



# Manchester Health Department

479 Main Street

Manchester, CT 06040

Page 1 of 1

## plan review follow-up

Establishment:	Date of Inspection:
El S01 SCOOPS	5/28/2025
<ul style="list-style-type: none"><li>- Floors completed in back of house for freezer storage</li><li>- cabinets painted in dry storage room with epoxy<ul style="list-style-type: none"><li>↳ discussed touching up areas with bare wood</li></ul></li><li>- escutcheon to be placed in door ways (restroom, storage room, back storage)</li><li>- wood shelving to be removed or painted w/ epoxy paint above chest freezers</li><li>- interior of all chest freezers must be clean prior to product going in</li><li>- owner reached out to DCP for Frozen Desert and Bakery license - pending</li><li>* - updated menu to be submitted to health dept</li><li>* - submit \$100.00 fee for plan review application</li><li>* - email CFPM once completed (prior to date to open)<ul style="list-style-type: none"><li>↳ email list of ANSI approved courses</li></ul></li><li>- painting back room prior to opening</li><li>- Fill holes/gaps by hand sink by 3 bay</li><li>- 36" required to wash hands at hand sink in front<ul style="list-style-type: none"><li>↳ discussed removing cold prep to back room</li></ul></li><li>* - Follow up with Fire/building for inspections.</li><li>* - Food service license application submitted, \$200.00 fee for class 2 license pending.</li></ul>	
Initial (Inspector)	Initial (Person in Charge)
L.G.	James King

# Food Establishment Inspection Report

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LHD Manchester

Inspection Report Continuation Sheet

Date 4/29/25

Establishment Trattoria Toscano

Town Manchester

*email response 5/6/25*

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
prep kitchen WIC		small cold prep		handsink (prep)	85°F
parm	41°F	salmon	41°F	dishmachine	71/60°F
cream cheese	41°F	scallops	41°F	family bathroom	92°F
main kitchen		pork	40°F	bar dishmachine	100ppm
cold prep mozz	36°F	bolognese sauce	40°F	quat 3-bay	400ppm
wt tomatoes	37°F	hot hold marinara	145°F		
hard boiled egg	35°F	WIC gnochhi	40°F		
		meatballs	40°F		

## OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	<u>Luke - CFPM on site</u>
	<u>Prep Kitchen</u>
44c	mixer location not approved. FRP required / Too close to light.
47c	handle on Knife damaged
Note	monitor Reach-In freezers for ice build up.
	<u>Main Kitchen</u>
✓ 56c	hood overdue for prof. cleaning. PIC states it is scheduled for next week. Email invoice. <i>sticker updated</i>
✓ Note	Discussed moving shields from back for lights on cookline
Note	Keep lids on cold prep units on cookline or cover
	<u>Bar</u>
✓ 10FF	handsink being used as dump sink. <i>cleaned + accessible</i> <i>bulb guards installed</i>
Note	Maintain labels on squeeze / spray bottles
Note	Discussed temperature range for quat sanitizer. 65-75°F ↳ utilize test strips.
	Discussed proper thawing and cooling procedures. <i>paters provided</i> ↳ Thaw under refrigeration or cold running water ↳ Keep foods that are cooling uncovered. cover once @ 41°F or below.
	Discussed FRP above warewash / back entrance in kitchen ↳ wall must be smooth / easily cleanable

Person in Charge (Signature) [Signature]

Date 4/29/25

Inspector (Signature) Katelyn Penon

Date 4/29/25



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>5/7/25</u>		
Establishment <u>Anthony's Jamaican Rest.</u>			Time In _____ AM/PM Time Out _____ AM/PM		
Address <u>346 West Middle Tpk</u>			LHD <u>Manchester</u>		
Town/City <u>Manchester</u>			Purpose of Inspection: <u>Routine</u> 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					
IN	OUT	N/A	N/O	Supervision	V COS R
<input type="radio"/>	<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"/>
<input type="radio"/>	<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"/>
<b>Employee Health</b>					
<input type="radio"/>	<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"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper use of restriction and exclusion	P <input type="radio"/> <input type="radio"/>
<input type="radio"/>	<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"/>
<b>Good Hygienic Practices</b>					
<input type="radio"/>	<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"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No discharge from eyes, nose, and mouth	C <input type="radio"/> <input type="radio"/>
<b>Preventing Contamination by Hands</b>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hands clean and properly washed	P/Pf <input type="radio"/> <input type="radio"/>
<input type="radio"/>	<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"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C <input type="radio"/> <input type="radio"/>
<b>Approved Source</b>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food obtained from approved source	P/Pf/C <input type="radio"/> <input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food received at proper temperature	P/Pf <input type="radio"/> <input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food in good condition, safe, and unadulterated	P/Pf <input type="radio"/> <input type="radio"/>
<input type="radio"/>	<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>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	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pasteurized eggs used where required	P <input type="radio"/> <input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Water and ice from approved source	P/Pf/C <input type="radio"/> <input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Variance obtained for specialized processing methods	Pf <input type="radio"/> <input type="radio"/>	
<b>Food Temperature Control</b>					
<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"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Plant food properly cooked for hot holding	Pf <input type="radio"/> <input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Approved thawing methods used	Pf/C <input type="radio"/> <input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thermometers provided and accurate	Pf/C <input type="radio"/> <input type="radio"/>	
<b>Food Identification</b>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food properly labeled; original container	Pf/C <input type="radio"/> <input type="radio"/>	
<b>Prevention of Food Contamination</b>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Insects, rodents, and animals not present	Pf/C <input type="radio"/> <input type="radio"/>	
<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"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Personal cleanliness	Pf/C <input type="radio"/> <input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Wiping cloths: properly used and stored	C <input type="radio"/> <input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Washing fruits and vegetables	P/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) _____			Date <u>05-7-25</u>		
Person in Charge (Printed) <u>FRANK</u>					
Inspector (Signature) <u>Denise Payne</u>			Date <u>5/7/25</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.					

<b>Violations documented</b>		<b>Date corrections due</b>	<b>#</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			<u>see note</u>



# Food Establishment Inspection Report

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 5-7-25

Establishment Anthony's Jamaican Rest. Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Pork	134F	Rice + Beans	138F		
Q tail	194F			Hot Water	112F
Curry Goat	137F	Beef Pie	158F		
Stew Beef	151F	Chicken Soup	174F	Sanitizer bucket	
Fried Chicken	165F	Curry Goat	38F		
White Rice	145F	Chicken	40F		
Pork	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.

Item Number	
55C	Ceiling tiles - All tiles in Kitchen and at service counter are to be washable. Light colored
55C	Stained tiles - replace with washable tiles
49C	Chair, dunnage rack, shelves on cookline unclean
	Employee items - discussed proper storage location
43C	Tongs at hot holding unit in brown bag → needs to be on a cleanable surface: cambro, plate, etc.
	Discussed Prep size/quantities - must be rechilled → Small batches owner to get additional shallow pans to Rechill. Once rechilled → it can be placed in deep container & monitor temperature. Utilize freezer as needed.
	Discussed cook Pot exterior build-up.
55C	Wall at steam table unclean / no cove base
	Hand sink water off due to "drip" → must replace faucet to correct drip, provide work order. *Water must be on when serving*
Note	Flooring Repaired at service counter

Person in Charge (Signature)

*[Signature]*

dpayne@manchestertown.gov


Date 05-7-25

Inspector (Signature)

*Denise Payne*

Date 5/7/25



| Risk Category: <b>1</b>  
   
   
   
   |                       | <b>Food Establishment Inspection Report</b> |   | Page 1 of <b>2</b>  |        |                       |                       |  |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <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>   
   
   
   
   |                       |   |   |   |        |                       |                       |  |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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  
   
   
   
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| 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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| <table border="1" style="width:100%"><thead><tr><th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th>Supervision</th><th>V</th><th>COS</th><th>R</th><th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th>Protection from Contamination</th><th>V</th><th>COS</th><th>R</th></tr></thead><tbody><tr><td>1</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Person/Alternate Person in charge present, demonstrates knowledge and performs duties</td><td>Pf</td><td><input type="radio"/></td><td><input type="radio"/></td><td>15</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Food separated and protected</td><td>P/C</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>2</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Certified Food Protection Manager for Classes 2, 3, &amp; 4</td><td>C</td><td><input type="radio"/></td><td><input type="radio"/></td><td>16</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Food-contact surfaces: cleaned &amp; sanitized</td><td>P/Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td colspan="8" style="text-align: center;"><b>Employee Health</b></td><td colspan="8" style="text-align: center;"><b>Time/Temperature Control for Safety</b></td></tr><tr><td>3</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Management, food employee and conditional employee; knowledge, responsibilities and reporting</td><td>P/Pf</td><td><input type="radio"/></td><td><input type="radio"/></td><td>17</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Proper disposition of returned, previously served, reconditioned, and unsafe food</td><td>P</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>4</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Proper use of restriction and exclusion</td><td>P</td><td><input type="radio"/></td><td><input type="radio"/></td><td>18</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Proper cooking time and temperatures</td><td>P/Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>5</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Written procedures for responding to vomiting and diarrheal events</td><td>Pf</td><td><input type="radio"/></td><td><input type="radio"/></td><td>19</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Proper reheating procedures for hot holding</td><td>P</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td colspan="8" style="text-align: center;"><b>Good Hygienic Practices</b></td><td colspan="8" style="text-align: center;"><b>Consumer Advisory</b></td></tr><tr><td>6</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Proper eating, tasting, drinking, or tobacco products use</td><td>P/C</td><td><input type="radio"/></td><td><input type="radio"/></td><td>20</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Proper cooling time and temperatures</td><td>P</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>7</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>No discharge from eyes, nose, and mouth</td><td>C</td><td><input type="radio"/></td><td><input type="radio"/></td><td>21</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Proper hot holding temperatures</td><td>P</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td colspan="8" style="text-align: center;"><b>Preventing Contamination by Hands</b></td><td colspan="8" style="text-align: center;"><b>Highly Susceptible Population</b></td></tr><tr><td>8</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Hands clean and properly washed</td><td>P/Pf</td><td><input type="radio"/></td><td><input type="radio"/></td><td>22</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Proper cold holding temperatures</td><td>P</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>9</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>No bare hand contact with RTE food or a pre-approved alternative procedure properly followed</td><td>P/Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td><td>23</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Proper date marking and disposition</td><td>P/Pf</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>10</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Adequate handwashing sinks, properly supplied/accessible</td><td>Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td><td>24</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Time as a public health control: procedures and records</td><td>P/Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td colspan="8" style="text-align: center;"><b>Approved Source</b></td><td colspan="8" style="text-align: center;"><b>Food/Color Additives and Toxic Substances</b></td></tr><tr><td>11</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Food obtained from approved source</td><td>P/Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td><td>25</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Consumer advisory provided: raw/undercooked food</td><td>Pf</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>12</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Food received at proper temperature</td><td>P/Pf</td><td><input type="radio"/></td><td><input type="radio"/></td><td>26</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Pasteurized foods used; prohibited foods not offered</td><td>P/C</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>13</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Food in good condition, safe, and unadulterated</td><td>P/Pf</td><td><input type="radio"/></td><td><input type="radio"/></td><td>27</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Food additives: approved and properly used</td><td>P</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>14</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Required records available: molluscan shellfish identification, parasite destruction</td><td>P/Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td><td>28</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Toxic substances properly identified, stored &amp; used</td><td>P/Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td colspan="8" style="text-align: center;"><b>GOOD RETAIL PRACTICES</b></td><td colspan="8" style="text-align: center;"><b>Conformance with Approved Procedures</b></td></tr><tr><td colspan="8" style="text-align: center;"><small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small></td><td colspan="8" style="text-align: center;"><small>Compliance with variance/specialized process/ROP criteria/HACCP Plan</small></td></tr><tr><td colspan="8" style="text-align: center;"><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</small></td><td colspan="8" style="text-align: center;"><small>Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation</small></td></tr><tr><td colspan="8" style="text-align: center;"><b>Safe Food and Water</b></td><td colspan="8" style="text-align: center;"><b>Proper Use of Utensils</b></td></tr><tr><td>30</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Pasteurized eggs used where required</td><td>P</td><td><input type="radio"/></td><td><input type="radio"/></td><td>43</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>In-use utensils: properly stored</td><td>C</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>31</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Water and ice from approved source</td><td>P/Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td><td>44</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Utensils/equipment/linens: properly stored, dried, &amp; handled</td><td>Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>32</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Variance obtained for specialized processing methods</td><td>Pf</td><td><input type="radio"/></td><td><input type="radio"/></td><td>45</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Single-use/single-service articles:
properly stored &amp; used</td><td>P/C</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td colspan="8" style="text-align: center;"><b>Food Temperature Control</b></td><td colspan="8" style="text-align: center;"><b>Utensils and Equipment</b></td></tr><tr><td>33</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Proper cooling methods used; adequate equipment for temperature control</td><td>Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td><td>46</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Gloves used properly</td><td>C</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>34</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Plant food properly cooked for hot holding</td><td>Pf</td><td><input type="radio"/></td><td><input type="radio"/></td><td>47</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td><td>P/Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>35</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Approved thawing methods used</td><td>Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td><td>48</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td><td>Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>36</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Thermometers provided and accurate</td><td>Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td><td>49</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Non-food contact surfaces clean</td><td>C</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td colspan="8" style="text-align: center;"><b>Food Identification</b></td><td colspan="8" style="text-align: center;"><b>Physical Facilities</b></td></tr><tr><td>37</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Food properly labeled; original container</td><td>Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td><td>50</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Hot and cold water available; adequate pressure</td><td>Pf</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td colspan="8" style="text-align: center;"><b>Prevention of Food Contamination</b></td><td colspan="8" style="text-align: center;"><b>Violations documented</b></td></tr><tr><td>38</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Insects, rodents, and animals not present</td><td>Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td><td>51</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Plumbing installed; proper backflow devices</td><td>P/Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>39</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Contamination prevented during food preparation, storage &amp; display</td><td>P/Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td><td>52</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Sewage and waste water properly disposed</td><td>P/Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>40</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Personal cleanliness</td><td>Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td><td>53</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Toilet facilities: properly constructed, supplied, &amp; clean</td><td>Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>41</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Wiping cloths: properly used and stored</td><td>C</td><td><input type="radio"/></td><td><input type="radio"/></td><td>54</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Garbage and refuse properly disposed; facilities maintained</td><td>C</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>42</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Washing fruits and vegetables</td><td>P/Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td><td>55</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Physical facilities installed, maintained, and clean</td><td>P/Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td colspan="8" style="text-align: center;"><small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small></td><td colspan="8" style="text-align: center;"><small>56 Adequate ventilation and lighting; 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knowledge, responsibilities and reporting | P/Pf | <input type="radio"/> | <input type="radio"/> | 17 | <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"/> | 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Proper cooking time and temperatures | P/Pf/C | <input type="radio"/> | <input type="radio"/> | 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"/> | 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Proper reheating procedures for hot holding | P | <input type="radio"/> | <input type="radio"/> | <b>Good Hygienic Practices</b> |  |  |  |  |  |  |  | <b>Consumer Advisory</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"/> | 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Proper cooling time and temperatures | 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"/> | 21 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Proper hot holding temperatures | P | <input type="radio"/> | <input type="radio"/> | <b>Preventing Contamination by Hands</b> |  |  |  |  |  |  |  | <b>Highly Susceptible Population</b> |  |  |  |  |  |  |  | 8 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Hands clean and properly washed | P/Pf | <input type="radio"/> | <input type="radio"/> | 22 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Proper cold 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"/> | 23 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Proper date marking and disposition | P/Pf | <input type="radio"/> | <input type="radio"/> | 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Adequate handwashing sinks, properly supplied/accessible | Pf/C | <input type="radio"/> | <input type="radio"/> | 24 | <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"/> | <b>Approved Source</b> |  |  |  |  |  |  |  | <b>Food/Color Additives and Toxic Substances</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"/> | 25 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Consumer advisory provided: raw/undercooked food | Pf | <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"/> | 26 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Pasteurized foods used; prohibited foods not offered | P/C | <input type="radio"/> | <input type="radio"/> | 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Food in good condition, safe, and unadulterated | P/Pf | <input type="radio"/> | <input type="radio"/> | 27 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Food additives: approved and properly used | P | <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"/> | 28 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Toxic substances properly identified, stored & used | P/Pf/C | <input type="radio"/> | <input type="radio"/> | <b>GOOD RETAIL PRACTICES</b> |  |  |  |  |  |  |  | <b>Conformance with Approved Procedures</b> |  |  |  |  |  |  |  | <small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small> |  |  |  |  |  |  |  | <small>Compliance with variance/specialized process/ROP criteria/HACCP Plan</small> |  |  |  |  |  |  |  | <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</small> |  |  |  |  |  |  |  | <small>Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation</small> |  |  |  |  |  |  |  | <b>Safe Food and Water</b> |  |  |  |  |  |  |  | <b>Proper Use of Utensils</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"/> | 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"/> | 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 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> |  |  |  |  |  |  |  | <b>Utensils and Equipment</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"/> | 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"/> | 47 | <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"/> | 35 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Approved thawing methods used | Pf/C | <input type="radio"/> | <input type="radio"/> | 48 | <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"/> | 36 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Thermometers provided and accurate | Pf/C | <input type="radio"/> | <input type="radio"/> | 49 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Non-food contact surfaces clean | C | <input type="radio"/> | <input type="radio"/> | <b>Food Identification</b> |  |  |  |  |  |  |  | <b>Physical Facilities</b> |  |  |  |  |  |  |  | 37 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Food properly labeled; original container | Pf/C | <input type="radio"/> | <input type="radio"/> | 50 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Hot and cold water available; adequate pressure | Pf | <input type="radio"/> | <input type="radio"/> | <b>Prevention of Food Contamination</b> |  |  |  |  |  |  |  | <b>Violations documented</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"/> | 51 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Plumbing installed; proper backflow devices | P/Pf/C | <input type="radio"/> | <input type="radio"/> | 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"/> | 52 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Sewage and waste water properly disposed | P/Pf/C | <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"/> | 53 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Toilet facilities: properly constructed, supplied, & clean | Pf/C | <input type="radio"/> | <input type="radio"/> | 41 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Wiping cloths: properly used and stored | C | <input type="radio"/> | <input type="radio"/> | 54 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Garbage and refuse properly disposed; facilities maintained | 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"/> | 55 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Physical facilities installed, maintained, and clean | P/Pf/C | <input type="radio"/> | <input type="radio"/> | <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small> |  |  |  |  |  |  |  | <small>56 Adequate ventilation and lighting; designated areas used</small> |  |  |  |  |  |  |  | <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small> |  |  |  |  |  |  |  | <small>56 Adequate ventilation and lighting; designated areas used</small> |  |  |  |  |  |  |  | <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small> |  |  |  |  |  |  |  | <small>56 Adequate ventilation and lighting; 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   | OUT                   | N/A   | N/O   | Supervision   | V      | COS                   | R                     | IN   | OUT                   | N/A                   | N/O                   | Protection from Contamination  | V      | COS                   | R                     |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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   | <input type="radio"/> | <input type="radio"/>                       | <input type="radio"/>   | Proper use of restriction and exclusion   | P      | <input type="radio"/> | <input type="radio"/> | 18   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Proper cooking time and temperatures   | P/Pf/C | <input type="radio"/> | <input type="radio"/> |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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   | <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"/> | 20   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Proper cooling time and temperatures   | P      | <input type="radio"/> | <input type="radio"/> |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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   | <input type="radio"/> | <input type="radio"/>                       | <input type="radio"/>   | No discharge from eyes, nose, and mouth   | C      | <input type="radio"/> | <input type="radio"/> | 21   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Proper hot holding temperatures  | P      | <input type="radio"/> | <input type="radio"/> |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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   | <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"/> | 23   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Proper date marking and disposition  | P/Pf   | <input type="radio"/> | <input type="radio"/> |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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   |                       |   |   |   |        |                       |                       | <b>Food/Color Additives and Toxic Substances</b>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>Compliance with variance/specialized process/ROP criteria/HACCP Plan</small>                                |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <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</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation</small> |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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   | <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"/> | In-use utensils: properly stored   | C      | <input type="radio"/> | <input type="radio"/> |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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   | <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"/> | Utensils/equipment/linens: properly stored, dried, & handled   | Pf/C   | <input type="radio"/> | <input type="radio"/> |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
                     |                                     |      |                       |                       |    |                       |                       |                       |  |     |                       |                       |    |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |  |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |   |        |                       |                       |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  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   | <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"/> | Gloves used properly   | C      | <input type="radio"/> | <input type="radio"/> |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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   | <input type="radio"/> | <input type="radio"/>                       | <input type="radio"/>   | Plant food properly cooked for hot holding  | Pf     | <input type="radio"/> | <input type="radio"/> | 47   | <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"/> |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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   | <input type="radio"/> | <input type="radio"/>                       | <input type="radio"/>   | Food properly labeled; original container   | Pf/C   | <input type="radio"/> | <input type="radio"/> | 50   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Hot and cold water available; adequate pressure  | Pf     | <input type="radio"/> | <input type="radio"/> |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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   | <input type="radio"/> | <input type="radio"/>                       | <input type="radio"/>   | Wiping cloths: properly used and stored   | C      | <input type="radio"/> | <input type="radio"/> | 54   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Garbage and refuse properly disposed; facilities maintained  | C      | <input type="radio"/> | <input type="radio"/> |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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   | <input type="radio"/> | <input type="radio"/>                       | <input type="radio"/>   | Washing fruits and vegetables   | P/Pf/C | <input type="radio"/> | <input type="radio"/> | 55   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Physical facilities installed, maintained, and clean   | P/Pf/C | <input type="radio"/> | <input type="radio"/> |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>   
   
   
   
   |                       |   |   |   |        |                       |                       | <small>56 Adequate ventilation and lighting; designated areas used</small>   |                       |                       |                       |  |        |                       |                       |     |     |                               |   |     |   |   |                       |                       |                       |   |    |                       |                       |    |                       |                       |                       |                              |     |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |  |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                       |                       |                       |   |      |                       |                       |    |                       |                       |                       |   |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                      |        |                       |                       |   |                       |                       |                       |  |    |                       |                       |    |                       |                       |                       |   |   |                       |                       |                                |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |   |                       |                       |                       |   |     |                       |                       |    |                       |                       |                       |                                      |   |                       |                       |   |                       |                       |                       |   |   |                       |                       |    |                       |                       |                       |                                 |   |                       |                       |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |  |  |   |                       |                       |                       |                                 |      |                       |                       |    |                       |                       |                       |                                  |   |                       |                       |   |                       |                       |                       |  |        |                       |                       |    |                       |                       |                       |                                     |      |                       |                       |    |                       |                       |                       |  |      |                       |                       |    |                       |                       |                       |   |        |                       |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                       |                       |                       |                                    |        |                       |                       |    |                       |                       |                       |  |    |                       |                       |    |                       |                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Page 2 of 2

Date 5/6/25

Date 5/6/25



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>5/8/25</u>	
Establishment <u>BJ's Wholesale Club</u>				Time In <u>9:30</u> AM/PM Time Out <u>11:00</u> AM/PM	
Address <u>1046 Tolland Tpke</u>				LHD <u>Manchester</u>	
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder <u>Stacey King</u>				Reinspection Other	
<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		Supervision		IN OUT N/A N/O	
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"/>
2	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P <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"/>
		Good Hygienic Practices			
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C <input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C <input type="checkbox"/>
		Preventing Contamination by Hands			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf <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"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C <input type="checkbox"/>
		Approved Source			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C <input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf <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"/>
14	<input checked="" 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			
<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		OUT	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P <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"/>
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf <input type="checkbox"/>
		Food Temperature Control			
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C <input type="checkbox"/>
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf <input type="checkbox"/>
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C <input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C <input type="checkbox"/>
		Food Identification			
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C <input type="checkbox"/>
		Prevention of Food Contamination			
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C <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"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C <input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C <input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C <input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.					
Person in Charge (Signature) <u>S. King</u>		Date <u>5/8/25</u>		Violations documented	
Person in Charge (Printed) <u>Stacey Ann King</u>				Date corrections due	
Inspector (Signature) <u>Katelyn Person</u>		Date <u>5/8/25</u>		#	
Inspector (Printed) <u>Katelyn Person</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.					
Priority Item Violations					
Priority Foundation Item Violations					
Core Item Violations		<u>8/8/25</u>		<u>6</u>	
Risk Factor/Public Health Intervention Violations				<u>1</u>	
Repeat Risk Factor/Public Health Intervention Violations					
Good Retail Practices Violations				<u>5</u>	
Requires Reinspection - check box if you intend to reinspect					



# Food Establishment Inspection Report

Page 2 of 2

LHD manchester Inspection Report Continuation Sheet

Date 5/8/25

Establishment BJ's wholesale club Town manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Deli cheese	40 F	hot hot chicken	162 F	deli handsink	87 F
roast beef	40 F			prep room handsink	89 F
salami	39 F			bakery handsink	92 F
turkey	40 F			bakery quat 3 bay	200 ppm
WIC cheese	39 F			bathrooms - customer	85 F
ham	40 F				
Dairy WIC milk	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.
	Stacey - manager - CFM
NOTE	Reviewed chicken temp logs. Per BJ's over 180°F ✓
SSC	Discussed monitoring cover / floor juncture for damage, repair as needed. Some areas need attention in deli.
99C	caulk behind 3-bay in deli unclean / uncleanable, recommend using metal flashing.
SIC	3-bay faucet leaking when on, very loose
99C	wall behind 3-bay unclean (deli)
SIC	bakery handsink piping leaking
NOTE	bakery dishmachine out of order. If replacing send spec sheet.
ISC	cookies / bread on speed racks not protected. Use cover sheet on top shelf to cover.
NOTE	Discussed employee storage of jackets (bakery)
NOTE	Test strips and thermometers available!
NOTE	No ill food workers. Discussed reporting symptoms protocol


Person in Charge (Signature) S. King

Date 5/8/25

Inspector (Signature) Katelyn Person

Date 5/8/25



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>5/22/25</u>		Time In: <u>2:30</u> AM/PM Time Out: <u>3:00</u> AM/PM																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Establishment <u>Bobs Jerky for a cause</u>		 Connecticut Department of Public Health		Time In: <u>2:30</u> AM/PM Time Out: <u>3:00</u> AM/PM																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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Permit Holder <u>Robert Wood</u>				Reinspection Other																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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<table border="1" style="width:100%"><tr><th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th>Supervision</th><th>V</th><th>COS</th><th>R</th><th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th>Protection from Contamination</th><th>V</th><th>COS</th><th>R</th></tr><tr><td>1</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Person/Alternate Person in charge present, demonstrates knowledge and performs duties</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>15</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food separated and protected</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>2</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Certified Food Protection Manager for Classes 2, 3, &amp; 4</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>16</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food-contact surfaces: cleaned &amp; sanitized</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="8" style="text-align: center;"><b>Employee Health</b></td><td colspan="8" style="text-align: center;"><b>Time/Temperature Control for Safety</b></td></tr><tr><td>3</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Management, food employee and conditional employee; knowledge, responsibilities and reporting</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>18</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Proper cooking time and temperatures</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>4</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper use of restriction and exclusion</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>19</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Proper reheating procedures for hot holding</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>5</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Written procedures for responding to vomiting and diarrheal events</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>20</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Proper cooling time and temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="8" style="text-align: center;"><b>Good Hygienic Practices</b></td><td colspan="8" style="text-align: center;"><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>Proper eating, tasting, drinking, or tobacco products use</td><td>P/C</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 checked="" type="checkbox"/></td><td>Proper hot holding temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>7</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No discharge from eyes, nose, and mouth</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>22</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cold holding temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="8" style="text-align: center;"><b>Preventing Contamination by Hands</b></td><td colspan="8" style="text-align: center;"><b>Conformance 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>Hands clean and properly washed</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>23</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper date marking and disposition</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>9</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No bare hand contact with RTE food or a pre-approved alternative procedure properly followed</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>24</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Time as a public health control: procedures and records</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>10</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Adequate handwashing sinks, properly supplied/accessible</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="8" style="text-align: center;"><b>Highly Susceptible Population</b></td></tr><tr><td colspan="8" style="text-align: center;"><b>Approved Source</b></td><td colspan="8" style="text-align: center;"><b>Food/Color Additives and Toxic Substances</b></td></tr><tr><td>11</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food obtained from approved source</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>25</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Consumer advisory provided: raw/undercooked food</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>12</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food received at proper temperature</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="8" style="text-align: center;"><b>Food/Color Additives and Toxic Substances</b></td></tr><tr><td>13</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food in good condition, safe, and unadulterated</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>26</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Pasteurized foods used; prohibited foods not offered</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>14</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Required records available: molluscan shellfish identification, parasite destruction</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>27</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food additives: approved and properly used</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="8" style="text-align: center;"><b>GOOD RETAIL PRACTICES</b></td><td colspan="8" style="text-align: center;"><b>Conformance with Approved Procedures</b></td></tr><tr><td colspan="8" style="text-align: center;"><small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small></td><td colspan="8" style="text-align: center;"><b>Compliance with variance/specialized process/ROP criteria/HACCP Plan <u>USDA</u></b></td></tr><tr><td colspan="8" style="text-align: center;"><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</small></td><td colspan="8" style="text-align: center;"><small>Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation</small></td></tr><tr><td colspan="8" style="text-align: center;"><b>Safe Food and Water</b></td><td colspan="8" style="text-align: center;"><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>Pasteurized eggs used where required</td><td>P</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><td>In-use utensils: properly stored</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>31</td><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><td>44</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><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>32</td><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><td>45</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><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 colspan="8" style="text-align: center;"><b>Food Temperature Control</b></td><td colspan="8" style="text-align: center;"><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>Proper cooling methods used; adequate equipment for temperature control</td><td>Pf/C</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><td>Gloves used properly</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>34</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Plant food properly cooked for hot holding</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="8" style="text-align: center;"><b>Physical Facilities</b></td></tr><tr><td>35</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Approved thawing methods used</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>50</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Hot and cold water available; adequate pressure</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>36</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Thermometers provided and accurate</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>51</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Plumbing installed; proper backflow devices</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="8" style="text-align: center;"><b>Food Identification</b></td><td colspan="8" style="text-align: center;"><b>Physical Facilities</b></td></tr><tr><td>37</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food properly labeled; original container</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>52</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Sewage and waste water properly disposed</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="8" style="text-align: center;"><b>Prevention of Food Contamination</b></td><td colspan="8" style="text-align: center;"><b>Physical Facilities</b></td></tr><tr><td>38</td><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><td>53</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><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>39</td><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><td>54</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Garbage and refuse properly disposed; facilities maintained</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>40</td><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><td>55</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Physical facilities installed, maintained, and clean</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>41</td><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><td>56</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Adequate ventilation and lighting; designated areas used</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>42</td><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><td colspan="8" style="text-align: center;"><b>Violations documented</b></td></tr><tr><td colspan="8" style="text-align: center;"><small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small></td><td colspan="8" style="text-align: center;"><b>Date corrections due</b></td></tr><tr><td colspan="8" style="text-align: center;"><small>Person in Charge (Signature) <u>Robert Wood</u> Date <u>5/22/25</u></small></td><td colspan="8" style="text-align: center;"><small>Person in Charge (Printed) <u>Robert Wood</u></small></td></tr><tr><td colspan="8" style="text-align: center;"><small>Inspector (Signature) <u>L. Grandy</u> Date <u>5/22/25</u></small></td><td colspan="8" style="text-align: center;"><small>Inspector (Printed) <u>Lauren Grandy</u></small></td></tr><tr><td colspan="8" style="text-align: center;"><small>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.</small></td><td colspan="8" style="text-align: center;"><small>Violations documented</small></td></tr><tr><td colspan="8" style="text-align: center;"><small>Priority Item Violations</small></td><td colspan="8" style="text-align: center;"><small>Date corrections due</small></td></tr><tr><td colspan="8" style="text-align: center;"><small>Priority Foundation Item Violations</small></td><td colspan="8" style="text-align: center;"><small>#</small></td></tr><tr><td colspan="8" style="text-align: center;"><small>Core Item Violations</small></td><td colspan="8" style="text-align: center;"><small>1</small></td></tr><tr><td colspan="8" style="text-align: center;"><small>Risk Factor/Public Health Intervention Violations</small></td><td colspan="8" style="text-align: center;"><small>8/22/25</small></td></tr><tr><td colspan="8" style="text-align: center;"><small>Repeat Risk Factor/Public Health Intervention Violations</small></td><td colspan="8" style="text-align: center;"><small>1</small></td></tr><tr><td colspan="8" style="text-align: center;"><small>Good Retail Practices Violations</small></td><td colspan="8" style="text-align: center;"><small>1</small></td></tr><tr><td colspan="8" style="text-align: center;"><small>Requires Reinspection - check box if you intend to reinspect</small></td><td colspan="8" style="text-align: center;"><small>1</small></td></tr></table>						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"/>	<b>Employee Health</b>								<b>Time/Temperature Control for Safety</b>								3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; 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prohibited foods not offered	P/C	<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"/>	27	<input checked="" 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>Conformance with Approved Procedures</b>								<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>								<b>Compliance with variance/specialized process/ROP criteria/HACCP Plan <u>USDA</u></b>								<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</small>								<small>Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation</small>								<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>								<b>Physical Facilities</b>								37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	<b>Prevention of Food Contamination</b>								<b>Physical Facilities</b>								38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	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"/>	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"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	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"/>	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"/>	41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	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"/>	42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Violations documented</b>								<small>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</small>								<b>Date corrections due</b>								<small>Person in Charge (Signature) <u>Robert Wood</u> Date <u>5/22/25</u></small>								<small>Person in Charge (Printed) <u>Robert Wood</u></small>								<small>Inspector (Signature) <u>L. Grandy</u> Date <u>5/22/25</u></small>								<small>Inspector (Printed) <u>Lauren Grandy</u></small>								<small>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.</small>								<small>Violations documented</small>								<small>Priority Item Violations</small>								<small>Date corrections due</small>								<small>Priority Foundation Item Violations</small>								<small>#</small>								<small>Core Item Violations</small>								<small>1</small>								<small>Risk Factor/Public Health Intervention Violations</small>								<small>8/22/25</small>								<small>Repeat Risk Factor/Public Health Intervention Violations</small>								<small>1</small>								<small>Good Retail Practices Violations</small>								<small>1</small>								<small>Requires Reinspection - check box if you intend to reinspect</small>								<small>1</small>							
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"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
<b>Employee Health</b>								<b>Time/Temperature Control for Safety</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<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"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	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"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures	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"/>	22	<input checked="" 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>Conformance with Approved Procedures</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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>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 type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<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>Food/Color Additives and Toxic Substances</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"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
<b>GOOD RETAIL PRACTICES</b>								<b>Conformance with Approved Procedures</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>								<b>Compliance with variance/specialized process/ROP criteria/HACCP Plan <u>USDA</u></b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
<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</small>								<small>Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation</small>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
<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>								<b>Physical Facilities</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	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"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
<b>Prevention of Food Contamination</b>								<b>Physical Facilities</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	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"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	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"/>	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"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	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"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Violations documented</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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<small>Inspector (Signature) <u>L. Grandy</u> Date <u>5/22/25</u></small>								<small>Inspector (Printed) <u>Lauren Grandy</u></small>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
<small>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.</small>								<small>Violations documented</small>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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## Page 2 of 2

Inspection Report Continuation Sheet

Date 5/22/25

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Meat #1	0F			quat 3 bay	200pphr
Meat #2	32F				
Meat #3	32F			hot water	124F
Meat #4	Not				
Meat #5	accessible				

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: @ Robert Wood
	Thermometer available
	Temp logs available
	Test strips available
37c	white granular not labeled on dry storage shelving
	sample set up - food covered / tongs / clean + dirty available
	no food prep happening at time of visit
	USDA Inspected
	email lgrandy@manchestercet.gov with corrective action.

Date 5/22/25

Date 5/22/25



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>5/8/25</u>	
Establishment <u>Checkers Pizza</u>		Time In <u>4:30</u> AM/PM Time Out _____ AM/PM	
Address <u>803 Hartford Road</u>		LHD <u>Manchester</u>	
Town/City <u>Manchester</u>		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	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	<input checked="" type="radio"/> Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food separated and protected	<input type="radio"/> P/C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Certified Food Protection Manager for Classes 2, 3, & 4	<input checked="" type="radio"/> C	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food-contact surfaces: cleaned & sanitized	<input type="radio"/> P/Pf/C	<input type="radio"/>	<input type="radio"/>
Employee Health								Time/Temperature Control for Safety							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	<input type="radio"/> P/Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooking time and temperatures	<input type="radio"/> P/Pf/C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper use of restriction and exclusion	<input type="radio"/> P	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper reheating procedures for hot holding	<input type="radio"/> P	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Written procedures for responding to vomiting and diarrheal events	<input type="radio"/> Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooling time and temperatures	<input type="radio"/> P	<input type="radio"/>	<input type="radio"/>
Good Hygienic Practices								Consumer Advisory							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper eating, tasting, drinking, or tobacco products use	<input type="radio"/> P/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Consumer advisory provided: raw/undercooked food	<input type="radio"/> Pf	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No discharge from eyes, nose, and mouth	<input type="radio"/> C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Highly Susceptible Population	<input type="radio"/> P/C	<input type="radio"/>	<input type="radio"/>
Preventing Contamination by Hands								Food/Color Additives and Toxic Substances							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hands clean and properly washed	<input type="radio"/> P/Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food additives: approved and properly used	<input type="radio"/> P	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	<input type="radio"/> P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Toxic substances properly identified, stored & used	<input type="radio"/> P/Pf/C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adequate handwashing sinks, properly supplied/accessible	<input type="radio"/> Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Conformance with Approved Procedures	<input type="radio"/> P/Pf/C	<input type="radio"/>	<input type="radio"/>
Approved Source								Compliance with variance/specialized process/ROP criteria/HACCP Plan							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food obtained from approved source	<input type="radio"/> P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food received at proper temperature	<input type="radio"/> P/Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food in good condition, safe, and unadulterated	<input type="radio"/> P/Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Required records available: molluscan shellfish identification, parasite destruction	<input type="radio"/> P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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="radio"/>	<input type="radio"/>	<input type="radio"/>	Pasteurized eggs used where required	<input type="radio"/> P	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	In-use utensils: properly stored	<input type="radio"/> C	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Water and ice from approved source	<input type="radio"/> P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Utensils/equipment/linens: properly stored, dried, & handled	<input type="radio"/> Pf/C	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Variance obtained for specialized processing methods	<input type="radio"/> Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Single-use/single-service articles: properly stored & used	<input type="radio"/> P/C	<input type="radio"/>	<input type="radio"/>	
Food Temperature Control						Utensils and Equipment						
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="radio"/> P/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	<input type="radio"/> P/Pf/C	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Plant food properly cooked for hot holding	<input type="radio"/> Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	<input type="radio"/> Pf/C	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Approved thawing methods used	<input type="radio"/> Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Non-food contact surfaces clean	<input type="radio"/> C	<input type="radio"/>	<input type="radio"/>	
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thermometers provided and accurate	<input checked="" type="radio"/> P/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Physical Facilities				
Food Identification						Prevention of Food Contamination						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food properly labeled; original container	<input type="radio"/> Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hot and cold water available; adequate pressure	<input type="radio"/> Pf	<input type="radio"/>	<input type="radio"/>	
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Insects, rodents, and animals not present	<input checked="" type="radio"/> P/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Plumbing installed; proper backflow devices	<input type="radio"/> P/Pf/C	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Contamination prevented during food preparation, storage & display	<input type="radio"/> P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sewage and waste water properly disposed	<input checked="" type="radio"/> P/Pf/C	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Personal cleanliness	<input type="radio"/> Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Toilet facilities: properly constructed, supplied, & clean	<input type="radio"/> Pf/C	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Wiping cloths: properly used and stored	<input type="radio"/> C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Garbage and refuse properly disposed; facilities maintained	<input type="radio"/> C	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Washing fruits and vegetables	<input type="radio"/> P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Physical facilities installed, maintained, and clean	<input checked="" type="radio"/> P/Pf/C	<input type="radio"/>	<input type="radio"/>	
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>Spoke w/ owner by phone</u> Date _____	
Person in Charge (Printed) _____	
Inspector (Signature) <u>Denise Payne</u> Date <u>5/8/25</u>	
Inspector (Printed) <u>Denise Payne</u>	

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

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 5/8/25

Establishment Checkers Pizza

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Tomato	41F			Hot Water	143F
Pizza	41F				
Cheddar Cheese	39F			No Sanitizer made	
Meatball	40F			Staff couldn't define it	
Turkey	39F				
Tomato	36F				
Capicola	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	
55C	Holes in FRP - fill so smooth and easily cleanable
1PF	Staff on site (1) Not Certified Food Protection Manager / Not Knowledgeable
2C	— Owner reached, All attempts to get Knowledgeable / CFPM
	staff to store failed
	Owner stated pizza prep not working - should be empty
	All food in pizza prep 50°F → discarded <sup>Provide Spec Sheet</sup>
<u>Closed</u>	Owner Voluntarily <u>closed</u> . Can not be open without a CFPM on site.
38C	Back door / front door open without screens
33PF	Cold prep not working - food greater than 50°F discarded
55C	Floor cracked / damaged
55C	Wall behind fryers unclean / damaged
36PF	No Thin probe thermometer or Alcohol wipes
36C	Ice build-up on reach in freezer.
	Kitchen much cleaner!
	New Washable Ceiling Tiles / Personal items stored properly
*	Mop Sink Required owner to propose location.

Person in Charge (Signature) \* spoke to owner over the phone

Date

Inspector (Signature)

Denise Payne

Date

5/8/25






Manchester Health Department  
479 Main Street  
Manchester, CT 06040

Page 1 of 1

Follow-up from 5/8/25

Establishment:	Date of Inspection:
Checkers Pizza	5-15-25
person on site Kevin Briley Knowledgeable	
Staff requires Certified Food Protection Manager Training	
Schedule employee within 1 week	
Provide Health Dept with registration of as many employees as needed to stay open.	
Pizza Station not in use	
Initial (Inspector)	Initial (Person in Charge)
D Payne	Kevin Briley



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>5/5/25</u>											
Establishment <u>Chez Ben Diner</u>		Time In <u>12:00</u> AM/PM Time Out <u>1:00</u> AM/PM											
Address <u>927 Center St.</u>		LHD <u>Manchester</u>											
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op											
Permit Holder <u>Joel Quirion</u>		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													
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"/>	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"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" 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"/>	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 checked="" 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"/>	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"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	18	<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"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<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>							<b>Consumer Advisory</b>						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>							<b>Food/Color Additives and Toxic Substances</b>						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
9	<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"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<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>Approved Source</b>							<b>Conformance with Approved Procedures</b>						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<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			
30	<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"/>	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"/>	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>						46	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>		
33	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils and Equipment</b>							
34	<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"/>	<input type="checkbox"/>		
35	<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"/>	<input type="checkbox"/>		
36	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Food Identification</b>						<b>Physical Facilities</b>							
37	<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"/>		
<b>Prevention of Food Contamination</b>						51	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
38	<input type="checkbox"/>	Insects, rodents, and animals not present	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"/>		
39	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
40	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>		
41	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
42	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	56	<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.													
Violations documented Date corrections due #													
Person in Charge (Signature) <u>Joel Quirion</u> Date <u>5-5-25</u>													
Person in Charge (Printed) <u>Joel Quirion</u>													
Inspector (Signature) <u>Katelynn Person</u> Date <u>5/5/25</u>													
Inspector (Printed) <u>Katelynn Person</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.													



## Page 2 of 2

Inspection Report Continuation Sheet

Date 5/5/25

TEMPERATURE OBSERVATIONS	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
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77	78
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87	88
89	90
91	92
93	94
95	96
97	98
99	100

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

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cold prep unit		hot hold homefries	153F	hand sink	98F
tomatoes	41 F	gravy	137F	dish machine (cont)	100ppm
diced ham	40 F	waitress reach in		customer bathroom	114 F
beef	41 F	milk	38F		
WIC potatoes	37F				
ground beef	38 F	Final egg temp	165F		
diced potato	36 F				

must be corrected within the time frames below, or as stated in section 10.1.1.

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.
	Anne + Joel on site CFPAs
39c	splash guard required on handshk in back by shelf.
44c	containers improperly stored. must not be under sink (cos)
49c	metal shelf in WIC unclean
49c	interior lower shelf of reach in freezer in back storage unclean

NOTE Discussed w/ PSE option for using Time as a public health control.  
Overall clean and organized. for creamers  
Discussed dented can policy  
Discussed light bulb options for higher intensity in WIC  
Discussed promptly covering food after cooling  
hood cleaning performed in April ✓  
Good date marking! ✓  
Corn cob

**Person in Charge (Signature)**

Date \_\_\_\_\_

Inspector (Signature)

Date \_\_\_\_\_



## Denise Payne

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**From:** ct.1677.BucklandHills <ct.1677.BucklandHills@chipotle.com>  
**Sent:** Tuesday, May 6, 2025 3:11 PM  
**To:** Denise Payne  
**Cc:** Catherine Bellucci  
**Subject:** Hand sink


### **EXTERNAL MESSAGE - Think Before You Click!**

Good afternoon, Chipotle Facilities came today and repaired our hand sink, it is no long hanging off the wall. We are still waiting for the water heater to be fixed.

Thanks,

James Reynolds



Risk Category: <u>2</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <u>5-8-25</u>		Time In <u>3</u> AM/PM Time Out <u>AM/PM</u>	
Establishment <u>Dunkin Donuts</u>				LHD <u>Manchester</u>	
Address <u>318 Adams St</u>				Purpose of Inspection: <u>Routine</u> Pre-op	
Town/City <u>Manchester</u>				Reinspection Other	
Permit Holder					
<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		Supervision		IN OUT N/A N/O	
1 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Person/Alternate Person in charge present, demonstrates knowledge and performs duties		15 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
2 <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>		Certified Food Protection Manager for Classes 2, 3, & 4		16 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
		Employee Health		17 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
3 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Management, food employee and conditional employee; knowledge, responsibilities and reporting		18 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Proper use of restriction and exclusion		19 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Written procedures for responding to vomiting and diarrheal events		20 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
		Good Hygienic Practices		21 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
6 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Proper eating, tasting, drinking, or tobacco products use		22 <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	
7 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		No discharge from eyes, nose, and mouth		23 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
		Preventing Contamination by Hands		24 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
8 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Hands clean and properly washed		25 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
9 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		No bare hand contact with RTE food or a pre-approved alternative procedure properly followed		26 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
10 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Adequate handwashing sinks, properly supplied/accessible		27 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
		Approved Source		28 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Food obtained from approved source		29 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Food received at proper temperature			
13 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Food in good condition, safe, and unadulterated			
14 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		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		Safe Food and Water		OUT	
30 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Pasteurized eggs used where required		43 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
31 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Water and ice from approved source		44 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
32 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Variance obtained for specialized processing methods		45 <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
		Food Temperature Control		46 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
33 <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Proper cooling methods used; adequate equipment for temperature control		47 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
34 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Plant food properly cooked for hot holding		48 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
35 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Approved thawing methods used		49 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
36 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Thermometers provided and accurate			
		Food Identification		Physical Facilities	
37 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Food properly labeled; original container		50 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
		Prevention of Food Contamination		51 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
38 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Insects, rodents, and animals not present		52 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
39 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Contamination prevented during food preparation, storage & display		53 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
40 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Personal cleanliness		54 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
41 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Wiping cloths: properly used and stored		55 <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
42 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Washing fruits and vegetables		56 <input type="radio"/> <input type="radio"/> <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>Cynthia McCarty</u>		Date <u>5/8/25</u>		Violations documented	
Person in Charge (Printed) <u>Cynthia McCarty</u>				Date corrections due	
Inspector (Signature) <u>Denise Payne</u>		Date <u>5/8/25</u>		#	
Inspector (Printed) <u>Denise Payne</u>				Priority Item Violations <u>3 days COS</u> <u>1</u>	
				Priority Foundation Item Violations <u>10 days</u> <u>1</u>	
				Core Item Violations <u>90 days</u> <u>5</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>3</u>	
				Requires Reinspection - check box if you intend to reinspect <u>10 days</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 5/8/25

Establishment Dunkin Donuts

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Egg	38F	No Hot Holding		Quatt @ 3 Bay	300 ppm
Sausage	38F	@ this time		Hot Water Kitchen	134F
Cream cheese	36F				
Cream cheese pkt	38F				
Almond milk	39F	27F Hashbrown			
1/2 + 1/2	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.
	Good storage coffee spoons. → Discussed w/manager via phone
2C	No Certified food prot. manager onsite - No Hot holding Staff (Shift worker) Knowledgeable & cooperative
55C	Floors unclear (Sticky)
15C	Multiple boxes of bagels in freezer uncovered/open
55C	1/2 door to gas station damaged, not smooth + cleanable.
33PF	(2) drawer freezer drawer (cooler?) Not maintaining Temperature
22P	Eggs 49F - 52F / Chicken Wraps 60F Discarded (COS) Spoke w/manager via phone; service call to be made.
45C	Filters front service + rear service counter not inverted / protected. (COS)
~	Additional cleaning for ice bin handle and spray nozzle head

\*Stickers on product in Walkin - Old sticker still on bin looks like an attempt to remove but still on bin. New Sticker on lid prep today discard on the 10<sup>th</sup> - but product not accurate. Shift leader will correct.

Repeat Violations from last inspection

~ Discussed shared Dumpster → Shared responsibility to keep closed.

Person in Charge (Signature) Cynthia McLaughlin


Date

Inspector (Signature) Denise Payne

Date 5/8/25



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>5/6/25</b>
Establishment <b>Dunkin Donuts</b>		Time In <b>1:00</b> AM/PM Time Out <b>2:30</b> AM/PM
Address <b>443 Hartford Rd.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Tracy Neves</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"/>	<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 checked="" type="checkbox"/>	<input checked="" 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input 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"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>
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# Food Establishment Inspection Report

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 5/6/25

Establishment Dunkin Donuts (Hartford Road) Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cold prep sausage	41 F	hot hold sausage	142 F	quat bucket	40 ppm
egg	41 F	egg	136 F	hand sink	98 F
2 door reach in egg	38 F			customer bathroom	96 F
turkey sausage	41 F				
WIC butter	41 F				
sliced cheese	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.
10F, 2C	no person in charge, no CFM on site * <sup>Staff not</sup> knowledgeable
15C	bagels by toaster not protected
43C	spoons in stagnant water
45C	coffee filters not protected over coffee machine in back
48PF	no test strips available. No staff could locate.
	no hot holding to occur at this time.
*	Re-train all staff and provide documentation w/ in 30 days
*	A CFM must be on site at <u>ALL TIMES</u> to operate.
	Sign up more employees for ServSafe or schedule accordingly.
NOTE	monitor caulking behind 3-bay. Replace / clean as needed
	Discussed employee storage, food shall be separated + labeled.
	New sanitizer system installed this day. Locate test strips.
	Discussed proper scoop storage. Handles up in all
	containers and ice wells / machines.

Person in Charge (Signature)

Date

5/6/2025


Inspector (Signature)

Date

5/6/25



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>5/28/2025</u>	
Establishment <u>Gong Cha</u>				Time In <u>12</u> AM/PM Time Out <u>12:30</u> AM/PM	
Address <u>194 Buckland Hills Dr. #5536</u>				LHD <u>Manchester</u>	
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder <u>Venkata</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																				
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	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"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/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"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<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 disposition of returned, previously served, reconditioned, and unsafe food							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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<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 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"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures Compliance with variance/specialized process/ROP criteria/HACCP Plan						
Written procedures for responding to vomiting and diarrheal events																				
Good Hygienic Practices							GOOD RETAIL PRACTICES													
6	<input type="checkbox"/>	<input type="checkbox"/>	<input 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.													
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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													
Proper eating, tasting, drinking, or tobacco products use							Safe Food and Water						Proper Use of Utensils							
8	<input 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"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth							Pasteurized eggs used where required							In-use utensils: properly stored						
							Water and ice from approved source							Utensils/equipment/linens: properly stored, dried, & handled						
							Adequate handwashing sinks, properly supplied/accessible							Single-use/single-service articles: properly stored & used						
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"/>	33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<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"/>
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						
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	48	<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						
13	<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"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated							Approved thawing methods used							Non-food contact surfaces clean						
14	<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"/>	Physical Facilities						
Required records available: molluscan shellfish identification, parasite destruction							Thermometers provided and accurate													
							Food Identification							50 <input type="checkbox"/> Hot and cold water available; adequate pressure						
							Prevention of Food Contamination							51 <input type="checkbox"/> Plumbing installed; proper backflow devices						
							37 <input checked="" type="checkbox"/> Food properly labeled; original container							52 <input type="checkbox"/> Sewage and waste water properly disposed						
							38 <input type="checkbox"/> Insects, rodents, and animals not present							53 <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean						
							39 <input type="checkbox"/> Contamination prevented during food preparation, storage & display							54 <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained						
							40 <input type="checkbox"/> Personal cleanliness							55 <input type="checkbox"/> Physical facilities installed, maintained, and clean						
							41 <input type="checkbox"/> Wiping cloths: properly used and stored							56 <input type="checkbox"/> Adequate ventilation and lighting; designated areas used						
							42 <input type="checkbox"/> Washing fruits and vegetables							<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>Anu</u> Date <u>5/28/25</u>						Violations documented						Date corrections due								
Person in Charge (Printed) <u>Anu</u>						Priority Item Violations						=								
Inspector (Signature) <u>Lauren Grandy</u> Date <u>5/28/25</u>						Priority Foundation Item Violations						=								
Inspector (Printed) <u>Lauren Grandy</u>						Core Item Violations						8/28/25								
						Risk Factor/Public Health Intervention Violations						1								
						Repeat Risk Factor/Public Health Intervention Violations						1								
						Good Retail Practices Violations						1								
						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.																				



Page 2 of 2

Date 5/28/2025


## TEMPERATURE OBSERVATIONS

[illegible]

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.

Person in Charge (Signature) <i>Sam.</i>	Date <i>5/28/2025</i>
Inspector (Signature) <i>L. Brady</i>	Date <i>5/28/2025</i>



Risk Category: <u>1</u>	<b>Food Establishment Inspection Report</b>		Page 1 of <u>2</u>																																																																																																
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Address <u>BA - 15609</u>		Purpose of Inspection: <u>Routine</u> Pre-op _____																																																																																																	
Town/City <u>Manchester</u>		Reinspection _____ Other _____																																																																																																	
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## Page 2 of 2

Inspection Report Continuation Sheet

Date 5/13/25

Establishment ICE CREAM DREAM

Town Manchester

[illegible]

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.
	Pre-packaged icecream.
	Fridgaire, Whirlpool, Whirlpool
	Fridgaire not commercial - back up unit needs to be commercial
	Area on chest support bare wood - seal so non-absorbant
	wifi thermst, phone notification
	Stored at home
	Generator on truck
	Truck Clean + Orderly

**Person in Charge (Signature)**

Laura Louke

Date 5/13/2025

Inspector (Signature)

D Haynes

Date 5/13/25



Risk Category: <u>3</u> <u>Food</u> <u>Establishment</u> <u>Inspection</u> <u>Report</u>		Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <u>5/6/25</u>	
Establishment <u>La Plazita Del Mofongo</u>		Time In <u>11:00</u> AM/PM Time Out <u>12:30</u> AM/PM	
Address <u>425 Broad St</u>		LHD <u>Manchester</u>	
Town/City <u>Manchester</u>		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	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	Pf/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"/>
Employee Health															
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"/>	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"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrhea events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices															
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands															
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold 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"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	P/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input checked="" 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"/>
Approved Source															
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"/>	Consumer Advisory							
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	Highly Susceptible Population							
14	<input checked="" 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"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Food/Color Additives and Toxic Substances															
								27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
								28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures															
								29	<input checked="" 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				
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"/>			
Food Temperature Control															
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"/>	Utensils and Equipment								
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"/>			
Food Identification															
37	<input checked="" 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"/>			
Prevention of Food Contamination															
38	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities								
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 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.															
Violations documented Date corrections due #															
Person in Charge (Signature) <u>JRM</u> Date <u>5-6-25</u> Priority Item Violations <u>COS</u> 1															
Person in Charge (Printed) <u>Jose Ramirez</u> Priority Foundation Item Violations <u>COS</u> 1															
Inspector (Signature) <u>Jose Ramirez</u> Date <u>5/6/25</u> Core Item Violations <u>8-6-25</u> 1															
Inspector (Printed) <u>Jose Ramirez</u> Risk Factor/Public Health Intervention Violations <u>2</u>															
Repeat Risk Factor/Public Health Intervention Violations <u>1</u>															
Good Retail Practices Violations <u>1</u>															
Requires Reinspection - check box if you intend to reinspect <input type="checkbox"/>															
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.															



Page 2 of 2

Inspection Report Continuation Sheet

Date 5/6/25

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Sandwich cold prep table		WIC Pastrami	36F	Hand sink kitchen	98F
cheese	36F	1 pork	37F	Hand sink customer BR	115F
salami	37F	2 door RIF ambient	-8F	Hand sink bar	100F
sliced tomatoes	37F			Chlorine bucket	50 ppm
2 door RIC chicken	38F				
1 steak	38F				
Warming cabinet rice	154F				
1 chicken	157F				

### 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 Squeeze bottles throughout
15P	eggs stored above RTE Foods in WIC COS
10PF	No Soap in customer Bathroom COS
Note	Good date marking throughout
Note	Discussed Proper hierarchy. RTE Foods → whole meats → ground meats → poultry on top on bottom
Note	overall clean & organized
Person in Charge (Signature)	Felix Mantinez Date 5-8-25
Inspector (Signature)	JM [signature] Date 5/6/25



Risk Category: 1		<b>Food Establishment Inspection Report</b>		Page 1 of 2	
Establishment type: <u>Permanent</u> Temporary Mobile Other			Date: <u>5-19-25</u>		
Establishment <u>LAXIMI Exxon</u>			Time In <u>12</u> AM/PM Time Out <u>AM/PM</u>		
Address <u>330 Tolland Tpk</u>			LHD <u>Manchester</u>		
Town/City <u>Manchester</u>			Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder			Reinspection Other <u>New license</u>		
<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					
IN	OUT	N/A	N/O	V	COS R
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>
Supervision					
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>
Employee Health					
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>
Good Hygienic Practices					
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/C	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>
Preventing Contamination by Hands					
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>
Approved Source					
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>
<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	V	COS R	
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>
31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>
Safe Food and Water					
33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>
Food Temperature Control					
37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>
Food Identification					
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>
39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>
41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>
42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>
Prevention of Food Contamination					
43	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>
44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>
45	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/C	<input type="radio"/>
46	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>
Proper Use of Utensils					
47	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>
48	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>
49	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>
Utensils and Equipment					
50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>
51	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>
52	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>
53	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>
54	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>
55	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>
56	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>
Physical Facilities					
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					
Permit Holder shall notify customers that a copy of the most recent inspection report is available. Person in Charge (Signature) <u>Nilesh C. Lad</u> Date <u>5/19/25</u> Person in Charge (Printed) <u>NILESH C. LAD</u> Inspector (Signature) <u>Denise Payne</u> Date <u>5-19-25</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.					



# Food Establishment Inspection Report

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 5-19-25

Establishment Exxon Laxmi

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Pre-Licensing				Hot Water	115F

## 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	
	<p>Ceiling tiles need to extend to lights over coffee station.</p> <p>Remove cardboard (cut) in sugar station</p> <p>Sugar dispenser unclean - Label is worn</p> <p>Provide trash at Loto counter to keep food area clean</p> <p>Caulk hand sink at FRP</p> <p>FRP needs trim at top</p>
	<p>Discussed:</p> <p>Protect/invert coffee filters</p> <p>Cabinet shelves - cover or remove ext cord + clean</p> <p>Thermometer, probe wipes, Chlorine test strips present</p> <p>Hanging thermometer - to be delivered today - hang @ milk cooler so visible</p> <p>Reviewed Sanitizer + paper towel for coffee station</p> <p>New spray bottle (fill from 3 Bay / 50-100ppm Chlorine)</p> <p>Label Sanitizer</p> <p>Do not use wet towels not stored in a Sanitizer bucket.</p>

Address Above - OK to begin operating. License Provided

Health Dpt. follow up - 2 weeks to confirm above

Person in Charge (Signature)

Date 5/19/25


Inspector (Signature)

Denise Payne

Date 5-19-25



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>4/25/25</u>	
Establishment <u>Macc Kitchens</u>				Time In <u>1130</u> AM/PM Time Out <u>1240</u> AM/PM	
Address <u>466 Main St</u>				LHD <u>Manchester</u>	
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder _____				Reinspection <u>Other</u> <u>New CFPM</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 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>								<b>Time/Temperature Control for Safety</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 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"/>								
<b>Good Hygienic Practices</b>								<b>Consumer Advisory</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"/>	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 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"/>	Highly Susceptible Population											
<b>Preventing Contamination by Hands</b>								<b>Food/Color Additives and Toxic Substances</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"/>	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"/>	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"/>	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"/>	Adequate handwashing sinks, properly supplied/accessable	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Conformance with Approved Procedures</b>															
<b>Approved Source</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"/>								
<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"/>	<b>GOOD RETAIL PRACTICES</b>															
<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"/>	<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>															
<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"/>	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															
<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"/>	OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	N/A	N/O	Proper Use of Utensils	V	COS	R		
<b>Good Retail Practices</b>								<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"/>	In-use utensils: properly stored	C	<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	Pf/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"/>	<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"/>	<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"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<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"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food Temperature Control</b>								<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"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/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"/>	<b>Utensils and Equipment</b>								
<b>Food Identification</b>								<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"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	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"/>	<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>Prevention of Food Contamination</b>								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	Hot and cold water available; adequate pressure	Pf	<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"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<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"/>		
<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"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<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"/>	Wiping cloths: properly used and stored	C	<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"/>	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"/>	Washing fruits and vegetables	P/Pf/C	<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"/>	<b>Violations documented</b>				<b>Date corrections due</b>				
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																Priority Item Violations				10 days			
Person in Charge (Signature) <u>CTACI BELSTLER</u> Date <u>4/25/25</u>																Priority Foundation Item Violations				1			
Person in Charge (Printed) <u>CTACI BELSTLER</u>																Core Item Violations				6			
Inspector (Signature) <u>Denise Payne</u> Date <u>4/25/25</u>																Risk Factor/Public Health Intervention Violations				2			
Inspector (Printed) <u>Denise Payne</u>																Repeat Risk Factor/Public Health Intervention Violations				2			
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.																Good Retail Practices Violations				2			
																Requires Reinspection - check box if you intend to reinspect							



# Food Establishment Inspection Report

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 4/25/25

Establishment Macc Kitchen

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Sour cream	40F	Fish	170F	90°F Handsink	
butter	39F				
1/2 + 1/2	38F	Service 1130-1245pm			
Cole slaw - made today				Dishmachine	>160F
@ 50F, discard after lunch service. Time vs 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.
	New Manager - meeting during inspection
~	Sanitizer bucket @ 400ish * Add water 400 max corrected to 300ppm
	Retrain staff.
406C	Dishmachine test strips / temp. monitoring - min max thermometer Dishwasher
	Allergen statement + menu available
49C	Can opener unclear
55PF	Air duct wall board cracking - cover as previously discussed
	Discussed replacing spatulas when damaged
	Discussed Time vs Temp, Labels, discard vs. ice bath setup
	Cardboard as liner, removed L Provide process for approval
	Flour bin unopened - discussed scoop storage + label
	provide spec sheet on proposed bin for pre-approval
	Discussed Designated "Farm" boxes
49C	Gasket on WIC unclear
49C	Floors in WIC / unclear + repair
	Discussed outdoor dining setup & contacting Health, Zoning, Fire
	Dining room table service Now - No food packaging in dining room during service
	Do not use garbage bags for loose food (ie bread)
	Discussed Coke shelf in Walk-in cooler - not for food storage, not easily cleanable.
	open doors - discussed use of back door so Kitchen doors are closed (so that Flies do not enter)



Person in Charge (Signature) C. Green

Date 4/25/25

Inspector (Signature) Denise Payne

Date 4/25/25

d.payne@manchesterct.gov



Risk Category: <u>4</u>		<b>Food Establishment Inspection Report</b>		Page 1 of <u>2</u>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
Establishment type: <u>Permanent</u> Temporary Mobile Other _____			Date: <u>5-22-25</u>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Establishment <u>Manchester High School</u>			Time In <u>11</u> <u>AM</u> PM Time Out _____ AM/PM																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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Town/City <u>Manchester</u>			Purpose of Inspection: <u>Routine</u> Pre-op																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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<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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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<table border="1" style="width:100%"><thead><tr><th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th>Supervision</th><th>V</th><th>COS</th><th>R</th><th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th>Protection from Contamination</th><th>V</th><th>COS</th><th>R</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Person/Alternate Person in charge present, demonstrates knowledge and performs duties</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food separated and protected</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Certified Food Protection Manager for Classes 2, 3, &amp; 4</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food-contact surfaces: cleaned &amp; sanitized</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="8" style="text-align: center;"><b>Employee Health</b></td><td colspan="8" style="text-align: center;"><b>Time/Temperature Control for Safety</b></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Management, food employee and conditional employee; knowledge, responsibilities and reporting</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooking time and temperatures</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper use of restriction and exclusion</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper reheating procedures for hot holding</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Written procedures for responding to vomiting and diarrheal events</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooling time and temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="8" style="text-align: center;"><b>Good Hygienic Practices</b></td><td colspan="8" style="text-align: center;"><b>Consumer Advisory</b></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper eating, tasting, drinking, or tobacco products use</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Consumer advisory provided: raw/undercooked food</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No discharge from eyes, nose, and mouth</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="4" style="text-align: center;"><b>Highly Susceptible Population</b></td></tr><tr><td colspan="8" style="text-align: center;"><b>Preventing Contamination by Hands</b></td><td colspan="8" style="text-align: center;"><b>Food/Color Additives and Toxic Substances</b></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Hands clean and properly washed</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food additives: approved and properly used</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No bare hand contact with RTE food or a pre-approved alternative procedure properly followed</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Toxic substances properly identified, stored &amp; used</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Adequate handwashing sinks, properly supplied/accessible</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="4" style="text-align: center;"><b>Conformance with Approved Procedures</b></td></tr><tr><td colspan="8" style="text-align: center;"><b>Approved Source</b></td><td colspan="8" style="text-align: center;"><b>Compliance with variance/specialized process/ROP criteria/HACCP Plan</b></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food obtained from approved source</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input 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type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Required records available: molluscan shellfish identification, parasite destruction</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="16" style="text-align: center;"><b>GOOD RETAIL PRACTICES</b></td></tr><tr><td colspan="16"><small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical 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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><td><input type="checkbox"/></td><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><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><td><input type="checkbox"/></td><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 colspan="12" style="text-align: center;"><b>Food Temperature Control</b></td><td colspan="2" style="text-align: center;"><b>Utensils and Equipment</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><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Plant food properly cooked for hot holding</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input 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><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Non-food contact surfaces clean</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><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><td><input type="checkbox"/></td><td colspan="5" style="text-align: center;"><b>Physical Facilities</b></td></tr><tr><td colspan="12" style="text-align: center;"><b>Food Identification</b></td><td colspan="2" style="text-align: center;"><b>Hot and cold water available; adequate pressure</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><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="12" style="text-align: center;"><b>Prevention of Food Contamination</b></td><td colspan="2" style="text-align: center;"><b>Plumbing installed; proper backflow devices</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><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></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><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></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><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></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><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></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><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="16">Permit Holder shall notify customers that a copy of the most recent inspection report is available.</td></tr><tr><td colspan="16"><table border="1" style="width:100%"><tbody><tr><td>Person in Charge (Signature) <u>Bigel Mazzetta</u></td><td>Date <u>5/20/25</u></td></tr><tr><td>Person in Charge (Printed) <u>Bigel Mazzetta</u></td><td></td></tr><tr><td>Inspector (Signature) <u>Denise Payne</u></td><td>Date <u>5/20/25</u></td></tr><tr><td>Inspector (Printed) <u>Denise Payne</u></td><td></td></tr></tbody></table></td></tr><tr><td colspan="16"><table border="1" style="width:100%"><thead><tr><th>Violations documented</th><th>Date corrections due</th><th>#</th></tr></thead><tbody><tr><td>Priority Item Violations</td><td><u>ASAP / 3 days</u></td><td><u>0</u></td></tr><tr><td>Priority Foundation Item Violations</td><td><u>ASAP - 10 days</u></td><td><u>1</u></td></tr><tr><td>Core Item Violations</td><td></td><td></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></td></tr><tr><td>Good Retail Practices Violations</td><td></td><td></td></tr><tr><td colspan="3">Requires Reinspection - check box if you intend to reinspect</td></tr></tbody></table></td></tr><tr><td colspan="16">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.</td></tr></tbody></table></td></tr></tbody></table>						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 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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"/>	<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"/>	<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																<table border="1" style="width:100%"><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><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><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><td><input type="checkbox"/></td><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><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><td><input type="checkbox"/></td><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><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><td><input type="checkbox"/></td><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 colspan="12" style="text-align: center;"><b>Food Temperature Control</b></td><td colspan="2" style="text-align: center;"><b>Utensils and Equipment</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><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Plant food properly cooked for hot holding</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input 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><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Non-food contact surfaces clean</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><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><td><input type="checkbox"/></td><td colspan="5" style="text-align: center;"><b>Physical Facilities</b></td></tr><tr><td colspan="12" style="text-align: center;"><b>Food Identification</b></td><td colspan="2" style="text-align: center;"><b>Hot and cold water available; adequate pressure</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><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="12" style="text-align: center;"><b>Prevention of Food Contamination</b></td><td colspan="2" style="text-align: center;"><b>Plumbing installed; proper backflow devices</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><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></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><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></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><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></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><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></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><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="16">Permit Holder shall notify customers that a copy of the most recent inspection report is available.</td></tr><tr><td colspan="16"><table border="1" style="width:100%"><tbody><tr><td>Person in Charge (Signature) <u>Bigel Mazzetta</u></td><td>Date <u>5/20/25</u></td></tr><tr><td>Person in Charge 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colspan="16">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.</td></tr></tbody></table>																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"/>	<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"/>	<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"/>	<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>		<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"/>	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"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	Non-food contact surfaces clean	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"/>	<b>Physical Facilities</b>					<b>Food Identification</b>												<b>Hot and cold water available; adequate pressure</b>		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Prevention of Food Contamination</b>												<b>Plumbing installed; proper backflow devices</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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<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	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"/>	Permit Holder shall notify customers that a copy of the most recent 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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>								<b>Time/Temperature Control for Safety</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 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"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
<b>Good Hygienic Practices</b>								<b>Consumer Advisory</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"/>	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 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"/>	<b>Highly Susceptible Population</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
<b>Preventing Contamination by Hands</b>								<b>Food/Color Additives and Toxic Substances</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"/>	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"/>	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"/>	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"/>	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"/>	<b>Conformance with Approved Procedures</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
<b>Approved Source</b>								<b>Compliance with variance/specialized process/ROP criteria/HACCP Plan</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"/>	<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 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	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"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
<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"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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handled</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>Variance obtained for specialized processing methods</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><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 colspan="12" style="text-align: center;"><b>Food Temperature Control</b></td><td colspan="2" style="text-align: center;"><b>Utensils and Equipment</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><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Plant food properly cooked for hot holding</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input 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><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Non-food contact surfaces clean</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><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><td><input type="checkbox"/></td><td colspan="5" style="text-align: center;"><b>Physical Facilities</b></td></tr><tr><td colspan="12" style="text-align: center;"><b>Food Identification</b></td><td colspan="2" style="text-align: center;"><b>Hot and cold water available; adequate pressure</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><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="12" style="text-align: center;"><b>Prevention of Food Contamination</b></td><td colspan="2" style="text-align: center;"><b>Plumbing installed; proper backflow devices</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><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></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><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></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><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></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><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></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><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="16">Permit Holder shall notify customers that a copy of the most recent inspection report is available.</td></tr><tr><td colspan="16"><table border="1" style="width:100%"><tbody><tr><td>Person in Charge (Signature) <u>Bigel Mazzetta</u></td><td>Date <u>5/20/25</u></td></tr><tr><td>Person in Charge (Printed) <u>Bigel Mazzetta</u></td><td></td></tr><tr><td>Inspector (Signature) <u>Denise Payne</u></td><td>Date <u>5/20/25</u></td></tr><tr><td>Inspector (Printed) <u>Denise Payne</u></td><td></td></tr></tbody></table></td></tr><tr><td colspan="16"><table border="1" style="width:100%"><thead><tr><th>Violations documented</th><th>Date corrections due</th><th>#</th></tr></thead><tbody><tr><td>Priority Item Violations</td><td><u>ASAP / 3 days</u></td><td><u>0</u></td></tr><tr><td>Priority Foundation Item Violations</td><td><u>ASAP - 10 days</u></td><td><u>1</u></td></tr><tr><td>Core Item Violations</td><td></td><td></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></td></tr><tr><td>Good Retail Practices Violations</td><td></td><td></td></tr><tr><td colspan="3">Requires Reinspection - check box if you intend to reinspect</td></tr></tbody></table></td></tr><tr><td colspan="16">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.</td></tr></tbody></table>																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"/>	<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"/>	<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"/>	<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>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; 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<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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*See note*



# Food Establishment Inspection Report

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 5/20/25

Establishment Manchester High School Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Chicken	136F	Choc. milk	37F	Hot Water	111F
Gen Tso Chicken	150F				
Chicken	138F			Dish Machine	7160F
Calzone	142F				
Chicken nugget	141F	Chicken nugget	141F		
Halal Chicken	146F	1/2 and 1/2	37F		
Chicken breast	139F				
Fajita	157F				

## 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	
16PF	3 bay sink - low sanitizing Drain + Adjust * School no longer manually washing. Everything get run thru Dish Machine Kitchen Very Orderly! - Remove Sanitizer label

## MAINTANANCE for Summer

Dry storage - replace small ceiling piece - Washable  
Damaged ceiling tiles over windows Washable  
Hoods - Baffle gaps  
Floors under Market Force / WIF



Person in Charge (Signature) [Signature]

Date 5/20/25

Inspector (Signature) Denise Payne

Date 5/20/25



Risk Category: <u>4</u>	<b>Food Establishment Inspection Report</b>		Page 1 of <u>2</u>												
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <u>5/7/25</u>													
Establishment <u>Manchester Rehab</u>		Time In <u>12:45 AM/PM</u> Time Out <u>AM/PM</u>													
Address <u>385 W. Center St.</u>		LHD <u>Manchester</u>													
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op													
Permit Holder		Reinspection Other													
<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	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
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>				17				Proper disposition of returned, previously served, reconditioned, and unsafe food	P		
3				Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf			<b>Time/Temperature Control for Safety</b>							
4				Proper use of restriction and exclusion	P			18				Proper cooking time and temperatures	P/Pf/C		
5				Written procedures for responding to vomiting and diarrheal events	Pf			19				Proper reheating procedures for hot holding	P		
				<b>Good Hygienic Practices</b>				20				Proper cooling time and temperatures	P		
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>				23				Proper date marking and disposition	P/Pf		
8				Hands clean and properly washed	P/Pf			24				Time as a public health control: procedures and records	P/Pf/C		
9				No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C			<b>Consumer Advisory</b>							
10				Adequate handwashing sinks, properly supplied/accessible	Pf/C			25				Consumer advisory provided: raw/undercooked food	Pf		
				<b>Approved Source</b>				<b>Highly Susceptible Population</b>							
11				Food obtained from approved source	P/Pf/C			26				Pasteurized foods used; prohibited foods not offered	P/C		
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			27				Food additives: approved and properly used	P		
14				Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C			28				Toxic substances properly identified, stored & used	P/Pf/C		
				<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>				29				Compliance with variance/specialized process/ROP criteria/HACCP Plan	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											
OUT	N/A	N/O		<b>Safe Food and Water</b>	V	COS	R	OUT				<b>Proper Use of Utensils</b>	V	COS	R
30				Pasteurized eggs used where required	P			43				In-use utensils: properly stored	C		
31				Water and ice from approved source	P/Pf/C			44				Utensils/equipment/linens: properly stored, dried, & handled	Pf/C		
32				Variance obtained for specialized processing methods	Pf			45				Single-use/single-service articles: properly stored & used	P/C		
				<b>Food Temperature Control</b>				46				Gloves used properly	C		
33				Proper cooling methods used; adequate equipment for temperature control	Pf/C			<b>Utensils and Equipment</b>							
34				Plant food properly cooked for hot holding	Pf			47				Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C		
35				Approved thawing methods used	Pf/C			48				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C		
36				Thermometers provided and accurate	Pf/C			49				Non-food contact surfaces clean	C		
				<b>Food Identification</b>				<b>Physical Facilities</b>							
37				Food properly labeled; original container	Pf/C			50				Hot and cold water available; adequate pressure	Pf		
				<b>Prevention of Food Contamination</b>				51				Plumbing installed; proper backflow devices	P/Pf/C		
38				Insects, rodents, and animals not present	Pf/C			52				Sewage and waste water properly disposed	P/Pf/C		
39				Contamination prevented during food preparation, storage & display	P/Pf/C			53				Toilet facilities: properly constructed, supplied, & clean	Pf/C		
40				Personal cleanliness	Pf/C			54				Garbage and refuse properly disposed; facilities maintained	C		
41				Wiping cloths: properly used and stored	C			55				Physical facilities installed, maintained, and clean	P/Pf/C		
42				Washing fruits and vegetables	P/Pf/C			56				Adequate ventilation and lighting; designated areas used	C		
				Permit Holder shall notify customers that a copy of the most recent inspection report is available.				<b>Violations documented</b>							
				Person in Charge (Signature) <u>[Signature]</u> Date <u>5/7/25</u>				<b>Date corrections due</b>							
				Person in Charge (Printed) <u>Stephanie Laplante</u>				<b>#</b>							
				Inspector (Signature) <u>Katelynn Person</u> Date <u>5/7/25</u>				Priority Item Violations							
				Inspector (Printed) <u>Katelynn Person</u>				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.															



Page 2 of 2

Date 5/7/25

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2-Door reach in				handsink	120 F
sliced cheese	41 F			quat bucket	200ppm
raw burger	41 F			dishmachine	7160 F
milk cooler	40 F				
WIC cheese	39 F				
bacon	38 F				

Item	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of
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Steph - CFPM on site

Discussed new process for cleaning drains. Nightly, foam spray. 1x week deep clean. Immense improvement of drain flies.

Discussed emergency supply. All set!


Test strips and thermometers available

No violations observed!  
very clean and organized!

Date 5/7/25

Date 5/7/25




Risk Category: <b>1</b>	<b>Food Establishment Inspection Report</b>		Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other		Date: <b>5-2-25</b>	
Establishment <b>Mothers Moss</b>		Time In <b>11</b> <b>AM/PM</b> Time Out <b>AM/PM</b>	
Address <b>382 Hartford Road</b>		LHD <b>Manchester</b>	
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <b>M. Johnson</b>		Reinspection Other <b>30 day</b>	
<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			
IN OUT N/A N/O	Supervision	V COS R	IN OUT N/A N/O
1 <input type="radio"/> <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"/> <input type="radio"/>	15 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
2 <input type="radio"/> <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"/> <input type="radio"/>	16 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Employee Health			17 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
3 <input type="radio"/> <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"/> <input type="radio"/>	18 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Proper use of restriction and exclusion	P <input type="radio"/> <input type="radio"/> <input type="radio"/>	19 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
5 <input type="radio"/> <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"/> <input type="radio"/>	20 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Good Hygienic Practices			21 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
6 <input type="radio"/> <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"/> <input type="radio"/>	22 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
7 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	No discharge from eyes, nose, and mouth	C <input type="radio"/> <input type="radio"/> <input type="radio"/>	23 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Preventing Contamination by Hands			24 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
8 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Hands clean and properly washed	P/Pf <input type="radio"/> <input type="radio"/> <input type="radio"/>	25 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
9 <input type="radio"/> <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"/> <input type="radio"/>	26 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
10 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C <input type="radio"/> <input type="radio"/> <input type="radio"/>	27 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Approved Source			28 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Food obtained from approved source	P/Pf/C <input type="radio"/> <input type="radio"/> <input type="radio"/>	29 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Food received at proper temperature	P/Pf <input type="radio"/> <input type="radio"/> <input type="radio"/>	
13 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Food in good condition, safe, and unadulterated	P/Pf <input type="radio"/> <input type="radio"/> <input type="radio"/>	
14 <input type="radio"/> <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"/> <input type="radio"/>	
<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
30 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Pasteurized eggs used where required	P <input type="radio"/> <input type="radio"/> <input type="radio"/>	43 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
31 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Water and ice from approved source	P/Pf/C <input type="radio"/> <input type="radio"/> <input type="radio"/>	44 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
32 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Variance obtained for specialized processing methods	Pf <input type="radio"/> <input type="radio"/> <input type="radio"/>	45 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Food Temperature Control			46 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
33 <input type="radio"/> <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"/> <input type="radio"/>	47 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
34 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Plant food properly cooked for hot holding	Pf <input type="radio"/> <input type="radio"/> <input type="radio"/>	48 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
35 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Approved thawing methods used	Pf/C <input type="radio"/> <input type="radio"/> <input type="radio"/>	49 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
36 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Thermometers provided and accurate	Pf/C <input type="radio"/> <input type="radio"/> <input type="radio"/>	
Food Identification			
37 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Food properly labeled; original container	Pf/C <input type="radio"/> <input type="radio"/> <input type="radio"/>	
Prevention of Food Contamination			
38 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Insects, rodents, and animals not present	Pf/C <input type="radio"/> <input type="radio"/> <input type="radio"/>	
39 <input type="radio"/> <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"/> <input type="radio"/>	
40 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Personal cleanliness	Pf/C <input type="radio"/> <input type="radio"/> <input type="radio"/>	
41 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Wiping cloths: properly used and stored	C <input type="radio"/> <input type="radio"/> <input type="radio"/>	
42 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Washing fruits and vegetables	P/Pf/C <input type="radio"/> <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) <b>[Signature]</b> Date <b>5/2/25</b>		Violations documented	
Person in Charge (Printed) <b>Michael Johnson</b>		Date corrections due	
Inspector (Signature) <b>[Signature]</b> Date <b>5/2/25</b>		#	
Inspector (Printed) <b>Denise Payne</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	
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 page 2







Risk Category: <u>2</u>		<b>Food Establishment Inspection Report</b>		Page 1 of <u>2</u>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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<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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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&amp; 4</td><td>C</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><td>Food-contact surfaces: cleaned &amp; sanitized</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="4"><b>Employee Health</b></td><td colspan="4"><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>Management, food employee and conditional employee; knowledge, responsibilities and reporting</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>17</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper disposition of returned, previously served, reconditioned, and unsafe food</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>4</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper use of restriction and exclusion</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>18</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooking time and temperatures</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>5</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Written procedures for responding to vomiting and diarrheal events</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>19</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper reheating procedures for hot holding</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="4"><b>Good Hygienic Practices</b></td><td colspan="4"><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>Proper eating, tasting, drinking, or tobacco products use</td><td>P/C</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><td>Proper cooling time and temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>7</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No discharge from eyes, nose, and mouth</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>21</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper hot holding temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="4"><b>Preventing Contamination by Hands</b></td><td colspan="4"><b>Time as a public health control: procedures and records</b></td></tr><tr><td>8</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Hands clean and properly washed</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>22</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cold holding temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>9</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No bare hand contact with RTE food or a pre-approved alternative procedure properly followed</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>23</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper date marking and disposition</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>10</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Adequate handwashing sinks, properly supplied/accessible</td><td>Pf/C</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><td>Time as a public health control: procedures and records</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="4"><b>Approved Source</b></td><td colspan="4"><b>Highly Susceptible Population</b></td></tr><tr><td>11</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food obtained from approved source</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>25</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Consumer advisory provided: raw/undercooked food</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>12</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food received at proper temperature</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>26</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pasteurized foods used; prohibited foods not offered</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>13</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food in good condition, safe, and unadulterated</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="7"><b>Food/Color Additives and Toxic Substances</b></td></tr><tr><td>14</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Required records available: molluscan shellfish identification, parasite destruction</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>27</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food additives: approved and properly used</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="4"><b>GOOD RETAIL PRACTICES</b></td><td colspan="4"><b>Conformance with Approved Procedures</b></td></tr><tr><td colspan="4"><small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small></td><td colspan="4"><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</small></td></tr><tr><td colspan="4"><table border="1" style="width:100%"><thead><tr><th>OUT</th><th>N/A</th><th>N/O</th><th>V</th><th>COS</th><th>R</th></tr></thead><tbody><tr><td>30</td><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><td>43</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><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>31</td><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><td>44</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><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>32</td><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><td>45</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><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 colspan="4"><b>Food Temperature Control</b></td><td colspan="4"><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>Proper cooling methods used; adequate equipment for temperature control</td><td>Pf/C</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><td>Gloves used properly</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>34</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Plant food properly cooked for hot holding</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>47</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>35</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Approved thawing methods used</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>48</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>36</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Thermometers provided and accurate</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>49</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Non-food contact surfaces clean</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="4"><b>Food Identification</b></td><td colspan="4"><b>Physical Facilities</b></td></tr><tr><td>37</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food properly labeled; original container</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>50</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Hot and cold water available; adequate pressure</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="4"><b>Prevention of Food Contamination</b></td><td colspan="4"><b>Plumbing installed; proper backflow devices</b></td></tr><tr><td>38</td><td><input 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><td>51</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Sewage and waste water properly disposed</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>39</td><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><td>52</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><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>40</td><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><td>53</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Garbage and refuse properly disposed; facilities maintained</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>41</td><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><td>54</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Physical facilities installed, maintained, and clean</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>42</td><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><td>55</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Adequate ventilation and lighting; designated areas used</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="4"><b>Violations documented</b></td><td colspan="4"><b>Date corrections due</b></td></tr><tr><td colspan="4">Priority Item Violations</td><td colspan="4">#</td></tr><tr><td colspan="4">Priority Foundation Item Violations</td><td colspan="4"></td></tr><tr><td colspan="4">Core Item Violations</td><td colspan="4"></td></tr><tr><td colspan="4">Risk Factor/Public Health Intervention Violations</td><td colspan="4"></td></tr><tr><td colspan="4">Repeat Risk Factor/Public Health Intervention Violations</td><td colspan="4"></td></tr><tr><td colspan="4">Good Retail Practices Violations</td><td colspan="4"></td></tr><tr><td colspan="4">Requires Reinspection - check box if you intend to reinspect</td><td colspan="4"></td></tr></tbody></table></td></tr><tr><td colspan="6">Permit Holder shall notify customers that a copy of the most recent inspection report is available.</td></tr><tr><td colspan="6">Person in Charge (Signature) <u>Teri Donnelly</u> Date <u>5/6/25</u></td></tr><tr><td colspan="6">Person in Charge (Printed) <u>Teri Donnelly</u></td></tr><tr><td colspan="6">Inspector (Signature) <u>Denise Payne</u> Date <u>5/6/25</u></td></tr><tr><td colspan="6">Inspector (Printed) <u>Denise Payne</u></td></tr><tr><td colspan="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 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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"/>	Proper cooling time and temperatures	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"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	<b>Preventing Contamination by Hands</b>				<b>Time as a public health control: procedures and records</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"/>	Proper cold 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"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<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"/>	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"/>	<b>Approved Source</b>				<b>Highly Susceptible Population</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"/>	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"/>	Food received at proper temperature	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"/>	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"/>	<b>Food/Color Additives and Toxic Substances</b>							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"/>	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>Conformance with Approved Procedures</b>				<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>				<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</small>				<table border="1" style="width:100%"><thead><tr><th>OUT</th><th>N/A</th><th>N/O</th><th>V</th><th>COS</th><th>R</th></tr></thead><tbody><tr><td>30</td><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><td>43</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><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>31</td><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><td>44</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><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>32</td><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><td>45</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><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 colspan="4"><b>Food Temperature Control</b></td><td colspan="4"><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>Proper cooling methods used; adequate equipment for temperature control</td><td>Pf/C</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><td>Gloves used properly</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>34</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Plant food properly cooked for hot holding</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>47</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>35</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Approved thawing methods used</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>48</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>36</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Thermometers provided and accurate</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>49</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Non-food contact surfaces clean</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="4"><b>Food Identification</b></td><td colspan="4"><b>Physical Facilities</b></td></tr><tr><td>37</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food properly labeled; original container</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>50</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Hot and cold water available; adequate pressure</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="4"><b>Prevention of Food Contamination</b></td><td colspan="4"><b>Plumbing installed; proper backflow devices</b></td></tr><tr><td>38</td><td><input 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><td>51</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Sewage and waste water properly disposed</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>39</td><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><td>52</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><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>40</td><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><td>53</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Garbage and refuse properly disposed; facilities maintained</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>41</td><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><td>54</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Physical facilities installed, maintained, and clean</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>42</td><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><td>55</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Adequate ventilation and lighting; designated areas used</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="4"><b>Violations documented</b></td><td colspan="4"><b>Date corrections due</b></td></tr><tr><td colspan="4">Priority Item Violations</td><td colspan="4">#</td></tr><tr><td colspan="4">Priority Foundation Item Violations</td><td colspan="4"></td></tr><tr><td colspan="4">Core Item Violations</td><td colspan="4"></td></tr><tr><td colspan="4">Risk Factor/Public Health Intervention Violations</td><td colspan="4"></td></tr><tr><td colspan="4">Repeat Risk Factor/Public Health Intervention Violations</td><td colspan="4"></td></tr><tr><td colspan="4">Good Retail Practices Violations</td><td colspan="4"></td></tr><tr><td colspan="4">Requires Reinspection - check box if you intend to reinspect</td><td colspan="4"></td></tr></tbody></table>				OUT	N/A	N/O	V	COS	R	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	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"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing 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devices</b>				38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	P/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<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"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<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"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<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"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	54	<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"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Violations documented</b>				<b>Date corrections due</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								Permit Holder shall notify customers that a copy of the most recent inspection report is available.						Person in Charge (Signature) <u>Teri Donnelly</u> Date <u>5/6/25</u>						Person in Charge (Printed) <u>Teri Donnelly</u>						Inspector (Signature) <u>Denise Payne</u> Date <u>5/6/25</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.					
Supervision				Protection from Contamination																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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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"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
<b>Approved Source</b>				<b>Highly Susceptible Population</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"/>	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"/>	Food received at proper temperature	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"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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"/>	<b>Food/Color Additives and Toxic Substances</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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"/>	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>Conformance with Approved Procedures</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>				<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</small>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
<table border="1" style="width:100%"><thead><tr><th>OUT</th><th>N/A</th><th>N/O</th><th>V</th><th>COS</th><th>R</th></tr></thead><tbody><tr><td>30</td><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><td>43</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><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>31</td><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><td>44</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><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>32</td><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><td>45</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><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 colspan="4"><b>Food Temperature Control</b></td><td colspan="4"><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>Proper cooling methods used; adequate equipment for temperature control</td><td>Pf/C</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><td>Gloves used properly</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>34</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Plant food properly cooked for hot holding</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>47</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>35</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Approved thawing methods used</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>48</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>36</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Thermometers provided and accurate</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>49</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Non-food contact surfaces clean</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="4"><b>Food Identification</b></td><td colspan="4"><b>Physical Facilities</b></td></tr><tr><td>37</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food properly labeled; original container</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>50</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Hot and cold water available; adequate pressure</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="4"><b>Prevention of Food Contamination</b></td><td colspan="4"><b>Plumbing installed; proper backflow devices</b></td></tr><tr><td>38</td><td><input 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><td>51</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Sewage and waste water properly disposed</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>39</td><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><td>52</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><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>40</td><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><td>53</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Garbage and refuse properly disposed; facilities maintained</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>41</td><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><td>54</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Physical facilities installed, maintained, and clean</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>42</td><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><td>55</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Adequate ventilation and lighting; designated areas used</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="4"><b>Violations documented</b></td><td colspan="4"><b>Date corrections due</b></td></tr><tr><td colspan="4">Priority Item Violations</td><td colspan="4">#</td></tr><tr><td colspan="4">Priority Foundation Item Violations</td><td colspan="4"></td></tr><tr><td colspan="4">Core Item Violations</td><td colspan="4"></td></tr><tr><td colspan="4">Risk Factor/Public Health Intervention Violations</td><td colspan="4"></td></tr><tr><td colspan="4">Repeat Risk Factor/Public Health Intervention Violations</td><td colspan="4"></td></tr><tr><td colspan="4">Good Retail Practices Violations</td><td colspan="4"></td></tr><tr><td colspan="4">Requires Reinspection - check box if you intend to reinspect</td><td colspan="4"></td></tr></tbody></table>				OUT	N/A	N/O	V	COS	R	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	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"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food Identification</b>				<b>Physical Facilities</b>				37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Prevention of Food Contamination</b>				<b>Plumbing installed; proper backflow devices</b>				38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	P/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<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"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<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"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<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"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	54	<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"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Violations documented</b>				<b>Date corrections due</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																																																																																																																																																																																																																																																																																																																																																						
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34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input 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"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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41	<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"/>	<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"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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see page 2



# Food Establishment Inspection Report

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 5/16/25

Establishment Oak St Pub

Town Manchester

## TEMPERATURE OBSERVATIONS


Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Butter	40	No hot foods.		Hot water	124F
Cheese	41	at this inspection			
KITCHEN CLEAN + Organized!				Sanitizer	200-300ppm

## 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.

Item Number	
mop sink	Owner; via phone call Plumber was to pull permit. Room + location has FRP and Mop sink FRP not installed properly - no screws. Should be adhered with adhesive + edging for FRP Faucet not present - provide escutcheons on water lines
38C	Doors open without screens Reach in Ambient at 40F No labels on RTE TCS foods (cheese) must have 7 days max * Faucet on 3 bay required Backs in Reach-in unclear or rusting (clean, repair or replace) Next inspection Violation + Discarding
* ~	New ice machine under bar - provide spec sheet Any changes to equipment requires pre approval (email HDP) Discussed (1) bay as a hand sink at bar. (1) bay as dump sink There should be a dedicated hand sink - create SOP for use of a dedicated hand sink. Wash dishes in Kitchen. Whirlpool fridge - Employee lunch/food relocated Uncut lemons/lemons
	Discussed Bleach (food safe) vs Cutting Tablets (Quat)
Person in Charge (Signature)	<u>Leri Donnelly</u>
Inspector (Signature)	<u>Denise Payne</u>
	Date <u>5/16/25</u>
	Date <u>5/16/25</u>



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>5-5-25</u>		
Establishment <u>Panda King</u>		Time In _____ AM/PM Time Out _____ AM/PM		
Address <u>575 Main St</u>		LHD <u>Manchester</u>		
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder		Reinspection Other		
<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	Supervision	V COS R	IN OUT N/A N/O Protection from Contamination	
1 <input type="radio"/> <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 type="radio"/> <input type="radio"/> <input type="radio"/> Food separated and protected	
2 <input type="radio"/> <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 type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Food-contact surfaces: cleaned & sanitized	
Employee Health			17 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Proper disposition of returned, previously served, reconditioned, and unsafe food	
3 <input type="radio"/> <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"/>	Time/Temperature Control for Safety	
4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Proper use of restriction and exclusion	P <input type="radio"/> <input type="radio"/>	18 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Proper cooking time and temperatures
5 <input type="radio"/> <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"/>	19 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Proper reheating procedures for hot holding
Good Hygienic Practices			20 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Proper cooling time and temperatures
6 <input type="radio"/> <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"/>	21 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Proper hot holding temperatures
7 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	No discharge from eyes, nose, and mouth	C <input type="radio"/> <input type="radio"/>	22 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Proper cold holding temperatures
Preventing Contamination by Hands			23 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Proper date marking and disposition
8 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Hands clean and properly washed	P/Pf <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
9 <input type="radio"/> <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"/>	Consumer Advisory	
10 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Adequate handwashing sinks, properly supplied/accessible	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
Approved Source			Highly Susceptible Population	
11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Food obtained from approved source	P/Pf/C <input type="radio"/> <input type="radio"/>	26 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Pasteurized foods used; prohibited foods not offered
12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Food received at proper temperature	P/Pf <input type="radio"/> <input type="radio"/>	Food/Color Additives and Toxic Substances	
13 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Food in good condition, safe, and unadulterated	P/Pf <input type="radio"/> <input type="radio"/>	27 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Food additives: approved and properly used
14 <input type="radio"/> <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"/>	28 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Toxic substances properly identified, stored & used
GOOD RETAIL PRACTICES			Conformance with Approved Procedures	
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>				
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation				
OUT N/A N/O	Safe Food and Water	V COS R	OUT Proper Use of Utensils	V COS R
30 <input type="radio"/> <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
31 <input type="radio"/> <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
32 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Variance obtained for specialized processing methods	Pf <input type="radio"/> <input type="radio"/>	45 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Single-use/single-service articles: properly stored & used
Food Temperature Control			46 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Gloves used properly
33 <input type="radio"/> <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"/>	Utensils and Equipment	
34 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Plant food properly cooked for hot holding	Pf <input type="radio"/> <input type="radio"/>	47 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used
35 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Approved thawing methods used	Pf/C <input type="radio"/> <input type="radio"/>	48 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available
36 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Thermometers provided and accurate	Pf/C <input type="radio"/> <input type="radio"/>	49 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Non-food contact surfaces clean
Food Identification			Physical Facilities	
37 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Food properly labeled; original container	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
Prevention of Food Contamination			51 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Plumbing installed; proper backflow devices
38 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Insects, rodents, and animals not present	Pf/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
39 <input type="radio"/> <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"/>	53 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Toilet facilities: properly constructed, supplied, & clean
40 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Personal cleanliness	Pf/C <input type="radio"/> <input type="radio"/>	54 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Garbage and refuse properly disposed; facilities maintained
41 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Wiping cloths: properly used and stored	C <input type="radio"/> <input type="radio"/>	55 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Physical facilities installed, maintained, and clean
42 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Washing fruits and vegetables	P/Pf/C <input type="radio"/> <input type="radio"/>	56 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	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) <u>Wenhai Chen</u>	Date <u>5/5/25</u>	Violations documented		Date corrections due
Person in Charge (Printed) <u>WENHAI CHEN (ERIC)</u>		Priority Item Violations		<u>7</u>
Inspector (Signature) <u>Denise Payne</u>	Date <u>5/5/25</u>	Priority Foundation Item Violations		<u>5</u>
Inspector (Printed) <u>Denise Payne</u>		Core Item Violations		<u>14</u>
		Risk Factor/Public Health Intervention Violations		<u>4</u>
		Repeat Risk Factor/Public Health Intervention Violations		<u>Yes</u>
		Good Retail Practices Violations		<u>9</u>
		Requires Reinspection - check box if you intend to reinspect		<u>See Note</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 3 of 3

LHD Manchester

Inspection Report Continuation Sheet

Date 5/5/25

Establishment Panda King

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
				Hot Water	111 F
				Chlorine bucket	50-100 ppm
				3 Bay chlorine	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.

- | 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. |
|-------------|--|
| 41PF        | Tongs stored on hand sink  |
| 45C         | Single use items reused/unclean discarded  |
| 37C         | No labeling of single use containers, buer bunchickensauce, etc  |
| 47C         | Menus used to line eggrolls on trays - not approved  |
| 55C         | Stagnant (Unclean) water on lowest shelf of Cold prep.   |
| 116P        | Improper manual washing @ 3 bay  |
|             | Process reviewed following WASH - Rinse - Sanitize   |
| 52C         | Single door R/I freezer with ice buildup - needs defrosting  |
| 116PF       | Interior Rice cookers with build-up  |
| 37P         | Sushi Rice card with time not acceptable → Sticker on holder + a log to match is Required  |
| 47C         | Cardboard under cookline - unclean/cant use as liner-cover   |
| 55C         | Basement - Carpet not removed under freezer chest  |
| 55C         | Boards/old Equipment to be removed   |
| ~           | Restaurant Dining room open.   |
| 49C         | Sushi station gaskets unclean  |
| 47C         | Paper towel wrapped fish - not approvable 70K for saran wrap   |
| ~           | "office" with food containers not approved space - relocate food   |
| 15P         | pass nesting in broccoli container with bowl used from chicken   |
|             | * Pot for crosscontamination*  |
|             | * Reviewed written response from last inspection - Repeat Violations   |
| 37C         | No Allergen Poster Visible * H/Dpt to provide  |

Person in Charge (Signature)

Wenhui Chen

Date 5/5/25

Inspector (Signature)

Denise Payne

Date 5/5/25



# Food Establishment Inspection Report

Page 2 of 3

LHD Manchester

Inspection Report Continuation Sheet

Date 5/5/25

Establishment Panda King

Town Manchester


## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
<del>Sushi bar</del>		2 door reach in		Chicken	41F
Salmon	38F	Chicken Finger	38F	Beef	40F
Tuna	36F	Milk	39F	Pork	41F
Tuna	37F	Shrimp	38F	* just to temp.	
Hot Holding		WIC			
Miso	176F	Wings	41F		
Wong Tong	178F	Pork	41F		
White Rice	158F	Egg rolls	40F		
Brown Rice	159F				

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
*Note	Walk in Cooler food items just @ 41F - discuss with service person.
33PF	Cold Prep on cookline - Service call made (1-2 hrs)
22P	Shrimp 47F, Shrimp 45F, Chicken 46F, Beef 45F, Chicken 46F, Pork cooked 50F, Pork Dumplings 48F, Chicken 48F
	→ All voluntarily discarded. (COS)
Note	Just fried chicken @ 90F / Egg rolls 143-157F > moved to WIC
~	Discussed making egg rolls + not piling them up, cook then roll more - keep dough + inside mix COLD.
*~	Thermometer on site. *Staff Not realizing 45F not OK
	Retrain staff with temperatures & how to monitor
	Sanitizer bucket @ 50-100 ppm / 3 bay @ 50-100 ppm
47P	Shopping bag with cut up meat in it - not approved (COS)
10PF	No paper towel at hand sinks - White cloths shared not approvable. Paper towel installed. (COS)
116P	Can opener blade unclear with buildup (dry)
47C	Using cardboard container + buckets as a table, not approved
10P	Hand sink by warewash / prep blocked, not usable. (COS)
47P	Reuse of #10 can not allowed. (COS) discarded
47C	Multiple bowls without handles as scoop, discard
55C	Floors, steps unclear going down stairs
55C	Ext. doors unclear including handles
55C	Walk in cooler floors/wall unclear Walk in freezer floors unclear
Person in Charge (Signature)	Wenhui <i>Wenhui</i>
Inspector (Signature)	Denise Payne <i>Denise Payne</i>
Date	5/5/25
Date	5/5/25



Risk Category: <u>2</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <u>5/28/2025</u>		Time In <u>11</u> AM/PM Time Out <u>12</u> AM/PM	
Establishment <u>PIA YA BOWIS</u>				LHD <u>Manchester</u>	
Address <u>1540 D Pleasant Valley Rd.</u>				Purpose of Inspection: <u>Routine</u> Pre-op	
Town/City <u>Manchester</u>				Reinspection Other	
Permit Holder <u>TUCKER BARTONE</u>					
<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		IN OUT N/A N/O	
1 <input checked="" type="checkbox"/>		Person/Alternate Person in charge present, demonstrates knowledge and performs duties		15 <input checked="" type="checkbox"/>	
2 <input checked="" type="checkbox"/>		Certified Food Protection Manager for Classes 2, 3, & 4		16 <input checked="" type="checkbox"/>	
3 <input checked="" type="checkbox"/>		Employee Health		17 <input checked="" type="checkbox"/>	
4 <input checked="" type="checkbox"/>		Management, food employee and conditional employee; knowledge, responsibilities and reporting		18 <input checked="" type="checkbox"/>	
5 <input checked="" type="checkbox"/>		Proper use of restriction and exclusion		19 <input checked="" type="checkbox"/>	
6 <input checked="" type="checkbox"/>		Written procedures for responding to vomiting and diarrheal events		20 <input checked="" type="checkbox"/>	
7 <input checked="" type="checkbox"/>		Good Hygienic Practices		21 <input checked="" type="checkbox"/>	
8 <input checked="" type="checkbox"/>		Proper eating, tasting, drinking, or tobacco products use		22 <input checked="" type="checkbox"/>	
9 <input checked="" type="checkbox"/>		No discharge from eyes, nose, and mouth		23 <input checked="" type="checkbox"/>	
10 <input checked="" type="checkbox"/>		Preventing Contamination by Hands		24 <input checked="" type="checkbox"/>	
11 <input checked="" type="checkbox"/>		Hands clean and properly washed		25 <input checked="" type="checkbox"/>	
12 <input checked="" type="checkbox"/>		No bare hand contact with RTE food or a pre-approved alternative procedure properly followed		26 <input checked="" type="checkbox"/>	
13 <input checked="" type="checkbox"/>		Adequate handwashing sinks, properly supplied/accessible		27 <input checked="" type="checkbox"/>	
14 <input checked="" type="checkbox"/>		Approved Source		28 <input checked="" type="checkbox"/>	
15 <input checked="" type="checkbox"/>		Food obtained from approved source		29 <input checked="" type="checkbox"/>	
16 <input checked="" type="checkbox"/>		Food received at proper temperature		30 <input checked="" type="checkbox"/>	
17 <input checked="" type="checkbox"/>		Food in good condition, safe, and unadulterated		31 <input checked="" type="checkbox"/>	
18 <input checked="" type="checkbox"/>		Required records available: molluscan shellfish identification, parasite destruction		32 <input checked="" type="checkbox"/>	
19 <input checked="" type="checkbox"/>		GOOD RETAIL PRACTICES		33 <input checked="" type="checkbox"/>	
20 <input checked="" type="checkbox"/>		Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		34 <input checked="" type="checkbox"/>	
21 <input checked="" 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		35 <input checked="" type="checkbox"/>	
22 <input checked="" type="checkbox"/>		OUT N/A N/O		36 <input checked="" type="checkbox"/>	
23 <input checked="" type="checkbox"/>		Safe Food and Water		37 <input checked="" type="checkbox"/>	
24 <input checked="" type="checkbox"/>		Pasteurized eggs used where required		38 <input checked="" type="checkbox"/>	
25 <input checked="" type="checkbox"/>		Water and ice from approved source		39 <input checked="" type="checkbox"/>	
26 <input checked="" type="checkbox"/>		Variance obtained for specialized processing methods		40 <input checked="" type="checkbox"/>	
27 <input checked="" type="checkbox"/>		Food Temperature Control		41 <input checked="" type="checkbox"/>	
28 <input checked="" type="checkbox"/>		Proper cooling methods used; adequate equipment for temperature control		42 <input checked="" type="checkbox"/>	
29 <input checked="" type="checkbox"/>		Plant food properly cooked for hot holding		43 <input checked="" type="checkbox"/>	
30 <input checked="" type="checkbox"/>		Approved thawing methods used		44 <input checked="" type="checkbox"/>	
31 <input checked="" type="checkbox"/>		Thermometers provided and accurate		45 <input checked="" type="checkbox"/>	
32 <input checked="" type="checkbox"/>		Food Identification		46 <input checked="" type="checkbox"/>	
33 <input checked="" type="checkbox"/>		Food properly labeled; original container		47 <input checked="" type="checkbox"/>	
34 <input checked="" type="checkbox"/>		Prevention of Food Contamination		48 <input checked="" type="checkbox"/>	
35 <input checked="" type="checkbox"/>		Insects, rodents, and animals not present		49 <input checked="" type="checkbox"/>	
36 <input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage & display		50 <input checked="" type="checkbox"/>	
37 <input checked="" type="checkbox"/>		Personal cleanliness		51 <input checked="" type="checkbox"/>	
38 <input checked="" type="checkbox"/>		Wiping cloths: properly used and stored		52 <input checked="" type="checkbox"/>	
39 <input checked="" type="checkbox"/>		Washing fruits and vegetables		53 <input checked="" type="checkbox"/>	
40 <input checked="" type="checkbox"/>		Permit Holder shall notify customers that a copy of the most recent inspection report is available.		54 <input checked="" type="checkbox"/>	
41 <input checked="" type="checkbox"/>		Person in Charge (Signature) <u>Jagghal</u> Date <u>5/28/25</u>		55 <input checked="" type="checkbox"/>	
42 <input checked="" type="checkbox"/>		Person in Charge (Printed) <u>Eage C. Cudde</u>		56 <input checked="" type="checkbox"/>	
43 <input checked="" type="checkbox"/>		Inspector (Signature) <u>L. Brandy</u> Date <u>5/28/2025</u>		57 <input checked="" type="checkbox"/>	
44 <input checked="" type="checkbox"/>		Inspector (Printed) <u>Lauren Brandy</u>		58 <input checked="" type="checkbox"/>	
45 <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.		59 <input checked="" type="checkbox"/>	
46 <input checked="" type="checkbox"/>				60 <input checked="" type="checkbox"/>	
47 <input checked="" type="checkbox"/>				61 <input checked="" type="checkbox"/>	
48 <input checked="" type="checkbox"/>				62 <input checked="" type="checkbox"/>	
49 <input checked="" type="checkbox"/>				63 <input checked="" type="checkbox"/>	
50 <input checked="" type="checkbox"/>				64 <input checked="" type="checkbox"/>	
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62 <input checked="" type="checkbox"/>				76 <input checked="" type="checkbox"/>	
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72 <input checked="" type="checkbox"/>				86 <input checked="" type="checkbox"/>	
73 <input checked="" type="checkbox"/>				87 <input checked="" type="checkbox"/>	
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85 <input checked="" type="checkbox"/>				99 <input checked="" type="checkbox"/>	
86 <input checked="" type="checkbox"/>				100 <input checked="" type="checkbox"/>	



## Page 2 of 2

Inspection Report Continuation Sheet

Date 5/28/2025

Town manchester

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
refrigerator 2 door	34°F	Bay Mane		hand sink H.W.	113°F
pineapple	39°F	cut strawberries	41°F	prep sink H.W.	111°F
		cut mango	37°F	3 bay H.W.	111°F
2 door Freezer	7°F	Almond milk	40°F		
Acai base	20°F			Bathroom	95°F
coconut base	21°F	w/f	14°F		
1 door Freezer	-1°F	3 door cold prep/strawberries	37/39°F	sanitizer bucket	200 ppm
Chest Freezer w/bates	20°F	2 door cold prep/strawberries	38/39°F	3 bay sanitizer	200 ppm

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CFPM: Gigi - not certified / CFPM on way in during inspection (page)

15p Bases in 2 door Freezer not covered / protected - Cos

43c handles or scoops of frozen fruit in add or drawer in food product

16pF interior of microwave not clean

15b 1 door standing Freezer next to prep sink - Food not covered (car)

28p chemicals in spray bottle not labeled - (cos)

note test strips available by 3 bar

55c Floor in room with hot water heater leading to dumpster unclean

note very clean + organized

note thermometer / alcohol wipes available

note good handwashing/glove use observed

email w/ corrective action for above violations


Page Gude

Date 5/28/25

L. Hardy

Date 5/28/75



Risk Category: <u>2</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>5/12/24</u>		Time In <u>1:45</u> AM/PM Time Out <u>2:45</u> 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"><thead><tr><th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th>Supervision</th><th>V</th><th>COS</th><th>R</th><th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th>Protection from Contamination</th><th>V</th><th>COS</th><th>R</th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Person/Alternate Person in charge present, demonstrates knowledge and performs duties</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food separated and protected</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Certified Food Protection Manager for Classes 2, 3, &amp; 4</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food-contact surfaces: cleaned &amp; sanitized</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td><td></td><td></td><td></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper disposition of returned, previously served, reconditioned, and unsafe food</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="6"><b>Employee Health</b></td><td colspan="6"><b>Time/Temperature Control for Safety</b></td><td colspan="4"></td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Management, food employee and conditional employee; knowledge, responsibilities and reporting</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooking time and temperatures</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper use of restriction and exclusion</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper reheating procedures for hot holding</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Written procedures for responding to vomiting and diarrheal events</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooling time and temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="6"><b>Good Hygienic Practices</b></td><td colspan="6"><b>Consumer Advisory</b></td><td colspan="4"></td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper eating, tasting, drinking, or tobacco products use</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Consumer advisory provided: raw/undercooked food</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No discharge from eyes, nose, and mouth</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><b>Highly Susceptible Population</b></td><td colspan="3"></td></tr><tr><td colspan="6"><b>Preventing Contamination by Hands</b></td><td colspan="6"><b>Food/Color Additives and Toxic Substances</b></td><td colspan="4"></td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Hands clean and properly washed</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pasteurized foods used; prohibited foods not offered</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No bare hand contact with RTE food or a pre-approved alternative procedure properly followed</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food additives: approved and properly used</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Adequate handwashing sinks, properly supplied/accessible</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Toxic substances properly identified, stored &amp; used</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="6"><b>Approved Source</b></td><td colspan="6"><b>Conformance with Approved Procedures</b></td><td colspan="4"></td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food obtained from approved source</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Compliance with variance/specialized process/ROP criteria/HACCP Plan</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food received at proper temperature</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="4"></td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food in good condition, safe, and unadulterated</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="4"></td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Required records available: molluscan shellfish identification, parasite destruction</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="4"></td></tr><tr><td colspan="6"><b>GOOD RETAIL PRACTICES</b></td><td colspan="6"><b>Safe Food and Water</b></td><td colspan="4"></td></tr><tr><td colspan="6"><i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i></td><td colspan="6">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><td colspan="4"></td></tr><tr><td colspan="6"><table border="1"><thead><tr><th>OUT</th><th>N/A</th><th>N/O</th><th>Safe Food and Water</th><th>V</th><th>COS</th><th>R</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pasteurized eggs used where required</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Water and ice from approved source</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Variance obtained for specialized processing methods</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table></td><td colspan="6"><b>Food Temperature Control</b></td><td colspan="4"></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="6"><b>Food Identification</b></td><td colspan="6"><b>Proper Use of Utensils</b></td><td colspan="4"></td></tr><tr><td><input checked="" 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="6"><b>Prevention of Food Contamination</b></td><td colspan="6"><b>Utensils and Equipment</b></td><td colspan="4"></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><tr><td colspan="6"><b>Physical Facilities</b></td><td colspan="6"><b>Violations documented</b></td><td colspan="4"></td></tr><tr><td colspan="6">Permit Holder shall notify customers that a copy of the most recent inspection report is available.</td><td colspan="6">Date corrections due</td><td colspan="4">#</td></tr><tr><td colspan="6">Person in Charge (Signature) <u>F3-mwmm</u> Date <u>5/12/25</u></td><td colspan="6">Priority Item Violations</td><td colspan="4">COS</td></tr><tr><td colspan="6">Person in Charge (Printed) <u>FARHAD</u></td><td colspan="6">Priority Foundation Item Violations</td><td colspan="4">5/22/25</td></tr><tr><td colspan="6">Inspector (Signature) <u>Katelynn Person</u> Date <u>5/12/25</u></td><td colspan="6">Core Item Violations</td><td colspan="4">8/12/25</td></tr><tr><td colspan="6">Inspector (Printed) <u>Katelynn Person</u></td><td colspan="6">Risk Factor/Public Health Intervention Violations</td><td colspan="4">4</td></tr><tr><td colspan="6"></td><td colspan="6">Repeat Risk Factor/Public Health Intervention Violations</td><td colspan="4"></td></tr><tr><td colspan="6"></td><td colspan="6">Good Retail Practices Violations</td><td colspan="4">2</td></tr><tr><td colspan="6"></td><td colspan="6">Requires Reinspection - check box if you intend to reinspect</td><td colspan="4"><input checked="" type="checkbox"/></td></tr><tr><td colspan="10">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.</td></tr></tbody></table>						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 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"/>	<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"/>					<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>Employee Health</b>						<b>Time/Temperature Control for Safety</b>										<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 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 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 type="checkbox"/>	<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>										<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	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"/>	<b>Highly Susceptible Population</b>				<b>Preventing Contamination by Hands</b>						<b>Food/Color Additives and Toxic Substances</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 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"/>	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"/>	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"/>	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"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Approved Source</b>						<b>Conformance with Approved Procedures</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 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 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"/>					<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"/>					<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"/>					<b>GOOD RETAIL PRACTICES</b>						<b>Safe Food and Water</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"><thead><tr><th>OUT</th><th>N/A</th><th>N/O</th><th>Safe Food and Water</th><th>V</th><th>COS</th><th>R</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pasteurized eggs used where required</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Water and ice from approved source</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Variance obtained for specialized processing methods</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>						OUT	N/A	N/O	Safe Food and Water	V	COS	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food Temperature Control</b>										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; 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<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"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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<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"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
<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"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
<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"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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<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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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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"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<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 checked="" 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>						<b>Utensils and Equipment</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"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
<b>Physical Facilities</b>						<b>Violations documented</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
Permit Holder shall notify customers that a copy of the most recent inspection report is available.						Date corrections due						#																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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Inspector (Signature) <u>Katelynn Person</u> Date <u>5/12/25</u>						Core Item Violations						8/12/25																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
Inspector (Printed) <u>Katelynn Person</u>						Risk Factor/Public Health Intervention Violations						4																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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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

Page 2 of 2

LHD manchester

Inspection Report Continuation Sheet

Date 5/12/25

Establishment Shen Food Mart Town manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
hot hold - hot dog	137F			handsink / front	106F
coffee milk, whole	40F			customer bathroom	110F
WIC - milk	40F			3-bay	112F
sandwich display					
↳ eggs	41F			spray bottle sani	0ppm
				↳ quat	
				↳ remade	200ppm

## 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.
10PF	handsink being used to drain coffee pot
48PF	no test strips for quat sanitizer available, ↳ chlorine test strips available, not using bleach though
37C	containers/shakers unlabeled.
16PF	interior of microwave unclean
2C	no CFM on site - food no longer served @ this time
16P	sanitizer @ 0ppm. Remade to 200ppm. (COS)
	Discussed temperature logs, and record keeping for pizza. Using time as public health control
	Discussed manual warewashing procedure
	↳ wash w/ soap + water
	↳ rinse w/ hot water
	↳ sanitize, soak for at least 1 minute
	Thin probe thermometer + alc. wipes available

Person in Charge (Signature) FR. muzzammil


Date 5/12/25

Inspector (Signature) Katelynn Person

Date 5/12/25



Risk Category: <u>2</u>		<b>Food Establishment Inspection Report</b>		Page 1 of <u>2</u>	
Establishment type: Permanent Temporary <u>Mobile</u> Other _____			Date: <u>5/1/25</u>		
Establishment <u>Spice Venue on Wheels</u>			Time In <u>9:30</u> <u>AM</u> /PM Time Out <u>10</u> <u>AM</u> /PM		
Address <u>Lic # AP-32021 CT</u>			LHD <u>Manchester</u>		
Town/City <u>Manchester</u>			Purpose of Inspection: Routine <u>Pre-op</u>		
Permit Holder <u>Tanusha Devarapalli</u>			Reinspection _____ Other _____		



### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>					<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"/>	<b>Employee Health</b>				<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	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 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 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 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"/>	<b>Good Hygienic Practices</b>				<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"/>	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 cold holding temperatures <u>just turned on</u>	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 date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Preventing Contamination by Hands</b>				<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"/>	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"/>	<b>Consumer Advisory</b>			
<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"/>	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"/>	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>Highly Susceptible Population</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Approved Source</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"/>
<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"/>	<b>Food/Color Additives and Toxic Substances</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food 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 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"/>	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"/>	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>Conformance with Approved Procedures</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"/>	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"/>	<b>Food Temperature Control</b>				<input type="checkbox"/>	Gloves used properly	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"/>	<b>Utensils and Equipment</b>			
<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"/>	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 type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food Identification</b>				<input type="checkbox"/>	<b>Physical Facilities</b>			
<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"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Prevention of Food Contamination</b>				<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"/>	Insects, rodents, and animals not present	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"/>	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 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.							<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f			

Person in Charge (Signature) <u>[Signature]</u> Date <u>Ramesh</u>		Violations documented		Date corrections due	#
Person in Charge (Printed) <u>05/01/2025</u>		Priority Item Violations			
Inspector (Signature) <u>[Signature]</u> Date <u>5/1/2025</u>		Priority Foundation Item Violations		<u>5/1/25</u>	<u>2</u>
Inspector (Printed) <u>Lauren Brandau</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.



## Page 2 of 2

Date 5/1/2025

Town Manchester

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
undercounter	35°F			bleach sanitizer 50-100ppm	
indoor	60°F				
↳ just turned on					

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: Ramesh Nailuri exp. 7/8/26 / Tanvisha devarapalli exp. 2030
	Thermometer / alcohol wipes available
	Test strips available
	door @ 60F at time of inspection - just turned on
	↳ no food product at time of inspection
	Lic # AP-32021 CT
	discussed hot water 110F at 3 bay / 85F at hand sink
	discussed Filling / empty water at Base of operation only!
	allergen statement → TO be emailed
16 pf	interior of cold prep unclean - clean prior to putting food inside
5 pf	no vomit / diarrhea kit on truck or procedures
	Follow-up with Fire Marshal For violations, contact Health once corrected For follow-up. permit no issued until above can be corrected / reinspected.

Date 05/01/2025

Date 5/1/2025



Risk Category: <u>2</u>		Establishment Inspection Report		Page 1 of <u>2</u>	
Establishment type: Permanent Temporary <u>Mobile</u> Other _____			Date: <u>4/25/25</u>		
Establishment <u>Thomas' Smokey Pit Itinerant</u>			Time In _____ AM/PM Time Out _____ AM/PM		
Address <u>BN-93875</u>			LHD <u>Manchester</u>		
Town/City <u>Manchester</u>			Purpose of Inspection: <u>Routine</u> 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					
IN	OUT	N/A	N/O	V	COS R
<b>Supervision</b>					
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties					
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>
Certified Food Protection Manager for Classes 2, 3, & 4					
<b>Employee Health</b>					
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting					
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>
Proper use of restriction and exclusion					
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>
Written procedures for responding to vomiting and diarrheal events					
<b>Good Hygienic Practices</b>					
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/C	<input type="radio"/>
Proper eating, tasting, drinking, or tobacco products use					
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>
No discharge from eyes, nose, and mouth					
<b>Preventing Contamination by Hands</b>					
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>
Hands clean and properly washed					
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed					
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>
Adequate handwashing sinks, properly supplied/accessible					
<b>Approved Source</b>					
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>
Food obtained from approved source					
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>
Food received at proper temperature					
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>
Food in good condition, safe, and unadulterated					
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>
Required records available: molluscan shellfish identification, parasite destruction					
<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	V	COS R	
<b>Safe Food and Water</b>					
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>
Pasteurized eggs used where required					
31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>
Water and ice from approved source					
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>
Variance obtained for specialized processing methods					
<b>Food Temperature Control</b>					
33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>
Proper cooling methods used; adequate equipment for temperature control					
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>
Plant food properly cooked for hot holding					
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>
Approved thawing methods used					
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>
Thermometers provided and accurate					
<b>Food Identification</b>					
37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>
Food properly labeled; original container					
<b>Prevention of Food Contamination</b>					
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>
Insects, rodents, and animals not present					
39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>
Contamination prevented during food preparation, storage & display					
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>
Personal cleanliness					
41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>
Wiping cloths: properly used and stored					
42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>
Washing fruits and vegetables					
Permit Holder shall notify customers that a copy of the most recent inspection report is available.					
Person in Charge (Signature) <u>Darryl Thomas</u>			Date <u>4/25/25</u>		
Person in Charge (Printed) <u>Darryl Thomas</u>					
Inspector (Signature) <u>Katelyn Person</u>			Date <u>4/25/25</u>		
Inspector (Printed) <u>Katelyn Person</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.					







## EHS-108 Rev. 2/16/23


2nd - Yellow: Owner/Operator/Person in Charge







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>5/6/25</b>		
Establishment <b>Dunkin Donuts</b>			Time In <b>1:00</b> AM/PM Time Out <b>2:30</b> AM/PM		
Address <b>443 Hartford Rd.</b>			LHD <b>Manchester</b>		
Town/City <b>Manchester</b>			Purpose of Inspection: <b>Routine</b> Pre-op		
Permit Holder <b>Tracy Neves</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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	<input checked="" type="checkbox"/>		
				<b>Employee Health</b>								<b>Time/Temperature Control for Safety</b>			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures			
				<b>Good Hygienic Practices</b>								<b>Consumer Advisory</b>			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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>			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered			
<input checked="" type="checkbox"/>	<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				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used			
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used			
				<b>Approved Source</b>								<b>Conformance with Approved Procedures</b>			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature				<input checked="" 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"/>	Food in good condition, safe, and unadulterated				<input checked="" 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"/>	Required records available: molluscan shellfish identification, parasite destruction				<input checked="" type="checkbox"/>	<input checked="" 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	N/A	N/O	Proper Use of Utensils	V	COS	R		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	<input checked="" type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	<input checked="" type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	<input checked="" type="checkbox"/>				
				<b>Food Temperature Control</b>								<b>Utensils and Equipment</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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"/>	Approved thawing methods used				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
				<b>Food Identification</b>								<b>Physical Facilities</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure					
				<b>Prevention of Food Contamination</b>								<b>Date corrections due</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices					
<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"/>	Sewage and waste water properly disposed					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored				<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"/>	Washing fruits and vegetables				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean					
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>[Signature]</i> Date <b>5/6/25</b>				Violations documented				Date corrections due				#			
Person in Charge (Printed) <b>Jada Alexander</b>				Priority Item Violations				<b>5/16/25</b>				<b>2</b>			
Inspector (Signature) <i>[Signature]</i> Date <b>5/6/25</b>				Priority Foundation Item Violations				<b>8/6/25</b>				<b>3</b>			
Inspector (Printed) <b>Katelynn Person</b>				Core Item Violations								<b>3</b>			
				Risk Factor/Public Health Intervention Violations								<b>3</b>			
				Repeat Risk Factor/Public Health Intervention Violations								<b>3</b>			
				Good Retail Practices Violations								<b>3</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 5/13/25



# Food Establishment Inspection Report

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 5/6/25

Establishment Dunkin Donuts (Hartford Road) Town Manchester

reinspection 5/13/25

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cold prep sausage	41 F	hot hold sausage	142 F	quat bucket	90 ppm
egg	41 F	egg	136 F	handsink	98 F
2 doz reach in egg	38 F			customer bathroom	96 F
turkey sausage	41 F				
WIC butter	41 F				
sliced cheese	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.

- ✓ 10F, 2C No person in charge, no CFM on site \* Staff not knowledgeable
- ✓ 15C bagels by toaster not protected
- ✓ 43C spoons in stagnant water
- ✓ 45C coffee filters not protected over coffee machine in back
- ✓ 48PF no test strips available. No staff could locate.

no hot holding to occur at this time.

sent to email

- \* Re-train all staff and provide documentation w/ in 30 days
- \* A CFM must be on site at ALL TIMES to operate.

Sign up more employees for ServSafe or schedule accordingly.

NOTE Monitor caulking behind 3-bay. Replace/clean as needed  
 Discussed employee storage, food shall be separated & labeled.  
 New sanitizer system installed this day. Locate test strips.  
 Discussed proper scoop storage. Handles up in all  
 containers and ice wells/machines.

Person in Charge (Signature)


*[Signature]*

Date 5/6/2025

Inspector (Signature) *Katelyn Person*

Date 5/6/25



Risk Category: <u>3</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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<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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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<table border="1"><thead><tr><th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th>Supervision</th><th>V</th><th>COS</th><th>R</th><th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th>Protection from Contamination</th><th>V</th><th>COS</th><th>R</th></tr></thead><tbody><tr><td>1</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Person/Alternate Person in charge present, demonstrates knowledge and performs duties</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>15</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food separated and protected</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>2</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Certified Food Protection Manager for Classes 2, 3, &amp; 4</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>16</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food-contact surfaces: cleaned &amp; sanitized</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="8"><b>Employee Health</b></td><td colspan="8"><b>Time/Temperature Control for Safety</b></td></tr><tr><td>3</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Management, food employee and conditional employee; knowledge, responsibilities and reporting</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>17</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper disposition of returned, previously served, reconditioned, and unsafe food</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>4</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper use of restriction and exclusion</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>18</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooking time and temperatures</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>5</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Written procedures for responding to vomiting and diarrheal events</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>19</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper reheating procedures for hot holding</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="8"><b>Good Hygienic Practices</b></td><td colspan="8"><b>Consumer Advisory</b></td></tr><tr><td>6</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper eating, tasting, drinking, or tobacco products use</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>20</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooling time and temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>7</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No discharge from eyes, nose, and mouth</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>21</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper hot holding temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="8"><b>Preventing Contamination by Hands</b></td><td colspan="8"><b>Food/Color Additives and Toxic Substances</b></td></tr><tr><td>8</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Hands clean and properly washed</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>22</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cold holding temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>9</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No bare hand contact with RTE food or a pre-approved alternative procedure properly followed</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>23</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper date marking and disposition</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>10</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Adequate handwashing sinks, properly supplied/accessible</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>24</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Time as a public health control: procedures and records</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="8"><b>Approved Source</b></td><td colspan="8"><b>Compliance with Approved Procedures</b></td></tr><tr><td>11</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food obtained from approved source</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>25</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Consumer advisory provided: raw/undercooked food</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>12</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food received at proper temperature</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>26</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Highly Susceptible Population</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>13</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food in good condition, safe, and unadulterated</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>27</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pasteurized foods used; prohibited foods not offered</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>14</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Required records available: molluscan shellfish identification, parasite destruction</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>28</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food additives: approved and properly used</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="8"><b>GOOD RETAIL PRACTICES</b></td><td colspan="8"><b>Conformance with Approved Procedures</b></td></tr><tr><td colspan="8"><small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small></td><td colspan="8">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="8"><table border="1"><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>30</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>31</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>32</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>Variance obtained for specialized processing methods</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table></td><td colspan="8"><table border="1"><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>43</td><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>44</td><td><input checked="" 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>45</td><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>46</td><td><input type="checkbox"/></td><td>Gloves used properly</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table></td></tr><tr><td colspan="8"><table border="1"><thead><tr><th>OUT</th><th>Food Temperature Control</th><th>V</th><th>COS</th><th>R</th></tr></thead><tbody><tr><td>33</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>34</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>35</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>36</td><td><input type="checkbox"/></td><td>Thermometers provided and accurate</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table></td><td colspan="8"><table border="1"><thead><tr><th>OUT</th><th>Utensils and Equipment</th><th>V</th><th>COS</th><th>R</th></tr></thead><tbody><tr><td>47</td><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>48</td><td><input type="checkbox"/></td><td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>49</td><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></tbody></table></td></tr><tr><td colspan="8"><table border="1"><thead><tr><th>OUT</th><th>Food Identification</th><th>V</th><th>COS</th><th>R</th></tr></thead><tbody><tr><td>37</td><td><input checked="" type="checkbox"/></td><td>Food properly labeled; original container</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table></td><td colspan="8"><table border="1"><thead><tr><th>OUT</th><th>Physical Facilities</th><th>V</th><th>COS</th><th>R</th></tr></thead><tbody><tr><td>50</td><td><input type="checkbox"/></td><td>Hot and cold water available; adequate pressure</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>51</td><td><input type="checkbox"/></td><td>Plumbing installed; proper backflow devices</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>52</td><td><input type="checkbox"/></td><td>Sewage and waste water properly disposed</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>53</td><td><input checked="" 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>54</td><td><input type="checkbox"/></td><td>Garbage and refuse properly disposed; facilities maintained</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>55</td><td><input type="checkbox"/></td><td>Physical facilities installed, maintained, and clean</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>56</td><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></td><td><input type="checkbox"/></td><td>Natural rubber latex gloves not used per CGS §19a-36f</td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table></td></tr><tr><td colspan="8">Permit Holder shall notify customers that a copy of the most recent inspection report is available.</td><td colspan="8"><table border="1"><thead><tr><th>Violations documented</th><th>Date corrections due</th><th>#</th></tr></thead><tbody><tr><td>Priority Item Violations</td><td><u>5/2/25</u></td><td><u>4</u></td></tr><tr><td>Priority Foundation Item Violations</td><td><u>5/9/25</u></td><td><u>6</u></td></tr><tr><td>Core Item Violations</td><td><u>7/29/25</u></td><td><u>3</u></td></tr><tr><td>Risk Factor/Public Health Intervention Violations</td><td></td><td><u>5</u></td></tr><tr><td>Repeat Risk Factor/Public Health Intervention Violations</td><td></td><td></td></tr><tr><td>Good Retail Practices Violations</td><td></td><td><u>8</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></td></tr><tr><td colspan="8">Person in Charge (Signature) <u>Janet Rangel</u> Date <u>4-29-25</u></td><td colspan="8">Person in Charge (Printed) <u>Janet Rangel</u></td></tr><tr><td colspan="8">Inspector (Signature) <u>Lauren Brandy</u> Date <u>4/29/25</u></td><td colspan="8">Inspector (Printed) <u>Lauren Brandy</u></td></tr><tr><td colspan="16">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.</td></tr></tbody></table>						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	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"/>	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"/>	<b>Employee Health</b>								<b>Time/Temperature Control for Safety</b>								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"/>	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"/>	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	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 type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	<b>Preventing Contamination by Hands</b>								<b>Food/Color Additives and Toxic Substances</b>								8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold 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"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<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"/>	24	<input checked="" 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>Approved Source</b>								<b>Compliance with Approved Procedures</b>								11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population	P/C	<input type="checkbox"/>	<input type="checkbox"/>	13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>	14	<input checked="" 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"/>	28	<input checked="" 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>Conformance with Approved Procedures</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								<table border="1"><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>30</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>31</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>32</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>Variance obtained for specialized processing methods</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>								OUT	N/A	N/O	Safe Food and Water	V	COS	R	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 checked="" type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><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>43</td><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>44</td><td><input checked="" 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>45</td><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>46</td><td><input type="checkbox"/></td><td>Gloves used properly</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>								OUT	Proper Use of Utensils	V	COS	R	43	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input checked="" type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<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"/>	46	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><thead><tr><th>OUT</th><th>Food Temperature Control</th><th>V</th><th>COS</th><th>R</th></tr></thead><tbody><tr><td>33</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>34</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>35</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>36</td><td><input type="checkbox"/></td><td>Thermometers provided and accurate</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>								OUT	Food Temperature Control	V	COS	R	33	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	34	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	35	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	36	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><thead><tr><th>OUT</th><th>Utensils and Equipment</th><th>V</th><th>COS</th><th>R</th></tr></thead><tbody><tr><td>47</td><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>48</td><td><input type="checkbox"/></td><td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>49</td><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></tbody></table>								OUT	Utensils and Equipment	V	COS	R	47	<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"/>	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"/>	49	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><thead><tr><th>OUT</th><th>Food Identification</th><th>V</th><th>COS</th><th>R</th></tr></thead><tbody><tr><td>37</td><td><input checked="" type="checkbox"/></td><td>Food properly labeled; original container</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>								OUT	Food Identification	V	COS	R	37	<input checked="" type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><thead><tr><th>OUT</th><th>Physical Facilities</th><th>V</th><th>COS</th><th>R</th></tr></thead><tbody><tr><td>50</td><td><input type="checkbox"/></td><td>Hot and cold water available; adequate pressure</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>51</td><td><input type="checkbox"/></td><td>Plumbing installed; proper backflow devices</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>52</td><td><input type="checkbox"/></td><td>Sewage and waste water properly disposed</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>53</td><td><input checked="" 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>54</td><td><input type="checkbox"/></td><td>Garbage and refuse properly disposed; facilities maintained</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>55</td><td><input type="checkbox"/></td><td>Physical facilities installed, maintained, and clean</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>56</td><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></td><td><input type="checkbox"/></td><td>Natural rubber latex gloves not used per CGS §19a-36f</td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>								OUT	Physical Facilities	V	COS	R	50	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	Plumbing installed; proper backflow devices	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"/>	53	<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/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"/>	55	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	56	<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		<input type="checkbox"/>	<input type="checkbox"/>	Permit Holder shall notify customers that a copy of the most recent inspection report is available.								<table border="1"><thead><tr><th>Violations documented</th><th>Date corrections due</th><th>#</th></tr></thead><tbody><tr><td>Priority Item Violations</td><td><u>5/2/25</u></td><td><u>4</u></td></tr><tr><td>Priority Foundation Item Violations</td><td><u>5/9/25</u></td><td><u>6</u></td></tr><tr><td>Core Item Violations</td><td><u>7/29/25</u></td><td><u>3</u></td></tr><tr><td>Risk Factor/Public Health Intervention Violations</td><td></td><td><u>5</u></td></tr><tr><td>Repeat Risk Factor/Public Health Intervention Violations</td><td></td><td></td></tr><tr><td>Good Retail Practices Violations</td><td></td><td><u>8</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>5/2/25</u>	<u>4</u>	Priority Foundation Item Violations	<u>5/9/25</u>	<u>6</u>	Core Item Violations	<u>7/29/25</u>	<u>3</u>	Risk Factor/Public Health Intervention Violations		<u>5</u>	Repeat Risk Factor/Public Health Intervention Violations			Good Retail Practices Violations		<u>8</u>	Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>	Person in Charge (Signature) <u>Janet Rangel</u> Date <u>4-29-25</u>								Person in Charge (Printed) <u>Janet Rangel</u>								Inspector (Signature) <u>Lauren Brandy</u> Date <u>4/29/25</u>								Inspector (Printed) <u>Lauren Brandy</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.															
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	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"/>	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"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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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"/>	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"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold 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"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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Inspector (Signature) <u>Lauren Brandy</u> Date <u>4/29/25</u>								Inspector (Printed) <u>Lauren Brandy</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: 5/6/25



# Food Establishment Inspection Report

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 4/29/25  
reinspection 5/28/25

Establishment El Sol Deli

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Reach in Freezer	1F	wic	39F	hot water - H.S.	112F/110F
undercounter Freezer	0F	Carnitas	40F	hot water - 3 bay	122F
Bay Marie		empanada	40F/41F	hot water - prep	110F
cut tomato	39F	pico de gallo	40F		
pico de gallo	38F	2 door Freezer	0F/0F	bleach sanitizer	50-100ppm
cheese	41F/40F				
chorizo	39F/40F	BAV Marie - Milk	40F		
chicken shredded	40F	empanada	39F/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
- CFPM: Janet ✓
- ✓ 10 pf no hand soap at front handsink
  - ✓ 28 p windex in spray bottle not labeled - (COS)
  - ✓ 15 p chips left out not protected from night before - (COS)  
↳ discussed preventing food source for rodents/pests
  - ✓ 44 pf dishes/forks with food in bowl - To be w/r/s - (COS)  
note hood serviced 3/25 - due 8/25
  - ✓ 49 c gaskets of cold prep units not clean
  - ✓ 39 pf Food in containers on floor in wic
  - ✓ 15 p Food not covered/protected in wic
  - ✓ 15 p eggs above lettuce/jimes in wic
  - ✓ 56 c notebook/purse stored on shelving w/ To go containers  
note slicer - not in use stored on floor - To be removed
  - ✓ 37 pf juice not labeled /date marked - (COS)
  - ✓ 47 pf cracks in lid of sauce in bay Marie
  - ✓ 53 c Toilet paper not in dispensers in restroom
  - ✓ 37 pf cakes /drink in Soda cooler up Front - discussed moving them behind counter or labeling will be required for grab n go.

overall clean + organized  
discussed Thawing /cooling practices  
Thermometer/test strips available  
no cooking observed at time of inspection

Person in Charge (Signature)

Date 4/29/25

Inspector (Signature)

Date 4/29/25



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>4/24/25</u>																		
Establishment <u>Sonic Drive-In</u>		Time In <u>1:00</u> AM/PM Time Out <u>3:00</u> AM/PM																		
Address <u>90 Buckland St.</u>		LHD <u>manchester</u>																		
Town/City <u>manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op																		
Permit Holder		Reinspection Other																		
<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	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R					
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>					
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
				<b>Employee Health</b>									17	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>					<b>Time/Temperature Control for Safety</b>								
4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>					
				<b>Good Hygienic Practices</b>					20	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>					
7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>					
				<b>Preventing Contamination by Hands</b>					23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>				
8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<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"/>					
9	<input checked="" 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"/>					<b>Consumer Advisory</b>								
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" 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>									<b>Highly Susceptible Population</b>							
11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>					
12	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>					
14	<input checked="" 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"/>	28	<input checked="" type="checkbox"/>	<input checked="" 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>									<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>									Compliance with variance/specialized process/ROP criteria/HACCP Plan				P/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																
OUT	N/A	N/O		<b>Safe Food and Water</b>	V	COS	R	OUT				<b>Proper Use of Utensils</b>	V	COS	R					
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	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>					46	<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"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					<b>Utensils and Equipment</b>								
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input 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"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>					
				<b>Food Identification</b>									<b>Physical Facilities</b>							
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>					
				<b>Prevention of Food Contamination</b>					51	<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"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	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"/>	53	<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"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>					
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	<input checked="" 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"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	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>4/24/25</u>									<b>Violations documented</b>				<b>Date corrections due</b>			
				Person in Charge (Printed) <u>Katelyn Person</u>									Priority Item Violations <u>4/27/25</u>				# <u>2</u>			
				Inspector (Signature) <u>Katelyn Person</u> Date <u>4/24/25</u>									Priority Foundation Item Violations <u>5/14/25</u>				# <u>1</u>			
				Inspector (Printed) <u>Katelyn Person</u>									Core Item Violations <u>7/24/25</u>				# <u>8</u>			
												Risk Factor/Public Health Intervention Violations <u>4</u>								
												Repeat Risk Factor/Public Health Intervention Violations <u>7</u>								
												Good Retail Practices Violations <u>1</u>								
												Requires Reinspection - check box if you intend to reinspect <u>✓</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 5/5/25



# Food Establishment Inspection Report

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 4/24/25

Establishment Sonic Drive-In Town Manchester

Reinspection 5/5/25

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cold prep tomatoes	40F	hot hold burger	168F	handsink	72F
corn dog	40F	chili	159F	3-bay hot	98F
shredded cheese	41F			sanitizer quat @	0 ppm
WIC hotdog	38F			remade to	200 ppm
corn dog	39F			handsink after 10	
cheese sauce	41F			minutes	107F
				<u>cos</u>	

## 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	interior of 3-bay by entrance unclean
✓ 2c/1c	no CFPM on site, no knowledgeable staff.
55c	floor throughout severely damaged. <u>Email response required by 5/6/25</u>
49c	exterior of equipment on cookline (fryers, grill top, cold prep units) unclean
16P	quat sanitizer bucket @ 0 ppm. PIC remade to 200 ppm. monitor concentration <u>cos</u> - need to change more frequently. <u>At least every 4 hours, or as needed.</u>
49c	floors throughout unclean
55c	core base missing / damaged throughout
49c	water pooling in WIC by door threshold
49c	shelving unclean in WIC
8P	employees not washing hands when changing tasks.
*	KP called Traci - Senior Director of Operations to see if someone knowledgeable could come in. Aliyah, CFPM / manager is now on site.
	<u>Re-training of staff required. Provide documentation to Health Dept w/ in 30 days. Due by 5/24/25</u>
	Sign up more employees to be certified food protection managers. (30 days to sign up - 60 days to hold certificate)
	Discussed proper handwashing, quat concentration, general cleanliness, and proper cold / hot holding temps.

Person in Charge (Signature) A. Hayes

Date 4/24/25

Inspector (Signature) Katelyn Person

Date 4/24/25