exclusion				Food additives: approved and properly used				Toxic substances properly identified, stored & used																	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>												
Written procedures for responding to vomiting and diarrheal events				Compliance with variance/specialized process/ROP criteria/HACCP Plan				Conformance with Approved Procedures																	
Good Hygienic Practices				GOOD RETAIL PRACTICES																					
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.																		
Proper eating, tasting, drinking, or tobacco products use				Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																					
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Safe Food and Water				Proper Use of Utensils				Utensils and Equipment										
No discharge from eyes, nose, and mouth				OUT	N/A	N/O	V	COS	R	OUT	N/A	N/O	V	COS	R	OUT	N/A	N/O	V	COS	R				
Preventing Contamination by Hands				30	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Pasturized eggs used where required				In-use utensils: properly stored				Food and non-food contact surfaces cleanable, properly designed, constructed, and used										
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source				Utensils/equipment/linens: properly stored, dried, & handled				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available							
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	32	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used				Non-food contact surfaces clean							
Approved Source				33	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control				Gloves used properly				Physical Facilities							
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	34	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source				Hot and cold water available; adequate pressure				Plumbing installed; proper backflow devices							
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	35	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature				Sewage and waste water properly disposed				Toilet facilities: properly constructed, supplied, & clean							
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated				Approved thawing methods used				Garbage and refuse properly disposed; facilities maintained				Physical facilities installed, maintained, and clean			
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	37	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction				Thermometers provided and accurate				Adequate ventilation and lighting; designated areas used				Natural rubber latex gloves not used per CGS §19a-36f			

Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) <b>Rupali</b>	Date <b>2/9/24</b>	
Person in Charge (Printed) <b>Rupali</b>		
Inspector (Signature) <b>L. Brandy</b>	Date <b>2/9/2023</b>	
Inspector (Printed) <b>Lauren Brandy</b>		

Violations Documented	Date corrections due	#
Priority Item Violations		-
Priority Foundation Item Violations		-
Core Item Violations	<b>5/9/24</b>	<b>3</b>
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<b>3</b>
Requires Reinspection - check box if you intend to reinspect		

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

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet

Date 2/9/2023

Establishment Subway - Green Rd Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Walk in cooler					
Tuna	37F	Front cold prep			
chicken	37F	meatball	139F		
roast beef	39F	chicken	39F		
		provolone	39F		
Walk in Freezer	0F				
sanitizer (bleach)	50-100ppm	Tomatoes	52F		
		chicken	41F		

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
49c	ceiling tiles in front above oven not clean
47c	damaged bread rack in back of house area
3bc	no thermometer at front cold prep unit
note	* CFPM: Rupali Kulentunu exp 3/21/24
	Tomatoes chopped/sliced day prior stored in walk in cooler. Tomato put in front cold prep unit at 9 AM. discussed closing lids of cold prep. cold prep unit not holding proper temperature. person instructed to turn down unit to make it colder. cooler <sup>in charge</sup> at 41F prior to leaving establishment.
note	* very clean + organized!
note	* Thermometer and test strips available
note	* Floors, walls, ceilings very clean

Person in Charge (Signature) Rupali  
Inspector (Signature) L. Shandy

Date 2/9/24  
Date 2/9/2024

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

Establishment type: Permanent Temporary Mobile Other Date: 2/6/24

Establishment: The Gathering Address: 471 Hartford Road Town/City: Manchester Permit Holder: [blank]



Time In: [blank] AM/PM Time Out: [blank] AM/PM LHD: Manchester Purpose of Inspection: Routine Pre-op Reinspection: [blank] Other: [blank]

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

Table with columns for IN, OUT, N/A, N/O, V, COS, R and rows for Supervision, Employee Health, Good Hygienic Practices, Preventing Contamination by Hands, Approved Source, Protection from Contamination, Time/Temperature Control for Safety, Consumer Advisory, Highly Susceptible Population, Food/Color Additives and Toxic Substances, and Conformance with Approved Procedures.

GOOD RETAIL PRACTICES

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

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

Table with columns for OUT, N/A, N/O, V, COS, R and rows for Safe Food and Water, Food Temperature Control, Food Identification, Prevention of Food Contamination, Proper Use of Utensils, Utensils and Equipment, and Physical Facilities.

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

Person in Charge (Signature) Mike Zime Date 2/6/24 Person in Charge (Printed) Mike Zime Inspector (Signature) Denise Payne Date 2/6/24 Inspector (Printed) Denise Payne 860 647 3180

Table with columns: Violations documented, Date corrections due, #. Rows include Priority Item Violations, Priority Foundation Item Violations, Core Item Violations, Risk Factor/Public Health Intervention Violations, Repeat Risk Factor/Public Health Intervention Violations, Good Retail Practices Violations, Requires Reinspection.

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

dpayne@manchesterct.gov



# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/6/24

Establishment The Gathering

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Tomato's	36F			Hot water	135F
Sausage	37F				
Ham	41F			Dish Machine	<del>100</del> 100 ppm
Butter	40F				
Milk	40F				
Milk	38				

## 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.
2C	No Certified Food Manager on site - Person Knowledgeable. Sign up for training within a month
47PF	Cracked containers/soda gun → replace.
10C	Paper towel dispenser needed at bar.
37C	Label food containers/squeeze bottles (Café)
	New Manager - discussed FDA food Code and changes.
	Discussed detail cleaning floors at casters + dishwasher/cart
	Relocate hook for personal coats.
	Discussed phasing out uncovered shielded lighting in Kitchen.
	Discussed bar wood at pot sink Remove + fill holes in FP Keep smooth & easily cleanable - seal sink at wall.
	Flooring outside Walk in → tiles cracked schedule repair.
	FDA Food Code Requires a mop sink - Notify Health Dept of proposed location for approvals.

*[Signature]*

Person in Charge (Signature) Michael Zimej @ Smail.com

Date 2/6/24

Inspector (Signature) Denise Payne

Date 2/6/24

Risk Category: 4 Food Establishment Inspection Report Page 1 of 2

Establishment type: Permanent Temporary Mobile Other Date: 2/5/24

Establishment: Waddell Elem School Address: 163 Broad St Town/City: Manchester Permit Holder: M Public Schools



Time In: 1130 AM/PM Time Out: 1230 AM/PM LHD: Manchester Purpose of Inspection: Routine Pre-op Reinspection Other

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

Table with columns for item number, compliance status (IN, OUT, N/A, N/O), violation type (V), and corrective action (COS, R). Rows include Supervision, Employee Health, Good Hygienic Practices, Preventing Contamination by Hands, Approved Source, Protection from Contamination, Time/Temperature Control for Safety, Consumer Advisory, Highly Susceptible Population, Food/Color Additives and Toxic Substances, and Conformance with Approved Procedures.

GOOD RETAIL PRACTICES

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

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

Table with columns for item number, compliance status (OUT, N/A, N/O), violation type (V), and corrective action (COS, R). Rows include Safe Food and Water, Food Temperature Control, Food Identification, Prevention of Food Contamination, Proper Use of Utensils, Utensils and Equipment, and Physical Facilities.

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

Person in Charge (Signature) Kelly Katz Date 2/5/24 Person in Charge (Printed) Kelly Foster Inspector (Signature) Denise Payne Date 2/5/24 Inspector (Printed) Denise Payne

Violations documented table with columns: Date corrections due, #. Rows include Priority Item Violations (COS), Priority Foundation Item Violations, Core Item Violations, Risk Factor/Public Health Intervention Violations, Repeat Risk Factor/Public Health Intervention Violations, Good Retail Practices Violations, and Requires Reinspection.

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/5/24

Establishment Waddell Elementary Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Chicken Sticks	191F	Cut Tomatoes	40F	Hot Water	113F
Reheated	168F	Empst balance	41F		
		Moz Stick	40F	Dish Machine	7160F
Pasta	152F				
Corn	151F				
Chicken - Hotfold	155F				
Pasta	172F				
Halal Chicken	143F				

### 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.

48# Sanitizing Low - discussed measuring concentration.  
 The monitor once cloth in mixture for used  
 \* Discussed Refresh Training to monitor COS

Kitchen Clean + Orderly

Discussed Allergen Recipes - Created in Notebook  
 make sure all staff knows where to find  
 Allergen notifications

Discussed floor drains → heavy cleaning should be  
 scheduled for deep cleaning → then every X  
 weeks/months as needed.

No date marking required on items to  
 be put out + served same day



Person in Charge (Signature) Kelly Etna

Date 2/5/24

Inspector (Signature) Dennis Payne

Date 2/5/24

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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 2/28/24

Establishment Wendy's - Buckland Time In 10:30 AM/PM Time Out 11:30 AM/PM

Address 105 Buckland Street LHD Manchester

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

Permit Holder CFPM - Frank Visconti Reinspection Other \_\_\_\_\_



**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

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

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

**GOOD RETAIL PRACTICES**

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

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

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

Person in Charge (Signature) [Signature] Date 2/28/24

Person in Charge (Printed) Carlos Rodriguez

Inspector (Signature) [Signature] Date 2/28/24

Inspector (Printed) Lauren Grandy

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

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>3/8/2024</u>	<u>2</u>
Core Item Violations	<u>5/28/2024</u>	<u>1</u>
Risk Factor/Public Health Intervention Violations		0
Repeat Risk Factor/Public Health Intervention Violations		0
Good Retail Practices Violations		<u>3</u>
Requires Reinspection - check box if you intend to reinspect		

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet

Date 2/28/24

Establishment Wendy's Buckland Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
reach in salads	33F	WIF	0F	hand sink H.W.	66F
hot hold		reach in freezer	9F	3 bay H.W.	110F
sausage	145F			quat sanitizer 3 bay	400ppm
eggs	148F	wic			
		tomatoes (cut)	40F		
combine cold prep - ranch	41F	cheese sauce	41F		
tomato	41F	beef patty	40F		
cheese	41F				

### 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.
	CFPM: Carlos Rodriguez is PIC this day
50 pf	handwash sink next to 3 bay at 66F - must reach 85F
37c	white granular next to coffee pot at drive thru not labeled
note*	Test strips available for quat sanitizer
note*	very clean + organized!
note*	Food thermometer / alcohol wipes available
note*	observed pest control report - no issues
50 pf	handwash sink in women's rest room at 70F - must reach minimum of 85F - no greater than 115F
	Frank to email copy of servsafe for Carlos Rodriguez to lgrandy@manchesterct.gov
note*	good handwashing / glove use observed by staff
note*	provided DPH Allergy poster this day

Person in Charge (Signature) Carlos Rod. Date 2/28/24  
 Inspector (Signature) L. Grandy Date 2/28/2024

Risk Category: <b>4</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>2/23/24</b>	
Establishment <b>West Side Care Center</b>	Time In <b>2:00 AM/PM</b> Time Out <b>3:30 AM/PM</b>	
Address <b>349 Bidwell St.</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <b>Lameisha Bent</b>	Reinspection Other _____	



**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

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

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

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

**GOOD RETAIL PRACTICES**

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

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

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

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

Person in Charge (Signature) <i>Lameisha Bent</i> Date <b>2/23/24</b>	Violations documented	Date corrections due	#
Person in Charge (Printed) <b>Lameisha Bent</b>	Priority Item Violations		0
Inspector (Signature) <i>Jose Ramirez</i> Date <b>2/23/24</b>	Priority Foundation Item Violations	<b>2-26-24</b>	1
Inspector (Printed) <b>Jose Ramirez</b>	Core Item Violations	<b>5-23-24</b>	6
	Risk Factor/Public Health Intervention Violations		1
	Repeat Risk Factor/Public Health Intervention Violations		1
	Good Retail Practices Violations		6
	Requires Reinspection - check box if you intend to reinspect		

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/23/24

Establishment West Side Care Center Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot hold veg. in oven	140F	2 door RIC Sausage	38F	Hand sink by oven	120F
WIF ambient	0F	Milk cooler milk	39F	Hand sink by 3 bay	100F
WIC chicken	38F			Hand sink by <del>WIF</del> Dish	100F
beef	38F			Mens bathroom sink machine	60F
shredded cheese	39F				
mousse	38F				
2 door RIC milk	37F				
tuna	37F				

### 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.
	Lameisha (CFPM) on site
51C	3 bay faucet leaking (wont shut off)
51C	3 bay faucet on left repaired w/ tape. PIC states parts have been ordered.
47C	steam table corners damaged / repaired w/ tape
47C	rusted shelving in 2 door RIC
39C	Ice build up in chest freezer
109F	No hot water in mens bathroom handsink. @ 60F
48C	Dish machine not functioning properly.
Note	Dish machine Broken as of 2/23/24. out of order. PIC stated parts ordered.
Note	Pest control monthly. No pest issues.
Note	Lameisha (CFPM) very knowledgeable.
Note	Overall clean & organized.
Note	Good glove use observed

Person in Charge (Signature) Lameisha Bero

Date 2/23/24

Inspector (Signature) JL Kei

Date 2/23/24

Risk Category: <b>4</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <b>2/28/24</b>
Establishment <b>Westhill Gardens</b>		Time In <b>9:30</b> (AM/PM) Time Out <b>10:30</b> (AM/PM)
Address <b>10 Ada Lane</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <b>Manchester Housing Authority</b>		Reinspection Other _____

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																									
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.																									
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																									
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																									
Supervision				Protection from Contamination				Time/Temperature Control for Safety																	
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R												
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>												
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected				Proper cooking time and temperatures																	
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>												
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized				Proper reheating procedures for hot holding																	
								Proper cooling time and temperatures																	
Employee Health				Consumer Advisory				Highly Susceptible Population																	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>												
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Consumer advisory provided: raw/undercooked food				Pasteurized foods used; prohibited foods not offered																	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>												
Proper use of restriction and exclusion								Food/Color Additives and Toxic Substances																	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>												
Written procedures for responding to vomiting and diarrheal events								Food additives: approved and properly used																	
Good Hygienic Practices				Conformance with Approved Procedures																					
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>												
Proper eating, tasting, drinking, or tobacco products use				Compliance with variance/specialized process/ROP criteria/HACCP Plan																					
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>												
No discharge from eyes, nose, and mouth																									
Preventing Contamination by Hands				GOOD RETAIL PRACTICES																					
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.																		
Hands clean and properly washed																									
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																		
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed																									
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Safe Food and Water				Proper Use of Utensils														
Adequate handwashing sinks, properly supplied/accessible												OUT	N/A	N/O	V	COS	R								
Approved Source				Food Temperature Control				Utensils and Equipment																	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>					
Food obtained from approved source				Proper cooling methods used; adequate equipment for temperature control				Food and non-food contact surfaces cleanable, properly designed, constructed, and used				In-use utensils: properly stored													
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
Food received at proper temperature				Plant food properly cooked for hot holding				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				Utensils/equipment/linens: properly stored, dried, & handled													
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>					
Food in good condition, safe, and unadulterated				Approved thawing methods used				Non-food contact surfaces clean				Single-use/single-service articles: properly stored & used													
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>					
Required records available: molluscan shellfish identification, parasite destruction				Thermometers provided and accurate								Gloves used properly													
Food Identification				Prevention of Food Contamination				Physical Facilities																	
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>					
Food properly labeled; original container				Insects, rodents, and animals not present				Food properly labeled; original container				Hot and cold water available; adequate pressure													
Prevention of Food Contamination				Violations documented																					
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
Contamination prevented during food preparation, storage & display												Plumbing installed; proper backflow devices													
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
Personal cleanliness												Sewage and waste water properly disposed													
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
Wiping cloths: properly used and stored												Toilet facilities: properly constructed, supplied, & clean													
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>					
Washing fruits and vegetables												Garbage and refuse properly disposed; facilities maintained													
Permit Holder shall notify customers that a copy of the most recent inspection report is available.												55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
												56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
												Natural rubber latex gloves not used per CGS §19a-36f													
Person in Charge (Signature) <i>Wanda D Locketha</i>		Date <b>2/28/24</b>		Violations documented		Date corrections due		#																	
Person in Charge (Printed) <b>Wanda D Locketha</b>				Priority Item Violations				-																	
Inspector (Signature) <i>R. Grandy</i>		Date <b>2/28/2024</b>		Priority Foundation Item Violations		<b>3/8/2024</b>		<b>2</b>																	
Inspector (Printed) <b>Lauren Grandy</b>				Core Item Violations		<b>5/28/2024</b>		<b>2</b>																	
				Risk Factor/Public Health Intervention Violations				<b>2</b>																	
				Repeat Risk Factor/Public Health Intervention Violations				<b>-</b>																	
				Good Retail Practices Violations				<b>2</b>																	
				Requires Reinspection - check box if you intend to reinspect																					

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



# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 2/28/24

Establishment West Hill Gardens Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
butter	41F			hot water 3 bay	122F
ham	41F			hot water sink	116F
				sanitizer quat	200 ppm
WLP	0F				



### 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 Code.
	CFPM: Wayne / Trevor Fraser
56c	cell phone stored on prep table
note*	food thermometer available
49c	shelving above 3 bay sink not clean
note*	clean up kit available
16PF	interior of 1 door freezer not clean
↑	interior of clear bin in dry storage - no food product in it but
16PF	not clean
note*	discussed date marking with person in charge
note*	DPH allergen poster provided this day
note*	no activity at time of visit


Person in Charge (Signature) [Signature] Date 2/28/24  
 Inspector (Signature) [Signature] Date 2/28/24

Risk Category: <u>2</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>2/9/24</u>
Establishment <u>Wetzels Pretzels Kiosk</u>		Time In _____ AM/PM Time Out _____ AM/PM
Address <u>194 Buckland Hills rd.</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Savan Patel</u>		Reinspection _____ Other _____
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>		
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
IN OUT N/A N/O	Supervision	V COS R
IN OUT N/A N/O	Protection from Contamination	V COS R
IN OUT N/A N/O	Employee Health	V COS R
IN OUT N/A N/O	Good Hygienic Practices	V COS R
IN OUT N/A N/O	Preventing Contamination by Hands	V COS R
IN OUT N/A N/O	Approved Source	V COS R
IN OUT N/A N/O	Good Retail Practices	V COS R
OUT N/A N/O	Safe Food and Water	V COS R
OUT N/A N/O	Food Temperature Control	V COS R
OUT N/A N/O	Food Identification	V COS R
OUT N/A N/O	Prevention of Food Contamination	V COS R
OUT N/A N/O	Proper Use of Utensils	V COS R
OUT N/A N/O	Utensils and Equipment	V COS R
OUT N/A N/O	Physical Facilities	V COS R
Person in Charge (Signature) <u>Savan Patel</u> Date <u>2/9/24</u> Person in Charge (Printed) <u>SAVAN PATEL</u> Inspector (Signature) <u>Jose Ramirez</u> Date <u>2-9-24</u> Inspector (Printed) <u>Jose Ramirez</u>		
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.		



# Connecticut Department of Public Health

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>2/9/24</b>
Establishment <b>Wetzels Pretzels</b>		Time In <b>12:15 AM/PM</b> Time Out <b>1:15 AM/PM</b>
Address <b>194 Buckland Hills rd Unit# <sup>main</sup> Store</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder _____		Reinspection _____ Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																			
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.																			
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																			
P=Priority item PF=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																			
Supervision				Protection from Contamination				Time/Temperature Control for Safety											
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected				Proper cooking time and temperatures											
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized				Proper reheating procedures for hot holding											
				Proper disposition of returned, previously served, reconditioned, and unsafe food				Proper cooling time and temperatures											
								Proper hot holding temperatures											
								Proper cold holding temperatures											
								Proper date marking and disposition											
								Time as a public health control: procedures and records											
Employee Health				Consumer Advisory				Highly Susceptible Population											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Consumer advisory provided: raw/undercooked food				Pasteurized foods used; prohibited foods not offered											
Proper use of restriction and exclusion																			
Written procedures for responding to vomiting and diarrheal events																			
Good Hygienic Practices				Food/Color Additives and Toxic Substances				Conformance with Approved Procedures											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Proper eating, tasting, drinking, or tobacco products use				Food additives: approved and properly used				Compliance with variance/specialized process/ROP criteria/HACCP Plan											
No discharge from eyes, nose, and mouth				Toxic substances properly identified, stored & used															
Preventing Contamination by Hands				GOOD RETAIL PRACTICES															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOOD RETAIL PRACTICES															
Hands clean and properly washed				Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
Adequate handwashing sinks, properly supplied/accessible				Safe Food and Water				Proper Use of Utensils				Utensils and Equipment							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O	V	COS	R	OUT	V	COS	R	OUT	V	COS	R		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Food obtained from approved source				Pasteurized eggs used where required				In-use utensils: properly stored				Food and non-food contact surfaces cleanable, properly designed, constructed, and used							
Food received at proper temperature				Water and ice from approved source				Utensils/equipment/linens: properly stored, dried, & handled				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available							
Food in good condition, safe, and unadulterated				Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used				Non-food contact surfaces clean							
Required records available: molluscan shellfish identification, parasite destruction				Food Temperature Control				Gloves used properly				Physical Facilities							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Proper cooling methods used; adequate equipment for temperature control				Hot and cold water available; adequate pressure				Plumbing installed; proper backflow devices				Sewage and waste water properly disposed							
Plant food properly cooked for hot holding				Insects, rodents, and animals not present				Sewage and waste water properly disposed				Toilet facilities: properly constructed, supplied, & clean							
Approved thawing methods used				Contamination prevented during food preparation, storage & display				Garbage and refuse properly disposed; facilities maintained				Physical facilities installed, maintained, and clean							
Thermometers provided and accurate				Personal cleanliness				Adequate ventilation and lighting; designated areas used				Natural rubber latex gloves not used per CGS §19a-36f							
Food Identification				Prevention of Food Contamination				Violations documented				Date corrections due				#			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Priority Item Violations				0					
Food properly labeled; original container				Insects, rodents, and animals not present				Sewage and waste water properly disposed				2/9/24				4			
				Contamination prevented during food preparation, storage & display				Toilet facilities: properly constructed, supplied, & clean				5/9/24				6			
				Personal cleanliness				Garbage and refuse properly disposed; facilities maintained								2			
				Wiping cloths: properly used and stored				Physical facilities installed, maintained, and clean								3			
				Washing fruits and vegetables				Adequate ventilation and lighting; designated areas used								3			
				Natural rubber latex gloves not used per CGS §19a-36f				Requires Reinspection - check box if you intend to reinspect								<input checked="" type="checkbox"/>			

Person in Charge (Signature) <i>[Signature]</i> Date <b>09/02/2024</b>	
Person in Charge (Printed) <b>Anusha</b>	
Inspector (Signature) <i>[Signature]</i> Date <b>2-9-24</b>	
Inspector (Printed) <b>Jose Ramirez</b>	

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



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>2/7/24</u>
Establishment <u>Andi's Pizza</u>		Time In <u>2:45</u> AM/PM Time Out <u>4:00</u> AM/PM
Address <u>290<sup>B</sup> Broad Street</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Andi/Heather</u>		Reinspection Other <u>reinspection: 2/22/24</u>

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.																
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/P/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employee Health																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures <u>discussed</u>	P	<input type="checkbox"/>	<input type="checkbox"/>	
Good Hygienic Practices																
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Preventing Contamination by Hands																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Source				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOOD RETAIL PRACTICES				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.																
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	P/C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>					
Food Temperature Control																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils and Equipment								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
Food Identification																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>					
Prevention of Food Contamination																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Permit Holder shall notify customers that a copy of the most recent inspection report is available.				<input checked="" type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person in Charge (Signature) <u>Heather Gosselin</u> Date <u>2/7/2024</u>				<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person in Charge (Printed) <u>Heather Gosselin</u>				<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspector (Signature) <u>Lauren Grandy</u> Date <u>2/7/2024</u>				<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f		<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspector (Printed) <u>Lauren Grandy</u>				<input type="checkbox"/>	Violations documented								
								Violations documented	Date corrections due	#						
								Priority Item Violations	<u>2/10/2024</u>	<u>4</u>						
								Priority Foundation Item Violations	<u>2/17/2024</u>	<u>1</u>						
								Core Item Violations	<u>5/7/2024</u>	<u>12</u>						
								Risk Factor/Public Health Intervention Violations		<u>5</u>						
								Repeat Risk Factor/Public Health Intervention Violations		<u>5</u>						
								Good Retail Practices Violations		<u>12</u>						
								Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>						

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

reinspection: 2/10/2024 / 2/13/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/7/24

Establishment Andi's Pizza

Town Manchester

reinspection: 2/22/24

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
w/c		1 door reach-in		not water handsink	100°F
Tomato slices	38°F	Chicken wing	41°F	hot water restroom	92°F
Lasagna	38°F			pizza prep	
Tuna salad (cooling)	51°F	2 door bay Marie		peel	41°F
Turkey (made 1:30)	38°F	hard boiled egg	56°F	shrimp	36°F
chicken (cooling from 1:30)	73°F	sliced tomato		broccoli	41°F
		pickles	38	peppers	47°F
internal cooked wings	184°F	raw chicken		bleach sanitizer	50-100 ppm

## OBSERVATIONS AND CORRECTIVE ACTIONS

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

- email example of mixing valve - handsinks
- eggs 41F chicken 41F
- ✓ 16p deli slicer not clean (cos)
- ✓ note good date marking - discussed including date vs. just day
- ✓ note thermometer available / test strips available
- 55c cove base damaged near door by kitchen + prep room entrance
- ✓ 44c washing/rinsing chicken in 3 bay sink - use prep sink + discussed w/R/S prior to prepping other food products
- ✓ 15p Food not covered in 2 door freezer
- 47c door handle of 2 door freezer damaged - ordered 5/7/24
- ✓ 16c nesting of bowls for chicken wings next to fryer
- 49c ceiling tiles in kitchen not clean / heavily stained - email / 30-60 days
- ✓ 49c hood not clean - no sticker indicating last cleaning - follow-up with Fire Marshal
- ✓ 49c vent cover in restroom not clean
- 51p hot water in "reserved" restroom at 119°F - must be below 115°F - discussed not water heater
- ✓ 41c dirty unclean rags not kept in sanitizer in between uses
- ✓ 43c handle of scoop in flour product
- ✓ 47c/49c gasket on cold prep across from grill damaged / not clean
- ✓ 10pF paper towels not in dispenser at back handsink
- ✓ 52c ice build up in 2 door freezer
- note discussed monthly pest control
- note discussed cooling process - 135°F to 70°F (2hr) 70°F to 41°F (4hr) - Temp logs required for all
- ✓ 22p eggs (hard boiled) at 56°F - cooked at 10 AM per pic, voluntarily discarded (cos) product - discussed ice bath / running cold water in strainer with unshelled eggs

Person in Charge (Signature) [Signature]

Date 2/7/24

Inspector (Signature) [Signature]

Date 2/7/2024



**Manchester Health Department**  
479 Main Street  
Manchester, CT 06040

\* FOLLOW-UP

Establishment: Andis pizza	Date of Inspection: <del>30</del> 2/8/2024
	ceiling tiles in kitchen area to be replaced - light colored, washable ceiling tiles - 30-60 days to replace ceiling tiles
	cooling logs + cooling fact sheets provided this day to owner
	reinspection 2/13/2024
	reinspection 2/22/24 → owner to email Health Dept once ceiling tiles gets phased out
Initial (Inspector) <i>L. Grandy</i>	Initial (Person in Charge)



# Food Establishment Inspection Report

LHD manchester

Inspection Report Continuation Sheet

Date 2/15/2024

Establishment Carlito's Bakery Town Manchester

reinspection 2/20/24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
back 2 door freezer	-9F	Front counter	38F	hot water handsink	95
2 door True Freezer	-10F	oreo cheese cake	41F	hot water 3 bay	110F
2 door True refrigerator	36F	Sobe cooler	36F	Front cooler	
Tomato	37F			almond milk	41F
cheese	40F	snapple front milk (almond)	40F	Ham cheese	26F 30F

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

- | Item Number | Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code. |
|-------------|--|
|             | CFPM: Rebecca MUNIZ - DCP Bakery License ✓   |
| ✓ 10PF      | no paper towels at handsink next to 3 bay  |
| ✓ 10PF      | no soap/dispenser at handsink by ovens   |
| ✓ 56c       | blanket/laptop stored on prep table across from 3 bays sink  |
| ✓ 55C       | ceiling tiles stained/not clean  |
| ✓ 55C       | missing ceiling tile above prep sink   |
| note*       | sani tabs/test strips available  |
| ✓ 16PF      | prep sink not clean  |
| ✓ 52c       | stagnant dirty water in mop bucket by back entrance  |
| ✓ 49c       | vent covers in restroom/throughout no clean  |
| ✓ 16p       | deli slicer not clean - email this day once cleaned - Lgrandy@manchesterct.gov   |
| ✓ 49c       | back window shades by mixer not clean  |
| ✓ 15p       | Food not covered/protected in standing freezer   |
| note*       | discussed adding pizza/hot dogs - submit written plan to Health Dept for approval - Lgrandy@manchesterct.gov                                   |
| ✓ 37PF      | brown granular outside original container not labeled<br>↳ any food product outside original container must be labeled                         |
| ✓ 13P       | oat milk expired in front milk cooler - discarded by PIC (COS)   |
| note*       | Front counter cold prep (right) not functioning properly - work order submitted - not in use at this time                                      |
| note*       | discussed replacing Gobe/snapple coolers with commercial NSF equipment<br>↳ to be replaced/removed in 60 days.                                 |
| note*       | Thermometer available / alcohol wipes  |

Person in Charge (Signature) Rebecca

Date 2/15/24

Inspector (Signature) L. Grandy

Date 2/15/2024

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/15/24

Establishment Levant Market

Town Manchester

reinspection 2/20/24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Advanced Freezer	21F				
Ikon Freezer	2F				
eggs in refrigerator	40F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	remove peel under table next to fryer
✓ 16pF	blender cups used for spices dirty/not clean
✓ 16pF/41c	interior of non-commercial coca cola fridge not clean ↳ not approved for use - removed from establishment
✓ 49c	exterior of Advanced Freezer not clean
37pF	granulars in clear bucket on dry storage not labeled
23p	no date marking on frozen Falafel/Food products
✓ 16pF	interior of 3 door ikon refrigerator/freezer not clean
✓ 15p	Garbanzo beans stored on floor - moved <u>CO</u>
541c	walls/ceiling damaged in dry storage room ↳ all single service containers to be moved into kitchen until dry storage room to be fixed - work order submitted
55c	remove excess shelves, equipment + trash in back of house area (very cluttered) - 30 days to remove (3/15/24) to be removed
✓ 16pF	mixer bowl not clean
✓ 49c	exterior of white bins with rice not clean
51pF	3 bay sink leaking - bucket collecting waste
✓ 49c	hood of oven not clean
✓ 45c	To go scoop used as scoop in white granular
16pF	blender/grinders not clean
16pF	pots/pans stored under prep table not clean
16pF	interior/exterior of microwave not clean
	<del>no hot water at hand sink by 3 bay sink - COSTA</del>

Person in Charge (Signature)

Date

Inspector (Signature) L. Brandy

R. [Signature]

Date 2/15/2024

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/15/24

Establishment Levant Market

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

Thomson Freezer to be removed at entrance of kitchen

### 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.

- wash/rinse/sanitize BBA kebabs under grill
- ✓ 16p can opener not clean
- ✓ 16PF jumbled utensils along cookline
- ✓ 16p interior of ice machine not clean
- ✓ 52C dirty stagnant water in bucket next to mop sink
- ✓ 28p laundry detergent pods + scented lemon bleach stored in kitchen  
↳ removed from establishment COS
- ✓ 28p Tire spray stored in 3 bay sink at halal area - removed COS
- ✓ 16p prep tables at halal area not clean
- ✓ 49c gasket/sides of refrigeration not clean
- ✓ 16p prep tables/knives at Halal Meat area not clean
- ✓ 16p knife wedged in between cutting boards
- ✓ 41c unclean sponges + wiping cloths on prep tables
- ✓ 16p interior of 4 door free Not clean
- note\* per Fire Marshal, order to not cook until hood cleaned + verified by Fire Marshal.
- note\* not open at time of visit per owner - preparing for holiday - upon arrival packing boxes with expired food
- note\* owner owns Novah Hookah - No food service at Novah hookah - only customers allowed to pick food up and bring in - No serving!
- note\* Health Dept requires produce description of process for approval

Person in Charge (Signature)	Date
Inspector (Signature) <u>L. Gindly</u> <span style="margin-left: 200px;"><u>R. [Signature]</u></span>	Date <u>2/15/24</u>

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/20/2024

Establishment Levant Market

Town Manchester

\*reinspection  
follow-up

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp


### 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.
	<ul style="list-style-type: none"> <li>- remove produce cooler IF NOT WORKING PROPERLY ↳ produce cooler must be smooth, easily cleanable</li> <li>- Building, Fire, Health requirements to be done by March 1, 2024 to bring in dry food.</li> <li>- 3 bay leaking - must be fixed prior to opening</li> <li>- written policy required for produce refrigeration in market</li> <li>- Novah Hookah written policy to be emailed for food policy</li> <li>- interior office cream freezer not clean</li> <li>- per building/Fire, remove front shelving in market</li> <li>- remove front counter/waitress area from restaurant</li> <li>- remove refrigerator with food product in refrigerator in Novah Hookah lounge - NO FOOD in <del>the</del> hookah lounge ↳ only food from outdoors area - no food service/waitressing per FDA Food code</li> <li>email - <a href="mailto:Lgrandy@manchesterct.gov">Lgrandy@manchesterct.gov</a></li> </ul>

Person in Charge (Signature)

Date

Inspector (Signature)

*R. Grandy* 

Date

2/20/24

Risk Category: <u>2</u>		<b>Food Establishment Inspection Report</b>		Page 1 of <u>2</u>	
Establishment type: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Mobile <input type="checkbox"/> Other			Date: <u>1/29/24</u>		
Establishment <u>Mine's pizza</u>			Time In <u>12:30 AM/PM</u> Time Out <u>1:15 AM/PM</u>		
Address <u>267 E center street</u>			LHD <u>Manchester</u>		
Town/City <u>Manchester</u>			Purpose of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Pre-op <input type="checkbox"/> Other		
Permit Holder <u>All Kirca</u>			Reinspection: <u>reinspection 2/18/24</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
<small>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</small>															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item      IN=in compliance      OUT=not in compliance      N/A=not applicable      N/O=not observed															
P=Priority item      Pf=Priority foundation item      C=Core item      V=violation type      Mark in appropriate box for COS and/or R      COS=corrected on-site during inspection      R=repeat violation															
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15 Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16 Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18 Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19 Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6 Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21 Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7 No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22 Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23 Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24 Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Consumer Advisory</b>			
<b>Approved Source</b>															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Population</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13 Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26 Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14 Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>			
<b>GOOD RETAIL PRACTICES</b>															
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>															
Mark OUT if numbered item is not in compliance      V=violation type      Mark in appropriate box for COS and/or R      COS=corrected on-site during inspection      R=repeat violation															
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	43 In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31 Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44 Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32 Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45 Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Food Temperature Control</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33 Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46 Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34 Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils and Equipment</b>								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35 Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36 Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Food Identification</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37 Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49 Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Prevention of Food Contamination</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38 Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39 Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50 Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40 Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51 Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41 Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	52 Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42 Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53 Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
<small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>															
Person in Charge (Signature) <u>All Kirca</u>			Date <u>1/29/24</u>			Violations documented			Date corrections due			#			
Person in Charge (Printed) <u>All Kirca</u>						Priority Item Violations									
Inspector (Signature) <u>L. Grandy</u>			Date <u>1/29/24</u>			Priority Foundation Item Violations			<u>2/18/24</u>			<u>4</u>			
Inspector (Printed) <u>Lauren Grandy</u>						Core Item Violations									
						Risk Factor/Public Health Intervention Violations									
						Repeat Risk Factor/Public Health Intervention Violations									
						Good Retail Practices Violations									
						Requires Reinspection - check box if you intend to reinspect									

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 1/29/24

Establishment Mike's pizzeria

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
marinara	160F				
Cheese	40F				
Ham	39F				
Tomatoes (sliced)	39F				
BEEF	40F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	<del>Hand sink by cookline not draining properly</del>
✓ 16pF	shelving in 3 door true cooler not clean
✓ 35pF	Thawing chicken at room temperature - chicken @ 30F still
✓ 23pF	Frozen - discussed proper cooling procedures - (COS) - moved to refrigerator
✓ 23pF	deli Meat that is sliced to be date marked, Marinara sauce to be date marked
✓ 8pF	map sink next to handwash sink used to wash hands ↳ discussed with person in charge washing hands in hand sink only
✓ note	Food thermometer available
✓ note	Latex gloves removed from establishment
✓	no cooking observed during inspection - no activity at time of visit
	Health Dept to follow-up 2/8/24 for corrections to above violations
✓	no time/temp controlled foods to be stored in non commercial coca cola refrigerator - bottled/canned beverages only.

Person in Charge (Signature) [Signature]

Date 01/29/24

Inspector (Signature) [Signature]

Date 1/29/24

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>4</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>1/17/24</b>
Establishment <b>Peoples Choice</b>		Time In <b>10:30</b> (AM/PM) Time Out <b>11:45</b> (AM/PM)
Address <b>179 Middle Tpke West</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Robert Vudal Mercier</b>		Reinspection Other _____

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																												
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.																												
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																												
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																												
Supervision				Protection from Contamination				Time/Temperature Control for Safety																				
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R															
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P																	
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Pf			Food separated and protected				P																	
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P																	
Certified Food Protection Manager for Classes 2, 3, & 4				C			Food-contact surfaces: cleaned & sanitized				P																	
Employee Health				Consumer Advisory				Highly Susceptible Population																				
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf																	
Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf			Consumer advisory provided: raw/undercooked food				Pf																	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C																	
Proper use of restriction and exclusion				P			Pasteurized foods used; prohibited foods not offered				P/C																	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P																	
Written procedures for responding to vomiting and diarrheal events <b>will discuss</b>				Pf			Food additives: approved and properly used				P																	
Good Hygienic Practices				Food/Color Additives and Toxic Substances				Conformance with Approved Procedures																				
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C																	
Proper eating, tasting, drinking, or tobacco products use				P/C			Toxic substances properly identified, stored & used				P/Pf/C																	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				29	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C																	
No discharge from eyes, nose, and mouth				C			Compliance with variance/specialized process/ROP criteria/HACCP Plan				P/Pf/C																	
Preventing Contamination by Hands				GOOD RETAIL PRACTICES																								
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.																					
Hands clean and properly washed				P/Pf			Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																					
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				Safe Food and Water				Proper Use of Utensils				Utensils and Equipment													
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				P/Pf/C			30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Adequate handwashing sinks, properly supplied/accessible				Pf/C			44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used				P/Pf/C						
Approved Source				P/Pf/C			31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasturized eggs used where required				P			48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				Pf/C		
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Food obtained from approved source				P/Pf/C			32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods				Pf						
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Food received at proper temperature				P/Pf			33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control				Pf/C						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Food in good condition, safe, and unadulterated				P/Pf			34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding				Pf						
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C			35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used				Pf/C						
Prevention of Food Contamination				Physical Facilities																								
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Insects, rodents, and animals not present				Pf/C			49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean				C						
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Contamination prevented during food preparation, storage & display				P/Pf/C			50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure				Pf						
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Personal cleanliness				Pf/C			51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices				P/Pf/C						
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Wiping cloths: properly used and stored				C			52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed				P/Pf/C						
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Washing fruits and vegetables				P/Pf/C			53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean				Pf/C						
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				Violations documented				Date corrections due				#																
Person in Charge (Signature) <i>David LaVallee</i> Date <b>1/17/24</b>				Priority Item Violations				<b>1/20/24</b>				<b>1</b>																
Person in Charge (Printed) <b>David LaVallee</b>				Priority Foundation Item Violations				<b>1/27/24</b>				<b>11</b>																
Inspector (Signature) <i>L. Grandy</i> Date <b>1/17/24</b>				Core Item Violations				<b>4/17/24</b>				<b>29</b>																
Inspector (Printed) <b>Lauren Grandy</b>				Risk Factor/Public Health Intervention Violations								<b>9</b>																
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.				Repeat Risk Factor/Public Health Intervention Violations								<b>9</b>																
				Good Retail Practices Violations								<b>32</b>																
				Requires Reinspection - check box if you intend to reinspect								<input checked="" type="checkbox"/>																

Reinspection 1/22/24 reinspection 2/6/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 1/17/24

Establishment Peoples choice

Town Manchester

reinspection 2/6/24  
reinspection 1/22/24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
hot water - hand sink	132F	tomato	37F	CUT tomato	40F
		swiss cheese	39F	beef roll	39F
2 door Atosa	-6F				
2 door artic air	-5F	reheating	@ 130F		
		Marinara	C HAM		
sausage	36F	↳ discussed 165F reheat			
provoline	41F				
cooked chicken	41F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

- ✓ 16 pf interior of prep sink not clean - corrected 1/22/24 (COS)
- 49C shelving throughout not clean - rusted shelving to be replaced in next few weeks 2/6/24
- ✓ 55C Missing ceiling tiles along cookline
- 49C ceiling tiles not clean throughout - stained?
- ✓ 49C interior 2 door atosa not clean
- ✓ 49C interior 2 door artic not clean
- ✓ 52C severe ice build up in 2 door artic air
- ✓ 15 P Food not protected in 2 door artic air
- 47C gasket damaged in 2 door beverage air along cookline - to be replaced in 30 day 2/6/24
- ✓ 47C chopper severely damaged on grill top - (COS)
- ✓ 49C hood above fryers not clean - due for cleaning 12/21/23
- ✓ 49C Floor behind fryer not clean
- ✓ 49C exterior of fryer not clean
- ✓ 47 pf 2 door beverage air not functioning correctly - ambient 45F  
↳ person in charge moved PHF to walk in cooler  
↳ person in charge to call to have reach in Fixed
- ✓ 16 pf interior of microwave not clean
- ✓ 16 pf can opener not clean
- ✓ 16 pf bread box interior not clean
- ✓ 49C prep table holding to go boxes extremely unclean 2/6/24
- 49C gaskets throughout unclean - to be purchased/replaced in 30 days
- ✓ 47 pf hole in butter lid - lid cut open by staff

Person in Charge (Signature) [Signature]

Inspector (Signature) L. Gandy

Date 1/17/24  
Date 1/17/24



# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 1/17/24  
 Establishment Peoples Choice Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
W/C Marinara tomatoes cheese	41F	roast beef	40F	3 bay Hot water	115
	41F	raw sausage	40F	bleach sanitizer	50-100 ppm
	41F	cut tomato	39F		

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

- | Item Number | Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code. |
|-------------|--|
| ✓ 47 PF     | paint brush used in margarine bucket - person in charge discarded (COS)  |
| ✓ 16 PF     | oven / conveyor extremely unclean  |
| ✓ 44 C      | pots/pans stored in box on floor under oven  |
| ✓ 37 C      | squeeze bottles/containers unlabeled throughout  |
| ✓ 56 C      | no lighting in walk in cooler - ordered light + cover this day   |
| - 49 C      | exterior of pizza pans not clean   |
| - 49 C      | shelving in walk in cooler not clean   |
| ✓ 56 C      | damaged light in walk in cooler - ordered this day   |
| ✓ 16 PF     | pizza dough roller extremely unclean   |
| ✓ 16 PF     | slicer not clean by prep area  |
| ✓ 49 C      | Floor throughout not clean   |
| ✓ 49 C      | mixer for dough not clean  |
| SSC 49 C    | Floor under mop sink not clean / damaged   |
| ✓ 49 C      | exterior of large white bin w/ flour not clean   |
| ✓ 49 C      | speed rack with trays not clean  |
| - 55 C      | damaged floor in bathroom  |
| ✓ 49 C      | unclean shelving in bathroom   |
| SSC 49 C    | unclean ceiling tile / fan cover in bathroom   |
| ✓ 50 PF     | hot water in restroom at 76 F - must reach 85 F minimum  |
| - 47 C      | rusted shelving next to 3 bay sink - to be replaced in next 2 weeks  |
| ✓ 16 PF     | container with bowl/spatula not clean - (COS)  |
| ✓ 54 C      | cardboard by grease trap - must be removed   |

Person in Charge (Signature) [Signature] Date 1/17/24  
 Inspector (Signature) L. Standy Date 1/17/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 1/17/24

Establishment Peoples Choice Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

### 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.
✓	Health Dept to reach out to owner to schedule FDA information sit down to discuss new code.
note#	Food thermometer + test strips available on site
	P/PF corrective action due <u>1/22/24</u> @ 10 AM
	C corrective action due <u>1/17/24</u>
	discuss with owner/pic about creating a cleaning schedule to address <del>overall</del> overall cleanliness in establishment.
	860-647-3192 lgrandy@manchesterct.gov
	<b>2/6/24 - rusted shelving to be replaced next week - Health Dept by 3/6/24</b>
	<b>- gaskets to be replaced ~ 30 days - 3/6/24</b>
	<b>- Flooring in restroom being repaired this day - Health Dept to follow up with owner once work is completed for spot check</b>
	<b>- ceiling tiles if stained/cant be cleaned, to be replaced. Health Dept to follow-up with owner on timeline.</b>

Person in Charge (Signature)

Inspector (Signature)

Date 1/17/24  
Date 1/17/24

Risk Category: <u>2</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>2/9/24</u>
Establishment <u>wetzels Pretzels Kiosk</u>		Time In _____ AM/PM Time Out _____ AM/PM
Address <u>194 Buckland Hills rd.</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Savan Patel</u>		Reinspection _____ Other _____



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

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

Person in Charge (Signature) <u>Savan Patel</u> Date <u>2/9/24</u>	
Person in Charge (Printed) <u>SAVAN PATEL</u>	
Inspector (Signature) <u>Jose Ramirez</u> Date <u>2-9-24</u>	
Inspector (Printed) <u>Jose Ramirez</u>	

Violations documented		Date corrections due	#
Priority Item Violations		<u>2/9/24</u>	<u>3</u>
Priority Foundation Item Violations			<u>0</u>
Core Item Violations			<u>0</u>
Risk Factor/Public Health Intervention Violations			<u>2</u>
Repeat Risk Factor/Public Health Intervention Violations			<u>0</u>
Good Retail Practices Violations			<u>1</u>
Requires Reinspection - check box if you intend to reinspect			<input checked="" type="checkbox"/>

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

Reinspection 2-12-24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2-9-24

Establishment Wetzels Pretzels kiosk Town Manchester

Re-inspection 2-12-24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot hold cheese pretzel	135 F			Quat bucket	150ppm

### 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	Description
	Madu (employee) on site
10PF	Sanitizer bucket stored in hand sink ✓
50PF	No running water ✓
1PF	No PIC ✓

Note: Voluntarily closed due to no running water.  
 Instructed employee to keep kiosk closed until running water is restored and health dept. is notified.  
 Kiosk must be reinspected prior to reopening.  
 All Food voluntarily discarded

Person in Charge (Signature) Sam Paton  
 Inspector (Signature) JJ W

Date 2/9/24  
 Date 2-9-24

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>2/22/24</b>
Establishment <b>Dunkin Donuts</b>		Time In <b>2:00</b> AM/PM Time Out <b>2:50</b> AM/PM
Address <b>171 Spencer St</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Mario Medeiros</b>		Reinspection Other _____



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

GOOD RETAIL PRACTICES													
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.													
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
Safe Food and Water				Proper Use of Utensils				Utensils and Equipment					
OUT	N/A	N/O	V	OUT	COS	R	OUT	COS	R				
30	<input type="checkbox"/>	<input type="checkbox"/>	P	43	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>				
Pasteurized eggs used where required				In-use utensils: properly stored				Food and non-food contact surfaces cleanable, properly designed, constructed, and used					
31	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	44	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>				
Water and ice from approved source				Utensils/equipment/linens: properly stored, dried, & handled				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available					
32	<input type="checkbox"/>	<input type="checkbox"/>	Pf	45	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	<input type="checkbox"/>				
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used				Non-food contact surfaces clean					
Food Temperature Control				Gloves used properly				Physical Facilities					
33	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C							50	<input type="checkbox"/>	<input type="checkbox"/>	
Proper cooling methods used; adequate equipment for temperature control										Hot and cold water available; adequate pressure			
34	<input type="checkbox"/>	<input type="checkbox"/>	Pf							51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Plant food properly cooked for hot holding										Plumbing installed; proper backflow devices			
35	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C							52	<input type="checkbox"/>	<input type="checkbox"/>	
Approved thawing methods used										Sewage and waste water properly disposed			
36	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C							53	<input type="checkbox"/>	<input type="checkbox"/>	
Thermometers provided and accurate										Toilet facilities: properly constructed, supplied, & clean			
Food Identification										54	<input type="checkbox"/>	<input type="checkbox"/>	
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf/C							55	<input type="checkbox"/>	<input type="checkbox"/>	
Food properly labeled; original container										Garbage and refuse properly disposed; facilities maintained			
Prevention of Food Contamination										56	<input type="checkbox"/>	<input type="checkbox"/>	
38	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C							Physical facilities installed, maintained, and clean			
Insects, rodents, and animals not present										Adequate ventilation and lighting; designated areas used			
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C							Natural rubber latex gloves not used per CGS §19a-36f			
Contamination prevented during food preparation, storage & display										Violations documented			
40	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C							Priority Item Violations	Date corrections due	#	
Personal cleanliness										Priority Foundation Item Violations	<b>2-25-24</b>	<b>1</b>	
41	<input type="checkbox"/>	<input type="checkbox"/>	C							Core Item Violations	<b>3-3-24</b>	<b>2</b>	
Wiping cloths: properly used and stored										Risk Factor/Public Health Intervention Violations	<b>5-22-24</b>	<b>4</b>	
42	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C							Repeat Risk Factor/Public Health Intervention Violations		<b>2</b>	
Washing fruits and vegetables										Good Retail Practices Violations		<b>3</b>	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.													
Person in Charge (Signature) <i>Melinda Jenkins</i> Date <b>2/21/24</b>						Violations documented table							
Person in Charge (Printed) _____						Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>							
Inspector (Signature) <i>Jose Ramirez</i> Date <b>2/22/24</b>						Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.							
Inspector (Printed) <b>Jose Ramirez</b>						Reinspection <b>2/27/24</b>							

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet

Date 2/22/24

Establishment Dunkin Donuts - Spencer Town Manchester

Reinspection 2/27/24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
under counter Delfield cooler	39F	Hot hold drawers		Hand sink front	165F
oat milk	39F	tater tots	170F	quat bucket	200ppm
almond milk	39F	egg patties	180F	Hand sink by 3bay	150F
milk dispenser	40F	sausage patties	180F	2 door true RIC	
cream	40F	Cold prep table		egg patties	39F
cold drawer bagel bites	40F	cream cheese	39F	egg bites	36F
tater tots	35F	sliced cheese	39F	customer hand sink	150F
WIC milk 38F <sup>cream</sup> 38F		WIF ambient	-10F		

### 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	Description
	Melissa (CFPM) on site
10PF	No paper towels at all hand sinks ✓
37C	unlabeled squeeze bottles at front counter & seasoning shaker ✓
10PF	Hand sink by drive through unclean / storing dirty rag. ✓
51C	standing water by water heater from water heater leaking ✓
39C	Boxes of food stored on floor in WIF ✓
51C	standing water under 3 bay sink ✓
51P	Customer bathroom hand sink @ 150F ✓ @ 90F

Note Call plumber to lower Bathroom sink temp. to 85F - 115F by 2/25/24. This is a repeat violation.

Note test strips & thermometer available

Person in Charge (Signature) Melissa Jenkins

Date 2/21/24

Inspector (Signature) [Signature]

Date 2/22/24

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>1-18-24</b>	
Establishment <b>Dunkin</b>	Time In <b>1:50</b> AM/PM Time Out <b>3:00</b> AM/PM	
Address <b>1205 Tolland Tpke</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <b>Ashley Roman</b>	Reinspection Other _____	



**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

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

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

IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Person/Alternate Person in charge present, demonstrates knowledge and performs duties	<b>Pf</b>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Food separated and protected					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Certified Food Protection Manager for Classes 2, 3, & 4	<b>C</b>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Food-contact surfaces: cleaned & sanitized	<b>P/Pf</b>				
				<b>Employee Health</b>													
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Management, food employee and conditional employee; knowledge, responsibilities and reporting				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Proper cooking time and temperatures					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Proper use of restriction and exclusion				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Proper reheating procedures for hot holding					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Written procedures for responding to vomiting and diarrheal events	<b>Pf</b>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Proper cooling time and temperatures					
				<b>Good Hygienic Practices</b>													
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Proper eating, tasting, drinking, or tobacco products use				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Proper hot holding temperatures					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			No discharge from eyes, nose, and mouth				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Proper cold holding temperatures					
				<b>Preventing Contamination by Hands</b>													
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Hands clean and properly washed				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Proper date marking and disposition					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Time as a public health control: procedures and records					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Adequate handwashing sinks, properly supplied/accessible	<b>Pf</b>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<b>Consumer Advisory</b>					
				<b>Approved Source</b>													
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Food obtained from approved source				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Consumer advisory provided: raw/undercooked food					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Food received at proper temperature				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<b>Highly Susceptible Population</b>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Food in good condition, safe, and unadulterated				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Pasteurized foods used; prohibited foods not offered					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Required records available: molluscan shellfish identification, parasite destruction				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<b>Food/Color Additives and Toxic Substances</b>					
				<b>GOOD RETAIL PRACTICES</b>													
				<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>													
				Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R						
<input checked="" type="checkbox"/>			Pasteurized eggs used where required				<input checked="" type="checkbox"/>	In-use utensils: properly stored									
<input checked="" type="checkbox"/>			Water and ice from approved source				<input checked="" type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled									
<input checked="" type="checkbox"/>			Variance obtained for specialized processing methods				<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored & used									
			<b>Food Temperature Control</b>														
<input checked="" type="checkbox"/>			Proper cooling methods used; adequate equipment for temperature control				<input checked="" type="checkbox"/>	Gloves used properly									
<input checked="" type="checkbox"/>			Plant food properly cooked for hot holding				<input checked="" type="checkbox"/>	<b>Utensils and Equipment</b>									
<input checked="" type="checkbox"/>			Approved thawing methods used				<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used									
<input checked="" type="checkbox"/>			Thermometers provided and accurate				<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available									
<input checked="" type="checkbox"/>			<b>Food Identification</b>						Non-food contact surfaces clean								
<input checked="" type="checkbox"/>			Food properly labeled; original container				<input checked="" type="checkbox"/>	<b>Physical Facilities</b>									
<input checked="" type="checkbox"/>			<b>Prevention of Food Contamination</b>														
<input checked="" type="checkbox"/>			Insects, rodents, and animals not present				<input checked="" type="checkbox"/>	Hot and cold water available; adequate pressure									
<input checked="" type="checkbox"/>			Contamination prevented during food preparation, storage & display				<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices									
<input checked="" type="checkbox"/>			Personal cleanliness				<input checked="" type="checkbox"/>	Sewage and waste water properly disposed									
<input checked="" type="checkbox"/>			Wiping cloths: properly used and stored				<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean									
<input checked="" type="checkbox"/>			Washing fruits and vegetables				<input checked="" type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained									
			Permit Holder shall notify customers that a copy of the most recent inspection report is available.						<input checked="" type="checkbox"/>								
							<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean									
							<input checked="" type="checkbox"/>	Adequate ventilation and lighting; designated areas used									
							<input checked="" type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f									

Person in Charge (Signature) *Breanne Kennan* Date **1/19/24**  
 Person in Charge (Printed) **Breanne Kennan**  
 Inspector (Signature) *Jos Ramirez* Date **1-19-24**  
 Inspector (Printed) **Jos Ramirez**

Violations documented	Date corrections due	#
Priority Item Violations		<b>0</b>
Priority Foundation Item Violations	<b>1-28-24</b>	<b>4</b>
Core Item Violations	<b>4-18-24</b>	<b>6</b>
Risk Factor/Public Health Intervention Violations		<b>5</b>
Repeat Risk Factor/Public Health Intervention Violations		<b>0</b>
Good Retail Practices Violations		<b>0</b>
Requires Reinspection - check box if you intend to reinspect		<b>5</b>

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

Reinspection 2-9-24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 1-18-24

Establishment Dunkin Tolland Tpke Town Manchester

Reinspection 2-9-24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold prep at drive thru		WIC egg patty	38F	Hand sink by drive thru	85F
cream cheese	40F	sausage patty	38F	Quart bucket	200ppm
egg patty	38F	cream cheese	37F	3 bay quat	400ppm
sausage patty	38F	2 door sliding RIC		Hand sink Bathroom	115F
hash brown	38F	milk	37F		
under counter cooler cream	32F	sliced cheese	38F		
WIF ambient	-5F	sausage patty	38F		

### 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.
37C	unlabeled containers of seasoning mixes at drive thru
2C	No CFPM present ✓ off peak variance request submitted
1PF	NO PIC present ✓
28PF	unlabeled spray bottle w/ clear liquid on counter by donut case ✓
10PF	No soap at handsink by donut case ✓
56C	Employee jackets stored on top of drink mixes by register ✓
49C	Exterior of ice machine unclean ✓
16PF	Interior of ice machine unclean ✓
48C	Interior of 3 bay unclean (lime build up)
49C	Wall behind 3 bay unclean
Note	JR returned 1/19/24 to discuss inspection w/ PIC. No CFPM present. Breanne Keenan, Shift leader on site
Note	spoke w/ Ana (owner) on phone to discuss need for CFPM. Ana stated she will have employees sign up by 1-23-24. Ana instructed to submit documentation of registration to JR.

Person in Charge (Signature) Breanne Keenan

Date 1/19/24

Inspector (Signature) [Signature]

Date 1-19-24



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>2/23/24</b>
Establishment <b>EA Teriyaki</b>		Time In <b>1:10</b> AM/PM <b>AM</b> Time Out <b>2:10</b> AM/PM <b>PM</b>
Address <b>194 Buckland Hills Dr. #2056</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Jerry Li</b>		Reinspection Other _____



**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

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

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

Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

**GOOD RETAIL PRACTICES**

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

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

Safe Food and Water				Proper Use of Utensils					
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>

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

Person in Charge (Signature) **DNCC** Date **DNCC**

Person in Charge (Printed) **DNCC**

Inspector (Signature) **Jose Ramirez** Date **2/23/24**

Inspector (Printed) **Jose Ramirez**

Violations documented	Date corrections due	#
Priority Item Violations	<b>2-26-24</b>	<b>1</b>
Priority Foundation Item Violations	<b>COS</b>	<b>1</b>
Core Item Violations	<b>5-23-24</b>	<b>5</b>
Risk Factor/Public Health Intervention Violations		<b>2</b>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<b>5</b>
Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		

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

Reinspection 2/27/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/23/24

Establishment EA Teriyaki

Town Manchester

Reinspection 2/27/24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door Avantco RIC		WIC Chicken	38F	Hand sink by stove	120F
raw beef	38F	Chicken	38F	3 ball chlorine	100ppm
raw chicken	39F	Chicken	38F	Hand sink by grill	120F
pot stickers	38F	Display hot hold		cold drawer under grill	
rice cooker rice	185F	spring roll	155F	shrimp	35F
under counter cooler by ice		white rice	150F	beef	35F
chicken	39F	brown rice	170F	cooked noodles	35F
WIC Shrimp	38F	grill hot hold chicken	180F	RIF ambient	-10F

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

- | Item Number          | Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code. |
|----------------------|--|
| 43C                  | Scoop handle in rice bin buried in rice ✓  |
| 55C                  | Tools/clutter stored on wire shelf above prep sink ✓   |
| <del>44C</del> 28 PF | unlabeled spray bottles w/ cleaning chemicals by mop sink 28 PF ✓  |
| 45C                  | to go cup lids not inverted or protected at front counter ✓  |
| 37C                  | unlabeled squeeze bottles by grill ✓   |
| 45P                  | Beef stored in to-go bags in 2 door RIF ✓  |
| 2C                   | No CFPM on site ✓  |

Note CFPM must be on site during all operating hours. send more employees to training as needed to ensure you have enough CFPM's to cover all shifts.

Note Good glove use & hand washing observed

Note Test strips & thermometer available

Note SR called Jerry (owner) & discussed violations found.

Person in Charge (Signature) DNCC

Date DNCC

Inspector (Signature) James [Signature]

Date 2/23/24

Risk Category: <u>3</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>4</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>2-12-24</u>
Establishment <u>Filomena's</u>		Time In <u>1:15</u> AM/PM <u>AM</u> Time Out <u>3:15</u> AM/PM <u>PM</u>
Address <u>775 Main St.</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op _____
Permit Holder <u>Mike Kelly</u>		Reinspection _____ Other _____



**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item		IN=in compliance		OUT=not in compliance		N/A=not applicable		N/O=not observed																													
P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R		COS=corrected on-site during inspection		R=repeat violation																													
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R																								
<b>Supervision</b>																																					
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PC	<input type="checkbox"/>	<input type="checkbox"/>																								
Person/Alternate Person in charge present, demonstrates knowledge and performs duties																																					
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>																								
Demonstrated Food Protection Manager for Classes 2, 3, & 4																																					
<b>Employee Health</b>																																					
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>																								
Management, food employee and conditional employee; knowledge, responsibilities and reporting																																					
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																								
Proper use of restriction and exclusion																																					
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>																								
Written procedures for responding to vomiting and diarrheal events																																					
<b>Good Hygienic Practices</b>																																					
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>																								
Proper eating, tasting, drinking, or tobacco products use																																					
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>																								
No discharge from eyes, nose, and mouth																																					
<b>Preventing Contamination by Hands</b>																																					
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>																								
Hands clean and properly washed																																					
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																								
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed																																					
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																								
Adequate handwashing sinks, properly supplied/accessible																																					
<b>Approved Source</b>																																					
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>																								
Food obtained from approved source																																					
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>																								
Food received at proper temperature																																					
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>																								
Food in good condition, safe, and unadulterated																																					
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																								
Required records available: molluscan shellfish identification, parasite destruction																																					
<b>GOOD RETAIL PRACTICES</b>																																					
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>																																					
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																					
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R																												
<b>Safe Food and Water</b>																																					
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>																								
Pasteurized eggs used where required																																					
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>																								
Water and ice from approved source																																					
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>																								
Variance obtained for specialized processing methods																																					
<b>Food Temperature Control</b>																																					
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>																								
Proper cooling methods used; adequate equipment for temperature control																																					
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																								
Plant food properly cooked for hot holding																																					
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																								
Approved thawing methods used																																					
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>																								
Thermometers provided and accurate																																					
<b>Food Identification</b>																																					
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>																								
Food properly labeled; original container																																					
<b>Prevention of Food Contamination</b>																																					
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																								
Insects, rodents, and animals not present																																					
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																								
Contamination prevented during food preparation, storage & display																																					
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																								
Personal cleanliness																																					
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>																								
Wiping cloths: properly used and stored																																					
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																								
Washing fruits and vegetables																																					
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																																					
Person in Charge (Signature) <u>[Signature]</u> Date <u>2/12/24</u>						<table border="1" style="width:100%; border-collapse: collapse; font-size: 8px;"> <thead> <tr> <th>Violations Documented</th> <th>Date corrections due</th> <th>#</th> </tr> </thead> <tbody> <tr> <td>Priority Item Violations</td> <td><u>2-15-24</u></td> <td><u>3</u></td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td><u>2-22-24</u></td> <td><u>14</u></td> </tr> <tr> <td>Core Item Violations</td> <td><u>3-12-24</u></td> <td><u>26</u></td> </tr> <tr> <td>Risk Factor/Public Health Intervention Violations</td> <td></td> <td><u>15</u></td> </tr> <tr> <td>Repeat Risk Factor/Public Health Intervention Violations</td> <td></td> <td><u>15</u></td> </tr> <tr> <td>Good Retail Practices Violations</td> <td></td> <td><u>30</u></td> </tr> <tr> <td colspan="3">Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/></td> </tr> </tbody> </table>								Violations Documented	Date corrections due	#	Priority Item Violations	<u>2-15-24</u>	<u>3</u>	Priority Foundation Item Violations	<u>2-22-24</u>	<u>14</u>	Core Item Violations	<u>3-12-24</u>	<u>26</u>	Risk Factor/Public Health Intervention Violations		<u>15</u>	Repeat Risk Factor/Public Health Intervention Violations		<u>15</u>	Good Retail Practices Violations		<u>30</u>	Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		
Violations Documented	Date corrections due	#																																			
Priority Item Violations	<u>2-15-24</u>	<u>3</u>																																			
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Risk Factor/Public Health Intervention Violations		<u>15</u>																																			
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Good Retail Practices Violations		<u>30</u>																																			
Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>																																					
Person in Charge (Printed) <u>Clark Fuchs</u>																																					
Inspector (Signature) <u>[Signature]</u> Date <u>2-12-24</u>																																					
Inspector (Printed) <u>Jose Ramirez</u>																																					

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

reinspection: 2/15/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/12/24

Establishment Filomena's Pizzeria Town Manchester

reinspection 2/15/24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
reach in true milk	41°F	hot hold meatballs	146°F	handsink	115°F
sliced cheese	38°F				
cooled pasta	38°F				
Sausage	38°F				
raw beef	38°F				
chicken wing	38°F				
ground beef	35°F				

### 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.
	CFPM Chris on site
10PF	no paper towels at handsink in warewash room, throughout ✓
45C	single use container used as scoop
49C	metal shelf next to ovens extremely unclean ✓
<del>16PF</del> 55P	hood baffles not clean. Instructed PIC to schedule cleaning by 2/16. <span style="color: red;">3/6/24 Scheduled hood clean: 25</span>
43C	tongs stored on oven handle ↑ Submit documentation to health dept. when scheduled
49C	exterior of oven, fryer, grill not clean
49C	shelf next to fryer not clean
49C	wall behind fryer not clean, generally
37C	unlabeled squeeze bottles and granulars throughout
16PF	interior of microwave not clean
16PF	interior of cold prep fridge across from fryer not clean
49C	ceiling in kitchen very unclean, throughout
49C	interior of 3-door undercounter fridge unclean
16PF	meat slicer not clean ✓
49C	floors throughout not clean
49C	gaskets throughout not clean
15C	food uncovered in 1-door reach in freezer
23PF	not date marking, going to use production date
15P	raw over RTE in <del>reach</del> reach in freezer ✓
45C	reuse of single use items in True refrigerator
15C	uncovered flour/breading
10PF	no soap at multiple handsinks ✓

Person in Charge (Signature)

Date 2/12/24

Inspector (Signature)

Date 2-12-24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/12/24

Establishment Filomends

Town Manchester

reinspection 2/15/24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
pizza station		cooked pasta (WIC)	41°F	chlorine bucket	50-100 ppm
pepperoni	41°F			dish machine	71/60 °F
sliced tomato	41°F			customer bathroom	120°F
Sausage	41°F				
WIC Ambient	40°F				
meatballs	39°F				
mozzarella	39°F				
Sausage	40°F				



### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Description
<del>39PF</del>	no splash guard on handsink by pizza prep area
44c	wooden pizza paddles stored in box on floor
47c	duct tape on handle of pizza cold prep to keep on
16PF	interior of pizza cold prep fridge not clean ✓
56c	light not shielded near prep sink/storage area
39PF	dented can on shelving, removed by PIC <u>COS</u>
49c	exterior of flour bin not clean, generally
47c	prep sink by dough mixer leaking, pipe duct taped
39c	food stored on floor in WIC and WIF, and basement
15P	raw meat stored over bread, eggs over onions, hierarchy issues throughout ✓
49c	fan box in WIC not clean
49c	shelving in WIC not clean
16PF	can opener blade not clean ✓
39c	ice build up in chest freezers in basement ✓
39P	food stored under sewer pipe in basement ✓
49c	exterior of knife holder by cold prep not clean
44c	jumbled utensils in bin on shelf by warewash
10PF	no signage at multiple handsinks
16PF	ice machine interior not clean in bar
47PF	ice scoop broken, in ice machine in bar
53C	toilet paper not in dispenser in womens bathroom

Person in Charge (Signature)

Date 2/12/24

Inspector (Signature)

Date 2-12-24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/12/24

Establishment Filomena's Town Manchester

reinspection 2/15/24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

### 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	Observations and Corrective Actions
<p style="color: red; font-size: 1.5em;">51P</p>	<p>customer bathroom hot water at 120°F, max allowed 115°F</p>
<p>note ↓</p>	<p>Discussed date marking and labeling policy w/ PIC. All TCS, RTE foods must be marked. Use or discard w/ in 7 days unless manufacturer label is less. Food not date marked upon reinspection will be discarded.</p> <p>Test strips and thermometer available.</p> <p>Discussed w/ PIC the need for more routine cleaning. Food glove use observed.</p>
<p>✓</p>	<p>Overall Kitchen was not clean. Floors, walls, ceilings, equipment. Discussed w/ PIC importance of handwashing: how, when, where.</p> <p>↳ All handwash sinks must be supplied with soap, paper towels, trash bin, and signage.</p>
<p>14pf</p>	<p>PIC instructed to not use whole shell clams until shellfish tags are provided to the Health Dept. and verified by inspector. HD to follow up. <span style="color: red;">waiting on state.</span></p>

Person in Charge (Signature)

Date 2/12/24

Inspector (Signature)

Date 2-12-24

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <b>2/12/24</b>
Establishment <b>La Plazita Del Mofongo</b>		Time In <b>12:00</b> AM/PM Time Out <b>1:00</b> AM/PM
Address <b>425 Broad Street</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder		Reinspection Other

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.													
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed													
P=Priority item PF=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
Supervision				Protection from Contamination				Time/Temperature Control for Safety					
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Pf			Food separated and protected				P/C		
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				C			Food-contact surfaces: cleaned & sanitized				P/P/C		
Employee Health				Good Hygienic Practices				Consumer Advisory					
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf			7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C		
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Preventing Contamination by Hands						
Proper use of restriction and exclusion				P			8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf		
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C		
Written procedures for responding to vomiting and diarrheal events				Pf			10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C		
Approved Source				Good Retail Practices				Highly Susceptible Population					
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food obtained from approved source				P/Pf/C			Safe Food and Water						
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P		
Food received at proper temperature				P/Pf			Pasturized eggs used where required				P		
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C		
Food in good condition, safe, and unadulterated				P/Pf			Water and ice from approved source				P/Pf/C		
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				Variance obtained for specialized processing methods				Pf		
Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C			Food Temperature Control						
GOOD RETAIL PRACTICES													
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.													
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
OUT	N/A	N/O	V	COS	R	OUT	N/A	N/O	V	COS	R		
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C		
Proper cooling methods used; adequate equipment for temperature control				Pf/C			In-use utensils: properly stored				C		
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C		
Plant food properly cooked for hot holding				Pf			45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C		
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Single-use/single-service articles: properly stored & used				Pf/C		
Approved thawing methods used				Pf/C			46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C		
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Utensils and Equipment						
Thermometers provided and accurate				Pf/C			47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C		
Food Identification				Prevention of Food Contamination				Physical Facilities					
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C		
Food properly labeled; original container				Pf/C			Food and non-food contact surfaces cleanable, properly designed, constructed, and used				Pf/C		
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C		
Insects, rodents, and animals not present				Pf/C			Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				Pf/C		
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf		
Contamination prevented during food preparation, storage & display				P/Pf/C			Hot and cold water available; adequate pressure				Pf		
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C		
Personal cleanliness				Pf/C			Plumbing installed; proper backflow devices				P/Pf/C		
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C		
Wiping cloths: properly used and stored				C			Sewage and waste water properly disposed				P/Pf/C		
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C		
Washing fruits and vegetables				P/Pf/C			Toilet facilities: properly constructed, supplied, & clean				Pf/C		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.													
Person in Charge (Signature) <i>[Signature]</i> Date						Violations documented							
Person in Charge (Printed) <b>Yaneth Marrero</b>						Date corrections due							
Inspector (Signature) <i>[Signature]</i> Date <b>2/12/24</b>						#							
Inspector (Printed) <b>Jose Ramirez</b>						Priority Item Violations <b>2-15-24</b> <b>2</b>							
						Priority Foundation Item Violations <b>2-22-24</b> <b>5</b>							
						Core Item Violations <b>5-12-24</b> <b>6</b>							
						Risk Factor/Public Health Intervention Violations							
						Repeat Risk Factor/Public Health Intervention Violations <b>06</b>							
						Good Retail Practices Violations <b>7</b>							
						Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>							

Reinspection 2/15/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/12/24

Establishment La Plazita del Mofongo Town Manchester

Reinspection 2/15/24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door Aest Sliced cheese	38°F	hot hold rice	160°F	handsink kitchen	125°F
↓ ham	38°F	beef roast	141°F	customer bathroom	127°F
tomato	38°F	chicken	152°F	hot hold steam table	
1/2 + 1/2	38°F	WIC pork cubed	38°F	↓ chicken wings	140°F
↓ Shredded cheese	41°F	block of cheese	38°F	↓ ribs	140°F
2 door Traulsen raw steak	35°F	Salami	38°F	↓ pork	139°F
raw chicken	35°F	2 door freezer ambient	-7°F	↓ rice	138°F
ground beef	35°F	2 door True Sliced cheese	38°F	↓ beef	140°F

### 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.
	CFPM on site - Yaz tery Martinez
49C	interior of traulsen 2-door not clean shelving
37C	unlabeled containers w/ granulars, throughout
45C	reuse of single use items
16pf	interior of microwave not clean
28pf	chemical sanitizer bucket not labeled ✓
23pf	containers of food not date marked, reviewed policy w/ PIC ✓
15P	raw beef over ready to eat food in 2 door freezer ✓
47pf	damaged plastic container on storage shelves ✓
53C	no toilet paper in customer bathroom
10C	no hand signage in customer bathroom
<span style="border: 1px solid red; border-radius: 50%; padding: 2px;">51P</span>	hot water in customer bathroom @ 127°F, max temp to be 115°F (mixing valve) <span style="color: red;">128°F</span>
47C	paper towels used to store cups on top of in bar
16pf	can opener in bar not clean ✓
	good glove use observed
	dishmachine not in use
	test strips and thermometer available
	Discussed allergens, date marking and labeling policies w/ PIC
	overall very clean and organized kitchen!

Person in Charge (Signature)

Date 2/12/2024

Inspector (Signature)

Date 2/12/24



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>3</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>2/16/24</b>
Establishment <b>Poke Don</b>		Time In <b>12:00 AM/PM</b> Time Out <b>1:45 AM/PM</b>
Address <b>179 Deming St. unit 12</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Allen Zhao</b>		Reinspection Other _____
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>		
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
<b>Supervision</b>	<b>Protection from Contamination</b>	<b>Time/Temperature Control for Safety</b>
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties	15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures
2 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4	16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized	19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding
<b>Employee Health</b>	17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food	20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting	21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures	22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion	23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events	<b>Consumer Advisory</b>	<b>Highly Susceptible Population</b>
<b>Good Hygienic Practices</b>	6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use	25 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered
<b>Preventing Contamination by Hands</b>	10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible	<b>Food/Color Additives and Toxic Substances</b>
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed	11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source	27 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible	13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated	<b>Conformance with Approved Procedures</b>
<b>Approved Source</b>	14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source	<b>GOOD RETAIL PRACTICES</b>	
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.	
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated	Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation	
14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction	<b>Safe Food and Water</b>	<b>Proper Use of Utensils</b>
30 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required	30 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required	43 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored
31 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source	31 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source	44 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled
32 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods	32 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods	45 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Single-use/single-service articles: properly stored & used
<b>Food Temperature Control</b>	33 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control	46 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Gloves used properly
33 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control	34 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding	<b>Utensils and Equipment</b>
34 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding	35 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used	47 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used
35 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used	36 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate	48 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available
36 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate	<b>Food Identification</b>	49 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean
37 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	37 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	<b>Physical Facilities</b>
<b>Prevention of Food Contamination</b>	38 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present	50 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure
38 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present	39 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	51 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
39 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	40 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	52 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed
40 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	41 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	53 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean
41 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	42 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	54 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage and refuse properly disposed; facilities maintained
42 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	Permit Holder shall notify customers that a copy of the most recent inspection report is available.	
Person in Charge (Signature) <i>Allen Zhao</i> Date <b>02/16/24</b>	Violations documented	
Person in Charge (Printed)	Date corrections due	
Inspector (Signature) <i>José Ramirez</i> Date <b>2/16/24</b>	Priority Item Violations <b>0.5</b>	# <b>3</b>
Inspector (Printed) <b>José Ramirez</b>	Priority Foundation Item Violations <b>2-26-24</b>	# <b>3</b>
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.	Core Item Violations <b>5-16-24</b>	# <b>17</b>
	Risk Factor/Public Health Intervention Violations	# <b>6</b>
	Repeat Risk Factor/Public Health Intervention Violations	# <b>17</b>
	Good Retail Practices Violations	# <b>17</b>
	Requires Reinspection - check box if you intend to reinspect	<input checked="" type="checkbox"/>

Reinspection 2/27/24

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 2/16/24  
 Establishment Poke Don Town Manchester Reinspection 2/27/24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
front cold prep coleslaw	41°F	hot hold rice	135°F	handsink in front	90°F
green slaw	39°F	hot hold miso soup	165°F	chlorine bucket (front)	10ppm
Shrimp	39°F	front hot hold rice	154°F	customer handsink	120°F
Salmon	40°F	WIC salmon	32°F	WIF ambient	-2°F
tuna	39°F	chicken	38°F		
corn	39°F	mango	38°F		
boba balls	39°F	tuna	39°F		
		shrimp	41°F		

### 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.
	CFPM X in Ni
51C	hot water faucet handle on handsink by 3-bay broken (COS)
2C	no CFPM on site upon arrival.
39C	ice build up in chest freezer
49C	coleman cooler used for storage of utensils exterior not clean
56C	hood above fryer extremely unclean, last done 6/9/23, was due 10/9/23 ↳ schedule cleaning ASAP, PIC stated prof. cleaning to be done 2/26/24
49C	floor behind fryer not clean
49C	wall behind fryer/wok not clean
49C	exterior of microwave by wok not clean (COS)
16P	rags stored in sanitizer bucket w/ no sanitizer 0ppm (too many rags)
49C	unclean ice bin interior in front service area - not in use
16PF	interior of ice machine in front not clean ✓
49C	curtain behind metal shelving leading to front, not clean (COS)
16P	sanitizer bucket @ 10ppm, concentration too low (50-100ppm req)
49C	metal shelving w/ rice cooker not clean, generally
49C	gasket on WIC not clean
	<del>no light in WIF KP</del>
39C	food stored on floor in buckets in WIF
49C	exterior of rice bin not clean
51P	customer bathroom hot water at 120°F, max allowed 115°F (COS)
16PF	vegetable slicer not clean ✓
49C	floors and walls throughout kitchen not clean

Person in Charge (Signature) [Signature] Date 02/16/24  
 Inspector (Signature) [Signature] Date 2/16/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/16/24

Establishment Polke Don Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
37C	unlabeled containers and squeeze bottles throughout
23PF	RTE raw fish not properly date marked. Discussed w/ PIC proper date-marking policy. Any Ready-to-Eat foods that are TCS and held more than 24 hrs must be labeled and date marked. Not to exceed 7 days. ✓
49C	exterior of equipment (wok, fryer, etc) generally not clean
* 14P	no parasite destruction records on file for salmon. ✓ <span style="color: red;">emailed</span>
note	cold prep by chest freezer, out of order, empty. PIC instructed to repair/replace or remove ASAP.
↓	Discussed dented can policy, label designated area for dented cans
↓	Ice machine in kitchen not making ice, used for ice storage PIC to put in work order.
	Discussed pest control, monthly services provided, no issues
	Discussed ill food workers policy
	Discussed proper sanitizer concentration and time (every 4 hrs or as needed)
	Test strips and thermometer available
*	Discussed w/ PIC that there must be a CFPM on site during all hours of operation + prep time!
	PIC to email <a href="mailto:jramirez@manchester.ct.gov">jramirez@manchester.ct.gov</a> with verification of parasite destruction <del>or exemption if</del>

Person in Charge (Signature) [Signature]

Date 2/16/24

Inspector (Signature) [Signature]

Date 2/16/24

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>2/9/24</b>	
Establishment <b>Wetzels Pretzels</b>	Time In <b>12:15 AM/PM</b> Time Out <b>1:15 AM/PM</b>	
Address <b>194 Buckland Hills rd Unit# <sup>main</sup> Store</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder _____	Reinspection _____ Other _____	



**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

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

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

Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>									
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>									
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>				<b>Highly Susceptible Population</b>									
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>						
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>				<b>Conformance with Approved Procedures</b>									
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Compliance with variance/specialized process/ROP criteria/HACCP Plan</b>						
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction						

**GOOD RETAIL PRACTICES**

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

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

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

Person in Charge (Signature) [Signature] Date 09/02/2024

Person in Charge (Printed) Amalhatti

Inspector (Signature) [Signature] Date 2-9-24

Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>2/19/24</u>	4
Core Item Violations	<u>5/9/24</u>	6
Risk Factor/Public Health Intervention Violations		2
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		8
Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		

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

Reinspection 2/15/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2-9-24

Establishment Wetzel's Pretzels <sup>Main Store</sup> Town Manchester

Reinspection 2/15/24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
True RIF ambient	0F			Hand sink by 3 bay	122F
Bev Air cooler Hot dog	35F			Hand sink Bathroom	120F
Hot hold Cheese pretzel	146F			Hand sink Front Prep	115F
Hot dog pretzel	170F			Quat bucket	200ppm
cooked to ↑					

### 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	Description
54C	No trash can at hand sink by 3 bay
52PF	Ice machine dripping into pan
43C	Bowl with no handle used as scoop stored in Blue cinnamon/sugar bins
49C	Bev Air Cooler under front counter gasket unclean
38PF	Pest droppings under soda station ✓
37C	Containers of white granulars at front counter unlabeled.
43C	Tongs improperly stored on hand sink splash guard
2C	NO CFPM on site
1PF	NO PIC on site
36PF	No thermometer available ✓

Note test strips available  
 Note good glove use observed

Person in Charge (Signature) *[Signature]*

Date 02/09/2024

Inspector (Signature) *[Signature]*

Date 2-9-24

Date: February 22, 2024

Prabhakar Damineni  
Sai Foods  
1137 Tolland Turnpike  
Manchester, CT

Re: Compliance with the 2022 FDA Food Code

The CT General Assembly passed regulations to adopt the Food **and Drug Administration (FDA) Model Food Code** in the state of Connecticut. The Manchester Health Department recognizes that adoption of the **FDA Food Code** in Connecticut is a transition for everyone, including establishment owners and operators as well as for us at the Health Department.

In the CT General Statutes, Section 19a-36g (13), a grocery store falls under the definition of a Food Establishment and all areas of the establishment are required to be inspected.

The Manchester Health Department has provided guidance to you during previous inspections on the changes from the CT Food Code, and you have been instructed on the requirements of the FDA Food Code. Reference documents were provided spelling out all significant changes.

A reinspection of your establishment was conducted on February 22, 2024. Cleaning, labeling and storage has been improved as noted during the reinspection; however, date marking, allergen statements, and cooling were not in compliance with the FDA Food Code. The following is a list of items that need to be addressed:

- Sai Foods is Class 2 establishment and **is not permitted to cool or make foods ahead of time and chill**. This includes baking potatoes and cooling to shred.
- The Fire Marshal was also on site during the reinspection and has shut down the kitchen until the hood system is professionally cleaned and re-inspected. Please contact Manchester Fire for compliance requirements.
- Although you have Certified Food Protection Managers (CFPM) in the kitchen, staff in the meat cutting room had no knowledge of food safety. Meat cutting was ceased during this inspection. A CFPM must work in this space supervising meat cutting until a CFPM can be employed on-site in this department.
- Produce prep is not allowed in the warehouse/storage area of the store. Define a location with a food prep sink, hand wash sink, and a three bay sink for wash-rinse-and sanitizing of equipment for approval. No cutting of produce is allowed until approved.
- No co-mingling of trash and food storage is allowed.

- Storage of food pallets outside the store (front sidewalk) is not permitted- deliveries shall be scheduled during hours when staff can bring into the store.
- All shelving must be smooth and easily cleanable. No bare wood, non-commercial shelving is allowed. In addition, floors under store shelves must be maintained clean or will be required to comply with code height requirements for ease of cleaning.
- No cardboard is allowed in shelving unless it holds product that was packaged and delivered in that box.
- Do you have a produce fog device? If so, provide a spec sheet on the device.
- Blankets are not approved as covers for the refrigerated produce case. Covers must be smooth and easily cleanable materials. Provide a spec sheet prior to installing new cover.
- Floors in the retail, warehouse, kitchen, and meat cutting room shall be commercial, intact, and completed with a 4" washable cove base (no wood).
- Finishes in the kitchen, prep area, and meat cutting room must be smooth and easily cleanable with FRP with seam trim, cove base, washable ceiling tiles, covered/shatterproof lighting. Provide a schedule for correction in areas that are not compliant.
- All equipment must be in commercial in good, working order so easily cleaned and sanitized. Heir is not a commercial freezer and is not approved. Provide a spec sheet on the replacement equipment you propose.
- Gaskets and handles must be in working order.
- Proper sanitation of the meat cooler (floors, walls ceiling and drain) is required.
- Proper cleaning (wash, rinse, and sanitizing) of all equipment, utensils, and work surfaces is mandatory!
- Proper sanitizer with test strips are need in the meat cutting room.
- Hand washing must only be done in the proper, clean hand sink in the meat cutting room – not in the 3 bay.
- Pest control – use of fly strips is not approved in a food service establishment. Provide a mechanical option for pest control for pre-approval (do not install without approvals).
- The meat cutting process, please provide:
  - Source of meat boxed and whole cuts.
  - How transported/delivered.
  - How is the food protected during transport – what temperature is it upon delivery.
  - What is the process for cutting meat and packaging for retail sale.
  - Who licenses the meat cutting process?

Please refer to the following sections of the FDA Food Code related to these changes. If you have any questions, please use the search portion of the code, and feel free to reach out for clarification. Once a response is received, we can discuss your schedule for compliance.

## **Sec. 19a-36g. Food code. Definitions**

(13) "Food establishment" means an operation that (A) stores, prepares, packages, serves, vends directly to the consumer or otherwise provides food for human consumption, including, but not limited to, a restaurant, catering food service establishment, food service establishment, temporary food service establishment, itinerant food vending establishment, market, conveyance used to transport people, institution or food bank, or (B) relinquishes possession of food to a consumer directly, or indirectly through a delivery service, including, but not limited to, home delivery of grocery orders or restaurant takeout orders or a delivery service that is provided by common carriers. "Food establishment" does not include a vending machine, as defined in section 21a-34, a private residential dwelling in which food is prepared under section 21a-62a or a food manufacturing establishment, as defined in section 21a-151;

### **Labeling for Meat and Poultry**

Retail food establishments that process and package meat or poultry in a form that is not ready-to-eat (NRTE), are obligated by Federal regulation to label the product with safe handling instructions (SHI). USDA issued final rules on August 8, 1994 requiring all raw meat or poultry products have a safe-handling label or sticker or be accompanied by a leaflet that contains information on proper handling and cooking procedures.