



Manchester Health Department  
479 Main Street  
Manchester, CT 06040

Establishment: Smoothie Naturale	Date of Inspection: 4/7/26
	Adriana - CFPM on site
	Discussed sanitizer concentration 50-150ppm
48 PF	No test strips on site
47C	Ice machine leaking
15C/37C	Food uncovered / not labeled
23 PF	Fruit not date marked
	email photos of corrected action by
	4/17/26 to kdoolady@manchesterct.gov
	check-in inspection for CFPM compliance.
Initial (Inspector)	Initial (Person in Charge)

IKPD

*[Signature]*



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

Establishment: <u>China wok</u>	Date of Inspection: <u>4/17/26</u>
<u>KPD on site w/ Dan Carrigan, + Wayne (Fire)</u>	
<u>No record of prof. grease trap clean out.</u>	
<u>Due to issues occurring downstairs emergency clean out / servicing required by water + sewer dept.</u>	
<u>Service to be done today or tomorrow (4/17 - 4/18). send report to both <u>Kdoolady@manchesterct.gov</u> and <u>dcarrigan@manchesterct.gov</u>.</u>	
<u>Keep records on site for each time you clean. Frequency of every 2 months initially required, professionally</u>	
<u>Post "no grease / dumping" signs at all handinks. (3)</u>	
<u>Set timers on grease traps to be running appropriately ± long enough.</u>	
Initial (Inspector) <u>KPI</u>	Initial (Person in Charge) <u>sm</u>

# M&H

Mechanical & Home Improvement LLC  
Contact: (860) 680-6698 & (917) 569-2105  
Email: [mechanicalnhomellc@gmail.com](mailto:mechanicalnhomellc@gmail.com)

Invoice# 0795

P.O. Number: 19404172026

Service Address	Billing Address	Date	Service Date
194 Buckland Hills Dr Manchester, CT 06042	China Wok ATTN: Shuai Jiang 194 Buckland Hills Dr, Manchester, CT 06042	04/18/2026	04/17/2026

Project Type:	Description	Total
Grease Trap Cleaning	<ul style="list-style-type: none"><li>- Customer called to have 2 interior grease traps cleaned</li><li>- Technicians arrived and proceeded to the grease trap stations.</li><li>- The grease was pumped out using a CONDE machine to remove all debris in both locations</li><li>- After all grease traps have been cleaned, they are reassembled, filled with water, and closed tight.</li><li>- Cleaned the working area</li></ul>	\$550.00

Subtotal:	\$550.00
Sales Tax: (6.35%)	\$0.00
Total:	\$550.00

Mechanical Home Improvement LLC  
PO Box 64  
Bloomfield CT 06002  
Phone 860-680-6698  
We appreciate your business!



COMMERCIAL & RESIDENTIAL SERVICES

To Whom It May Concern,

Mechanical & Home Improvement, LLC performed grease trap cleaning services at China Wok, located at 194 Buckland Hills Dr, Manchester, CT, on April 17, 2026.

As outlined in the attached invoice, the client requested cleaning of two (2) interior grease traps. Our technicians arrived on site and proceeded to both grease trap stations, where all accumulated fats, oils, grease (FOG), and debris were fully pumped out using appropriate equipment. Following cleaning, both grease traps were reassembled, filled with water, and securely closed. The work area was cleaned upon completion.

At the time of service, both grease traps were inspected and found to be in proper working condition. No visible damage or deficiencies were observed, no parts were replaced, and no adjustments to system settings or controls were required. The units were confirmed to be operating properly at the conclusion of service.

Mechanical & Home Improvement, LLC will continue to service this location on a routine basis at a frequency of every two (2) months to maintain proper operation and compliance.


Please refer to the attached invoice for supporting documentation of the work performed. If any additional information is required, please do not hesitate to contact our office.

Sincerely,

Angel Zhispon  
CEO  
Mechanical & Home Improvement, LLC

Date: April 21, 2026

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>3</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>3/18/26</b>
Establishment <b>Stop + Shop</b>		Time In <b>11:00</b> AM/PM Time Out <b>1:30</b> AM/PM
Address <b>286 Broad St.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Tarra Freeman</b>		Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																																				
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.																																				
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																																				
P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R			COS=corrected on-site during inspection	R=repeat violation																												
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	R																									
<b>Supervision</b>																																				
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
				Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected																												
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
				Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized																												
<b>Employee Health</b>																																				
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
				Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper cooking time and temperatures																												
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
				Proper use of restriction and exclusion				Proper reheating procedures for hot holding																												
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
				Written procedures for responding to vomiting and diarrheal events				Proper cooling time and temperatures																												
<b>Good Hygienic Practices</b>																																				
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
				Proper eating, tasting, drinking, or tobacco products use				Proper hot holding temperatures																												
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
				No discharge from eyes, nose, and mouth				Proper cold holding temperatures																												
<b>Preventing Contamination by Hands</b>																																				
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
				Hands clean and properly washed				Proper date marking and disposition																												
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<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				Time as a public health control: procedures and records																												
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Consumer Advisory</b>																													
				Adequate handwashing sinks, properly supplied/accessible				Consumer advisory provided: raw/undercooked food																												
<b>Approved Source</b>																																				
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Population</b>																													
				Food obtained from approved source				Pasteurized foods used; prohibited foods not offered																												
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>																													
				Food received at proper temperature				Food additives: approved and properly used																												
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Conformance with Approved Procedures</b>																													
				Food in good condition, safe, and unadulterated				Compliance with variance/specialized process/ROP criteria/HACCP Plan																												
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>GOOD RETAIL PRACTICES</b>																													
				Required records available: molluscan shellfish identification, parasite destruction				<b>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</b>																												
<b>Safe Food and Water</b>																																				
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																				
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V	<input type="checkbox"/>	<input type="checkbox"/>	<b>Proper Use of Utensils</b>																													
				Pasteurized eggs used where required				In-use utensils: properly stored																												
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils and Equipment</b>																													
				Water and ice from approved source				Food and non-food contact surfaces cleanable, properly designed, constructed, and used																												
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>																													
				Variance obtained for specialized processing methods				Plumbing installed; proper backflow devices																												
<b>Food Temperature Control</b>																																				
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Prevention of Food Contamination</b>																													
				Proper cooling methods used; adequate equipment for temperature control				Insects, rodents, and animals not present																												
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Personal Cleanliness</b>																													
				Plant food properly cooked for hot holding				Contamination prevented during food preparation, storage & display																												
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Wiping Cloths</b>																													
				Approved thawing methods used				Wiping cloths: properly used and stored																												
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Thermometers</b>																													
				Thermometers provided and accurate				Thermometers provided and accurate																												
<b>Food Identification</b>																																				
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Washing Fruits and Vegetables</b>																													
				Food properly labeled; original container				Washing fruits and vegetables																												
<b>Prevention of Food Contamination</b>																																				
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																				
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>																													
				Insects, rodents, and animals not present				Hot and cold water available; adequate pressure																												
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Plumbing</b>																													
				Contamination prevented during food preparation, storage & display				Plumbing installed; proper backflow devices																												
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Sewage and Waste Water</b>																													
				Personal cleanliness				Sewage and waste water properly disposed																												
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Toilet Facilities</b>																													
				Wiping cloths: properly used and stored				Toilet facilities: properly constructed, supplied, & clean																												
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Garbage and Refuse</b>																													
				Washing fruits and vegetables				Garbage and refuse properly disposed; facilities maintained																												
<b>Physical Facilities</b>																																				
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>																													
				Proper cooling methods used; adequate equipment for temperature control				Physical facilities installed, maintained, and clean																												
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Ventilation and Lighting</b>																													
				Plant food properly cooked for hot holding				Adequate ventilation and lighting; designated areas used																												
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Natural Rubber Latex Gloves</b>																													
				Approved thawing methods used				Natural rubber latex gloves not used per CGS §19a-36f																												
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Violations Documented</b>																													
				Thermometers provided and accurate				<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <th>Violations documented</th> <th>Date corrections due</th> <th>#</th> </tr> <tr> <td>Priority Item Violations</td> <td></td> <td>1</td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td>COS 3/23/26</td> <td>2</td> </tr> <tr> <td>Core Item Violations</td> <td>6/18/26</td> <td>10</td> </tr> <tr> <td>Risk Factor/Public Health Intervention Violations</td> <td></td> <td>2</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>11</td> </tr> <tr> <td>Requires Reinspection - check box if you intend to reinspect</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> </table>					Violations documented	Date corrections due	#	Priority Item Violations		1	Priority Foundation Item Violations	COS 3/23/26	2	Core Item Violations	6/18/26	10	Risk Factor/Public Health Intervention Violations		2	Repeat Risk Factor/Public Health Intervention Violations			Good Retail Practices Violations		11	Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>
Violations documented	Date corrections due	#																																		
Priority Item Violations		1																																		
Priority Foundation Item Violations	COS 3/23/26	2																																		
Core Item Violations	6/18/26	10																																		
Risk Factor/Public Health Intervention Violations		2																																		
Repeat Risk Factor/Public Health Intervention Violations																																				
Good Retail Practices Violations		11																																		
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>																																		
<b>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</b>																																				
Person in Charge (Signature) <i>[Signature]</i> Date <b>3-18-26</b>						Person in Charge (Printed) <b>Matt Hufford</b>																														
Inspector (Signature) <i>[Signature]</i> Date <b>3/18/26</b>						Inspector (Printed) <b>Katelyn Doolady</b>																														

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/18/26

Establishment Stop + Shop

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
deli handsink	45	seafood - fish	38 F	quat - deli	400 ppm
w/c - deli cheese	40	shrimp	36 F	seafood	400 ppm
deli case					
ham	40 F	Butcher - chicken	38 F		
cheese	39 F				
roast beef	40 F				
WIC - 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.
	Matt - CSM, CFPM on site
	<u>Deli</u>
	* cooling logs not on file, need to implement again ✓
49C	ceiling vent by fryer dusty, wall over handsink unclean ✓
16PF	deli case display sliding door tracks + lower shelf unclean. Discussed frequency w/ PIC ✓
55C	receding grout in back prep area - <b>wo placed</b>
note	discussed deep cleaning in hard to reach places.
	<u>Bathrooms</u>
53C	general cleanliness poor. missing toilet paper covers - both ✓
50PF	men's bathroom (L) handsink @ 43 (R) handsink 50 ✓
*	women's bathroom handsink @ 85 ✓ okay
	<u>Produce</u>
55C	cow base (baseboard) behind ice machine not secured, water pooling - <b>wo placed</b>
49C	drain by produce prep area unclean ✓
note	discussed vent covers
	<u>Seafood</u>
	shellfish tags reviewed. Excellent record keeping.
	Butcher fan covers unclean
	mark down rack
13P	dented cans present - (COS)

Person in Charge (Signature) [Signature]

Date 3/18/26

Inspector (Signature) Katelynn Doakody

Date 3/18/26

see email response

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/18/26

Establishment Stop + Shop


Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
bakery - handsnk	126 F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
note	Grocery freezer - monitor ice build up.
55C	Dairy cooler - cardboard wall protector still present ↳ resolve in 30 days. <b>removed ✓</b>
55C	WIF - Dairy cooler side, exterior wall damaged ↳ ice build up, busting through wall - <b>NO placed work to start 4/7/26</b>
49C	Dairy WIF drain very unclean ✓
	<u>Bakery</u>
49C	lime build up around 3-bay, evaluate all depts ✓ dishmachine - > 166 F ✓ <b>replaced</b>
55C	ceiling damaged in storage room + above dishmachine
note	WIF - monitor ice build up. Re-wrapping of pipes possibly needed.
note	 Remove unused equipment Bathroom - min 85 F - max 115 F
*	email <a href="mailto:Kdoolady@manchesterct.gov">Kdoolady@manchesterct.gov</a> w/ timeline for corrective action. send photos or documentation for "PF" violations by <u>3/28/26</u> .

Person in Charge (Signature) <u>[Signature]</u>	Date <u>3-18-26</u>
Inspector (Signature) <u>Kathlynn Doolady</u>	Date <u>3/18/26</u>

## Katelynn Doolady

---

**From:** Tarra Freeman - 0689 <Tarra.Freeman@stopandshop.com>  
**Sent:** Thursday, April 2, 2026 4:14 PM  
**To:** Katelynn Doolady  
**Subject:** Fw: Stop & Shop Manchester Inspection with corrective actions

**EXTERNAL E-MAIL ADDRESS** - Not expecting this email? **Do not** click on links or open attachments.

Please see his revised response below

Is that good?

Please advise

**Tarra Freeman**  
Store Manager  
0689  
Manchester CT  
860-645-8050

---

**From:** Stanley Forostoski - 0689 <Stanley.Forostoski@stopandshop.com>  
**Sent:** Thursday, April 2, 2026 4:01 PM  
**To:** Tarra Freeman - 0689 <Tarra.Freeman@stopandshop.com>  
**Subject:** Stop & Shop Manchester Inspection with corrective actions

### **16PF -Deli case display sliding door tracks & lower shelf unclean**

- Deli case sliding door tracks & lower shelf were cleaned & sanitized by Department Manager Melissa.
- **Corrective Action:** Department manager to ensure door tracks are cleaned & sanitized each evening by deli team-Deli Manager Melissa Nadeau & Perishable Manager Stan Forostoski to follow up on daily execution

### **50PF-Men's bathroom handsink water temperature too low**

- **Corrective Action:** Men's handsink water temperature issue was addressed by contractor on 3/25/2026

**Prepared Foods Cooling Logs not on file**

- Store has started utilizing the Cooling Logs that were sent out by Health Inspector
- **Corrective Action:** Perishable Manager Stan Forostoski & Deli Manager Melissa Nadeau to ensure entire Prepared Foods team are trained in the proper use of Cooling Logs and to follow up on daily completion moving forward

#### **53C-Restroom General cleanliness poor/ missing toilet paper covers**

- Toilet paper covers -new units were installed in women's restroom on 3/20/2026
- **Corrective Action:** Store Management to walk restrooms periodically throughout each day to ensure proper cleaning & Sanitation is being completed and restroom supplies are fully stocked for customers

#### **49C- Ceiling vent by fryer dusty**

- Ceiling vent was clean by Perishable Manager Stan Forostoski on 3/27/2026
- **Corrective Action:** Deli Manager Melisa Nadeau & Perishable Manager Stan Forostoski to review vent on weekly basis and address when soiled

#### **55C-Receding grout in back of prep area**

- **Corrective Action:** Work order has been placed to complete grouting prep area flood WO#344949499

#### **55C-Cove base behind ice machine in Produce backroom not secured**

- **Corrective Action:** Work order has been placed to repair cove base WO#344950221

#### **49C-Drain by produce prep area unclean**

- Drains in Produce prep area were clean & Sanitized by produce team on 3/20/2026
- **Corrective Action:** Store Management team & Produce Manager Wil Reyes to inspect all produce floor drains daily to ensure proper cleaning & sanitizing is being completed

#### **55C-Dairy cooler cardboard wall protector removal**

- **Corrective Action:** Cardboard wall protector was remove from dairy cooler & will not return

#### **55C-Dairy Cooler side exterior wall damaged-ice build up present**

- **Corrective Action:** Work Order has been placed to repair wall WO#344950689-work planned to start on repair on April 7

#### **49C-Dairy WIF Drain very unclean**

- Dairy floor drain was clean & sanitized by dairy manager on 3/20/2026
- **Corrective Action:** Store Management team & Dairy Manager Robert Withers to inspect floor drains nightly to ensure they are cleaned & Sanitized

#### **49C-Lime Build up-3 bay sink in Bakeshop department-**

- Department managers have started utilizing the proper supplied authorized chemical for addressing and reducing lime buildup
- **Corrective Action:** Store Management team to follow up to ensure proper lime descaling of all 3 Bay Sinks is being completed weekly

#### **55C-Ceiling tile damaged-Bakery storage room & near dishwasher**

- Bakery storage area ceiling tile was replaced on 3/27/2026

This e-mail (including any attachments) may contain information that is private, confidential, or protected by attorney-client or other privilege. If you received this e-mail in error, please delete it from your system without copying it and notify sender by reply e-mail.




**Manchester Health Department**

479 Main Street


Manchester, CT 06040

\* Follow-up from inspection dated 4/8/26

Establishment: Murphy's	Date of Inspection: 4/16/26
<ul style="list-style-type: none"> <li>- all gaskets on refrigeration to be replaced ↳ invoice to be emailed to lgrandy@manchesterct.gov</li> <li>- bumpster area to be cleaned this day - oil grease to be cleaned this day</li> <li>- dunnage rack (2) purchased in beer cooler ↳ more to be purchased to get food off ground</li> <li>- Beer cooler on patio - discussed replacing beer cooler will follow up on stainless steel adding to unit (took pic of manufacture)</li> <li>- hand soap dispenser / paper towel dispenser to be replaced throughout establishment</li> <li>- clean interior of keg coolers at bar area (outdoor)</li> <li>- wall (white) under stainless cookline / unclean</li> <li>- restroom hot water - will discuss adding mixing valve.</li> <li>- discussed cleaning procedures to be put in place for weekly, daily, monthly cleaning ↳ email SOP's for cleaning</li> <li>- grout for flooring - email timeline for completion ↳ dish machine area / cookline area</li> <li>- declutter basement area / remove unused equipment</li> <li>- continue to clean!</li> </ul>	
Initial (Inspector) L.G.	Initial (Person in Charge) DK

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>4/8/26</u>			
Establishment: <u>AFC SUSHI</u>				Time In: <u>9:30</u> AM/PM		Time Out: <u>10</u> AM/PM	
Address: <u>234 Fulland Pike</u>				LHD: <u>Manchester</u>			
Town/City: <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op		Reinspection Other _____	
Permit Holder _____							
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.							
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed							
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation							
IN	OUT	N/A	N/O	Supervision	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices							
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation							
OUT	N/A	N/O	V	COS	R		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe Food and Water							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification							
<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"/>
Prevention of Food Contamination							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.							
Person in Charge (Signature) <u>[Signature]</u>				Date <u>4/8/26</u>			
Person in Charge (Printed) <u>Mrs. Khun Thien</u>							
Inspector (Signature) <u>[Signature]</u>				Date <u>4/8/26</u>			
Inspector (Printed) <u>Lauren Orandy</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.							




Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>	
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>4/28/26</b>	
Establishment: <b>AtteZ catering</b>		Time In: <b>1</b> AM/PM Time Out: _____ AM/PM	
Address: <b>141 Center St</b>		LHD: <b>Manchester</b>	
Town/City: <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder: <b>Deane Young</b>		Reinspection Other _____	
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>			
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.			
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed			
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			
<b>Supervision</b>	<b>Protection from Contamination</b>	<b>Time/Temperature Control for Safety</b>	
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties V Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected V P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4 C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
<b>Employee Health</b>			
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
<b>Good Hygienic Practices</b>			
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	<b>Consumer Advisory</b>		
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	<b>Highly Susceptible Population</b>	
<b>Preventing Contamination by Hands</b>			
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>	
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	27 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	<b>Conformance with Approved Procedures</b>	
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	29 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
<b>Approved Source</b>			
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	<b>GOOD RETAIL PRACTICES</b>		
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		
13 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <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		
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	<b>Safe Food and Water</b>	<b>Proper Use of Utensils</b>	<b>Utensils and Equipment</b>
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			
30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	33 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	43 <input type="checkbox"/> OUT In-use utensils: properly stored C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	47 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
31 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	34 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	44 <input checked="" type="checkbox"/> OUT Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	48 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
32 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	35 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	45 <input type="checkbox"/> OUT Single-use/single-service articles: properly stored & used P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	49 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
<b>Food Temperature Control</b>			
36 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	<b>Physical Facilities</b>	
<b>Food Identification</b>			
38 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	39 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	50 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	51 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
<b>Prevention of Food Contamination</b>			
40 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	41 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	52 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	53 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
42 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	43 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	54 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	55 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.			
Person in Charge (Signature): <b>Deane Young</b> Date: <b>4/28/26</b>	Violations documented		
Person in Charge (Printed): <b>Deane Young</b>	Priority Item Violations		
Inspector (Signature): <b>Lauren Grandin</b> Date: <b>4/28/26</b>	Priority Foundation Item Violations		
Inspector (Printed): <b>Lauren Grandin</b>	Core Item Violations: <b>7/28/26</b> <b>2</b>		
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.			



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>4/9/26</b>
Establishment <b>KFC</b>		Time In <b>11:00</b> AM/PM Time Out <b>12:15</b> AM/PM
Address <b>307 middle Tpke West.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Shahzada Muhammad</b>		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					
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>					
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected				Proper cooking time and temperatures										
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized				Proper reheating procedures for hot holding										
Employee Health				Consumer Advisory				Highly Susceptible Population										
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>					
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Consumer advisory provided: raw/undercooked food				Pasteurized foods used; prohibited foods not offered										
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>					
Proper use of restriction and exclusion				Food/Color Additives and Toxic Substances				Food additives: approved and properly used										
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>					
Written procedures for responding to vomiting and diarrheal events				Toxic substances properly identified, stored & used				Compliance with variance/specialized process/ROP criteria/HACCP Plan										
Good Hygienic Practices				GOOD RETAIL PRACTICES				Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.										
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/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										
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>					
No discharge from eyes, nose, and mouth				In-use utensils: properly stored				Utensils/equipment/linens: properly stored, dried, & handled										
Preventing Contamination by Hands				Food Temperature Control				Utensils and Equipment										
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
Hands clean and properly washed				Proper cooling methods used; adequate equipment for temperature control				Food and non-food contact surfaces cleanable, properly designed, constructed, and used										
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>					
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Plant food properly cooked for hot holding				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available										
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
Adequate handwashing sinks, properly supplied/accessibility				Approved thawing methods used				Non-food contact surfaces clean										
Approved Source				Food Identification				Physical Facilities										
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
Food obtained from approved source				Food properly labeled; original container				Hot and cold water available; adequate pressure										
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
Food received at proper temperature				Prevention of Food Contamination				Plumbing installed; proper backflow devices										
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
Food in good condition, safe, and unadulterated				Insects, rodents, and animals not present				Sewage and waste water properly disposed										
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
Required records available: molluscan shellfish identification, parasite destruction				Contamination prevented during food preparation, storage & display				Toilet facilities: properly constructed, supplied, & clean										
GOOD RETAIL PRACTICES				Prevention of Food Contamination				Garbage and refuse properly disposed; facilities maintained										
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				Insects, rodents, and animals not present				Physical facilities installed, maintained, and clean										
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
Pasteurized eggs used where required				Personal cleanliness				Adequate ventilation and lighting; designated areas used										
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>					
Water and ice from approved source				Wiping cloths: properly used and stored				Natural rubber latex gloves not used per CGS §19a-36f										
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Violations documented				Date corrections due							
Variance obtained for specialized processing methods				Washing fruits and vegetables				Priority Item Violations				#						
Food Temperature Control				Prevention of Food Contamination				Priority Foundation Item Violations										
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Core Item Violations				5/9/26							
Proper cooling methods used; adequate equipment for temperature control				Insects, rodents, and animals not present				Risk Factor/Public Health Intervention Violations										
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Repeat Risk Factor/Public Health Intervention Violations											
Plant food properly cooked for hot holding				Contamination prevented during food preparation, storage & display				Good Retail Practices Violations				3						
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Requires Reinspection - check box if you intend to reinspect											
Approved thawing methods used				Personal cleanliness														
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>												
Thermometers provided and accurate				Wiping cloths: properly used and stored														
Food Identification				Washing fruits and vegetables														
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>												
Food properly labeled; original container																		
Prevention of Food Contamination																		
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>												
Insects, rodents, and animals not present																		
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>												
Contamination prevented during food preparation, storage & display																		
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>												
Personal cleanliness																		
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>												
Wiping cloths: properly used and stored																		
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>												
Washing fruits and vegetables																		

Person in Charge (Signature) <i>E. M. H.</i> Date <b>4/9/26</b>		Violations documented		Date corrections due		#	
Person in Charge (Printed) <b>Errol McKenzie</b>		Priority Item Violations					
Inspector (Signature) <i>Kate Lynn Doolady</i> Date <b>4/9/26</b>		Priority Foundation Item Violations					
Inspector (Printed) <b>Kate Lynn Doolady</b>		Core Item Violations					
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.		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					



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>4/1/26</b>
Establishment <b>Andi's Pizzeria</b>		Time In <b>1:00</b> AM/PM Time Out <b>2:30</b> AM/PM
Address <b>290 Broad St</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> <b>Pre-op</b>
Permit Holder <b>Kate Salamenta</b>		Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS										
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.										
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed										
P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R			COS=corrected on-site during inspection	R=repeat violation		
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O
<b>Supervision</b>										
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties										
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4										
<b>Employee Health</b>										
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting										
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion										
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events										
<b>Good Hygienic Practices</b>										
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use										
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth										
<b>Preventing Contamination by Hands</b>										
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed										
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed										
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible										
<b>Approved Source</b>										
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source										
12	<input checked="" 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										
13	<input checked="" 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										
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction										
<b>GOOD RETAIL PRACTICES</b>										
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.										
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation										
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R	
<b>Safe Food and Water</b>										
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required										
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source										
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods										
<b>Food Temperature Control</b>										
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control										
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding										
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used										
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate										
<b>Food Identification</b>										
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container										
<b>Prevention of Food Contamination</b>										
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present										
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display										
40	<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										
41	<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										
42	<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										
<b>Physical Facilities</b>										
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot and cold water available; adequate pressure										
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing installed; proper backflow devices										
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewage and waste water properly disposed										
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet facilities: properly constructed, supplied, & clean										
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage and refuse properly disposed; facilities maintained										
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical facilities installed, maintained, and clean										
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate ventilation and lighting; designated areas used										
Natural rubber latex gloves not used per CGS §19a-36f										
<b>Violations documented</b>										
Priority Item Violations			Date corrections due			#				
Priority Foundation Item Violations			4/1/26			2				
Core Item Violations			5/1/26			2				
Risk Factor/Public Health Intervention Violations						2				
Repeat Risk Factor/Public Health Intervention Violations						2				
Good Retail Practices Violations						7				
Requires Reinspection - check box if you intend to reinspect										

Person in Charge (Signature) <i>[Signature]</i> Date <b>4/1/26</b>
Person in Charge (Printed) <b>Fuat Kilic</b>
Inspector (Signature) <i>[Signature]</i> Date <b>4/1/26</b>
Inspector (Printed) <b>Katelynn Doolady</b>

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/1/26

Establishment Andi's Pizzeria Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
handsink	96°F	WJC - wings	39°F	sanitizer bucket	50 ppm
cold prep - ham	41°F	meatball	39		
tomato	40°F			customer bathroom	96°F
turkey	41°F	hot hold marinara	150°F		
o/c drawer					
cheese	41°F	pizza cold prep			
chicken	58°F	chicken	40°F		
↳ in 30 min	41°F	burger	41°F		

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Description
	Muhammad on site - CFPM
37C	unlabeled squeeze bottles
33PF	improper cooling. chicken cooked @ 11am stored in cold prep unit directly after cooking.
16PF	Knives stored on unclean shelf - (OS)
note	any unused equipment to be removed (cutting boards, etc.)
44C	jumbled utensils on back metal shelf
55C	right side faucet on 3-bay needs cap on old faucet hole.
10C	handwash signage needed in back
note	discussed cleaning frequency of dough mixer.
39C	no dedicated space for dented cans - discussed policy + labeling. Talk to distributor for credit
note	discussed pizza cold prep station - keep lids closed.
47C	monitor pizza cold prep unit - ambient @ 44°F ↳ TCS foods not to be stored in here overnight if temp doesn't reach 41°F or below. Re-stocking occurs every 4 hours.
38C	back hallway / back entrance door w/ gap under door
	Pre-Op / Routine Inspection.
✓	Food Service license provided this day
	send email by correction due date of action / photo proof.

Person in Charge (Signature)	Date <u>4/1/26</u>
Inspector (Signature) <u>Katelyn Doolady</u>	Date <u>4/1/26</u>

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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 4/28/26

Establishment Bajas Fresh Grill Time In 10:30 AM/PM Time Out 11:30 AM/PM

Address 1062 Tolland Tpke LHD Manchester

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

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



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

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

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

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

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"/>	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"/>	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	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 checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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>Conformance with Approved Procedures</b>			
<b>Approved Source</b>								<b>Compliance with variance/specialized process/ROP criteria/HACCP Plan</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 checked="" 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**GOOD RETAIL PRACTICES**

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

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

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

Person in Charge (Signature) José León Date 04-28-26

Person in Charge (Printed) JOSÉ LEÓN

Inspector (Signature) L. Grandy Date 4/28/26

Inspector (Printed) Lauren Grandy

Violations documented	Date corrections due	#
Priority Item Violations		1
Priority Foundation Item Violations	<u>5/8/26</u>	3
Core Item Violations	<u>7/28/26</u>	2
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		8
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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

reinspection: 5/11/26

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 4/28/26  
 Establishment Bajas Fresh Grill Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot hold - steak	139F	Cold-Front-pico	39F	hot water - h.s.	165F
-chicken	140F	salsa	40F	WIC	38F
Hot - rice	158F	dessert case	39F	cut tomato	
chipotle chicken	149F	bottles reach in	39F	raw steak	
peppers/ onion	143F	Bay Marble		chicken cooling	47F
reach in 3 door		raw shrimp	29F	reach in freezer (spec rack)	-4F
pico de gallo	39F	pico de gallo	39F	reach in freezer	-4F
corn salsa	40F	Hot-Birria beef	160F	reach in freezer	-3F

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Description
	CFPM: Luis on site
note	First aid kit / vomit + diarrhea kit: on site
16pF	microwave interior unclean
note	hood to be cleaned - june 2026 - cleaned March 26, 2026
49c	hood baffles not clean
55c	cove base damaged in between Flat top + stove
41c	dirty wiping cloths on table
49c	gasket of wic unclean
16pF	can opener blade unclean
51c	plumbing under 3 bay leaking
note	encon pest control - no issues
54c	outside area declutter / remove trash
54c	clean outdoor trash around dumpster / property
✓ 36 pF	no thin probe thermometer - Found thermometers
note	overall very clean + organized
↓	good date marking
↓	test strips available
	reinspection 5/11/26
	restroom hot water: 85F/89F

Person in Charge (Signature) José León Date 04-28-26  
 Inspector (Signature) J. Smully Date 4/28/26

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>4/28/25</b>
Establishment <b>Big Sky Fitness</b>		Time In <b>9:30</b> AM/PM Time Out <b>10:30</b> AM/PM
Address <b>47 Hartford Pike</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder _____		Reinspection Other _____



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

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

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

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

Supervision				Protection from Contamination							
IN	OUT	N/A/N/O	V	COS	R	IN	OUT	N/A/N/O	V	COS	R
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>				<b>Highly Susceptible Population</b>							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>				<b>Food/Color Additives and Toxic Substances</b>							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>GOOD RETAIL PRACTICES</b>				<b>Conformance with Approved Procedures</b>							
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>											
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation											
Safe Food and Water				Proper Use of Utensils							
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Food Identification</b>				<b>Physical Facilities</b>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Prevention of Food Contamination</b>				<b>Violations documented</b>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				<b>Violations documented</b>							
Person in Charge (Signature) <i>Katrina Doolady</i> Date <b>4/28/26</b>				Date corrections due							
Person in Charge (Printed) <i>Katrina Doolady</i>				Priority Item Violations							
Inspector (Signature) <i>Kate Lynn Doolady</i> Date <b>4/28/26</b>				Priority Foundation Item Violations							
Inspector (Printed) <i>Kate Lynn Doolady</i>				Core Item Violations							
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.				Risk Factor/Public Health Intervention Violations							
				Repeat Risk Factor/Public Health Intervention Violations							
				Good Retail Practices Violations							
				Requires Reinspection - check box if you intend to reinspect							

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/28/26

Establishment Big Sky

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
handsink	130 F				
reach-in					
almond milk	46 F				
spray bleach bottle	50 ppm				
customer bathroom	85 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.
16PF	Soda gun nozzle + holder unclean
28C	Raid Ant + Roach can observed. PIC instructed to remove. Pesticides to be applied by licensed company.
2c	no CFPM on site, PIC knowledgeable - signed up for CFPM
note	PIC indicated smoothie bar floor will be replaced ↳ reach out to Health Dept for approval prior to start. Send spec sheet for floor 1st.
36c	no interior thermometer in overflow fridge. (COS)
note	Discussed cleanliness and separation of employee food in white fridge.

Health Dept to send written procedures for U/D.

Send email of corrected violations

Person in Charge (Signature) [Signature]


Date 4/28/26

Inspector (Signature) Katelynn Doarady

Date 4/28/26

# Connecticut Department of Public Health

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>4/1/26</u>		
Establishment <u>CCGC school</u>				Time In <u>10:30</u> AM/PM Time Out _____ AM/PM		
Address <u>317 N. Main 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	V	COS	R	IN	OUT	N/A	N/O	V	COS	R						
<b>Supervision</b>																			
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Person/Alternate Person in charge present, demonstrates knowledge and performs duties Pf																			
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Certified Food Protection Manager for Classes 2, 3, & 4 C																			
<b>Employee Health</b>																			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Management, food employee and conditional employee; knowledge, responsibilities and reporting P/Pf																			
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Proper use of restriction and exclusion P																			
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Written procedures for responding to vomiting and diarrheal events Pf																			
<b>Good Hygienic Practices</b>																			
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																
Proper eating, tasting, drinking, or tobacco products use P/C																			
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																
No discharge from eyes, nose, and mouth C																			
<b>Preventing Contamination by Hands</b>																			
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																
Hands clean and properly washed P/Pf																			
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed P/Pf/C																			
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Adequate handwashing sinks, properly supplied/accessible Pf/C																			
<b>Approved Source</b>																			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Food obtained from approved source P/Pf/C																			
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																
Food received at proper temperature P/Pf																			
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Food in good condition, safe, and unadulterated P/Pf																			
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																
Required records available: molluscan shellfish identification, parasite destruction P/Pf/C																			
<b>GOOD RETAIL PRACTICES</b>																			
OUT		N/A		N/O		V		COS		R		OUT		V		COS		R	
<b>Safe Food and Water</b>																			
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Pasteurized eggs used where required P																			
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Water and ice from approved source P/Pf/C																			
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																
Variance obtained for specialized processing methods Pf																			
<b>Food Temperature Control</b>																			
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Proper cooling methods used; adequate equipment for temperature control Pf/C																			
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																
Plant food properly cooked for hot holding Pf																			
35	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																
Approved thawing methods used Pf/C																			
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Thermometers provided and accurate Pf/C																			
<b>Food Identification</b>																			
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Food properly labeled; original container Pf/C																			
<b>Prevention of Food Contamination</b>																			
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Insects, rodents, and animals not present Pf/C																			
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Contamination prevented during food preparation, storage & display P/Pf/C																			
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Personal cleanliness Pf/C																			
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Wiping cloths: properly used and stored C																			
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Washing fruits and vegetables P/Pf/C																			
<b>Physical Facilities</b>																			
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Hot and cold water available; adequate pressure Pf																			
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Plumbing installed; proper backflow devices P/Pf/C																			
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Sewage and waste water properly disposed P/Pf/C																			
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Toilet facilities: properly constructed, supplied, & clean Pf/C																			
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Garbage and refuse properly disposed; facilities maintained C																			
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Physical facilities installed, maintained, and clean P/Pf/C																			
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Adequate ventilation and lighting; designated areas used C																			
Natural rubber latex gloves not used per CGS §19a-36f																			
<b>Violations documented</b>																			
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																			

Person in Charge (Signature) Sharon Bell Date 4-1-26

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

Inspector (Signature) L. Brandy Date 4/1/26

Inspector (Printed) Lauren Brandy

1st - White: Health Department

410 Capitol Avenue MS#11FDP  
Hartford, CT 06134

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



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>4/15/26</u>
Establishment <u>Charleys</u>		Time In <u>11</u> AM/PM Time Out <u>12</u> AM/PM
Address <u>194 Buckland Hills Dr. #2058</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>		
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
15 16 17	Protection from Contamination	V COS R
18 19 20 21 22 23 24	Time/Temperature Control for Safety	V COS R
25 26 27 28	Consumer Advisory	V COS R
29	Highly Susceptible Population	V COS R
30 31 32	Food/Color Additives and Toxic Substances	V COS R
33 34 35 36	Approved Source	V COS R
37 38 39 40 41 42	Good Hygienic Practices	V COS R
43 44 45 46	Preventing Contamination by Hands	V COS R
47 48 49	Approved Source	V COS R
50 51 52 53 54 55 56	Good Retail Practices	V COS R
57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	Good Retail Practices	V COS R
OUT N/A N/O	Safe Food and Water	V COS R
OUT	Proper Use of Utensils	V COS R
OUT	Utensils and Equipment	V COS R
OUT	Physical Facilities	V COS R
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) _____	Date <u>4/15/26</u>	
Person in Charge (Printed) <u>Karen J</u>		
Inspector (Signature) <u>L. Grandy</u>	Date <u>4/15/26</u>	
Inspector (Printed) <u>Lauren Grandy</u>		
Violations documented		#
Priority Item Violations		1
Priority Foundation Item Violations	<u>4/25/26</u>	2
Core Item Violations	<u>7/15/26</u>	9
Risk Factor/Public Health Intervention Violations		3
Repeat Risk Factor/Public Health Intervention Violations		3
Good Retail Practices Violations		8
Requires Reinspection - check box if you intend to reinspect		
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.		

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/15/26

Establishment Charley's Subs

Town Manchester


### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Bay Marie		WIF	0F	handsink h.w.	95F
Chicken wing	39F			3 bay h.w.	710F
cheese	40F	WIC			
philly steak raw	39F	cut tomato	40F	quat 3 bay	200-400ppm
		cut jalapeno	39F		
Bay Marie		internal cheesesteak	168F		
tomato cut	40F				
cheese	40F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CFPM: Kevin On site
note	discussed 1 bag fries for cooking
note	discussed leaving syrups in refrigeration vs. ice baths
55c	speaking in front of house peeling off wall
10c	Splash guard required at front handsink next to lemonade
note	discussed cup for scoop for ice at front of house
37c	squeeze bottles not labeled in front of house
49c	Floor front of house unclean (under equipment) + in establishment <sup>(back)</sup>
49c	exterior of bins with single use utensils unclean / sauces
55c	ceiling tiles unclean
16pF	interior of ice machine unclean
note	discussed use of bleach v. quat sanitizer - use quat
47c	gasket damaged of WIF/WIC unable to access WIF (too full) -
16pF	interior walls of WIC unclean
✓ *	email Lgrandy@manchesterct.gov with grease trap reports
49c	Floors around grease trap unclean
55c	gaps/holes in wall by mop sink
note	Test strip for quat sanitizer + bleach available
↓	Thermometer available on site
✓	cleaning schedule in place by pic/Manager
	email corrective actions to health dept (email above)
Person in Charge (Signature)	Date <u>4/15/26</u>
Inspector (Signature) <u>L. Grandy</u>	Date <u>4/15/26</u>

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>4/22/26</u>	
Establishment: <u>Chius</u>		Time In: <u>11</u> AM/PM Time Out: _____ AM/PM	
Address: <u>250 Buckland St</u>		LHD: <u>Manchester</u>	
Town/City: <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder: <u>CFPM: Debbie Curtis</u>		Reinspection Other _____	
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>			
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.			
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed			
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			
<b>Supervision</b>	<b>Protection from Contamination</b>	<b>Time/Temperature Control for Safety</b>	
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4 C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
<b>Employee Health</b>			
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	<b>Consumer Advisory</b>		
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	25 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>		
<b>Good Hygienic Practices</b>			
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	<b>Highly Susceptible Population</b>		
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>		
<b>Preventing Contamination by Hands</b>			
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>		
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	27 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>		
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessibile Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>		
<b>Approved Source</b>			
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	<b>Conformance with Approved Procedures</b>		
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>		
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	<b>GOOD RETAIL PRACTICES</b>		
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			
<b>Safe Food and Water</b>	<b>Proper Use of Utensils</b>	<b>Utensils and Equipment</b>	
30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	43 <input type="checkbox"/> OUT In-use utensils: properly stored C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	47 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
31 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	44 <input type="checkbox"/> OUT Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	48 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
32 <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	45 <input type="checkbox"/> OUT Single-use/single-service articles: properly stored & used P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	49 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
<b>Food Temperature Control</b>			
33 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	<b>Physical Facilities</b>		
34 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Plant food properly cooked for hot holding Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	50 <input type="checkbox"/> OUT Hot and cold water available; adequate pressure Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>		
35 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Approved thawing methods used Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	51 <input type="checkbox"/> OUT Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>		
36 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	52 <input type="checkbox"/> OUT Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>		
<b>Food Identification</b>			
37 <input type="checkbox"/> OUT Food properly labeled; original container Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	53 <input type="checkbox"/> OUT Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>		
<b>Prevention of Food Contamination</b>			
38 <input checked="" type="checkbox"/> OUT Insects, rodents, and animals not present Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	54 <input type="checkbox"/> OUT Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>		
39 <input type="checkbox"/> OUT Contamination prevented during food preparation, storage & display P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	55 <input type="checkbox"/> OUT Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>		
40 <input type="checkbox"/> OUT Personal cleanliness Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	56 <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>		
41 <input type="checkbox"/> OUT Wiping cloths: properly used and stored C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	<input type="checkbox"/> OUT Natural rubber latex gloves not used per CGS §19a-36f		
42 <input type="checkbox"/> OUT Washing fruits and vegetables P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	<b>Violations documented</b>		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.			
Person in Charge (Signature) <u>[Signature]</u> Date <u>4/22/26</u>	Priority Item Violations	#	
Person in Charge (Printed) <u>Debbie Curtis</u>	Priority Foundation Item Violations	<u>3</u>	
Inspector (Signature) <u>[Signature]</u> Date <u>4/22/26</u>	Core Item Violations	<u>2</u>	
Inspector (Printed) <u>Lauren Brandy</u>	Risk Factor/Public Health Intervention Violations	<u>2</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.			
Requires Reinspection - check box if you intend to reinspect			

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/22/26

Establishment chilis

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
reach in salsa	39F	WIF	0F	not water	85F
hot-queso	127F	wic		sanitizer bucket	200-400 ppm
Reach in Freezer	0F	Ribs	41F	3 bay pouch area	127F
Reach in Freezer	0F	raw steak	40F		
Bay Marie		chicken wing	39F	raw chicken wing	39F
corn	40F	Hot-Mac cheese	167F	cut tomato	40F
Tomato/pico	39F	Hot-Mashed potato	149F		
internal-Mozz	139F	ranch-cold	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.
	CFPM: Debbie Curtis
49c	heat lamp area unclean (cookline)
16pf	interior of microwave unclean (front cookline/server)
49c	caulking by 3 bay area unclean
note	hood to be cleaned 4/28/26
49c	wif floor + mat unclean
49c	fan cover in wic unclean
note	microwave in rear not working to be removed
16pf	cutting board damaged on cookline
47c	Towel placed under cutting board on cookline
38pf	Fruit Flies at bar area (per Manager replacing Beer cooler)
note	3 bay at bar area being worked on at 3 bay - unable to inspect at this time
note	Test strips + Thermometer available
note	replacing ceiling tiles throughout
note	discussed pest control
note	great equipment/storage throughout
note	good glove use
	email corrective action to lgrandy@manchesterct.gov for above violations.

Person in Charge (Signature)	Date <u>4/22/26</u>
Inspector (Signature)	Date <u>4/22/26</u>

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>4/7/26</b>	
Establishment <b>China Wok</b>	Time In <b>10:00</b> AM/PM Time Out <b>11:30</b> AM/PM	
Address <b>194 Buckland Hills Dr #2070</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <b>Shuai Jiang</b>	Reinspection Other _____	



Connecticut Department of Public Health

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

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

Permit Holder shall notify customers that a copy of the most recent inspection report is available.											
Person in Charge (Signature) <b>Shuai Jiang</b>				Date <b>4/7/2026</b>							
Person in Charge (Printed) <b>Shuai Jiang</b>											
Inspector (Signature) <b>Katelyn Doolady</b>				Date <b>4/7/26</b>							
Inspector (Printed) <b>Katelyn Doolady</b>											

Violations documented	Date corrections due	#
Priority Item Violations	<b>COS</b>	<b>2</b>
Priority Foundation Item Violations		
Core Item Violations	<b>5/7/26</b>	<b>5</b>
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		<b>1</b>
Good Retail Practices Violations		<b>6</b>
Requires Reinspection - check box if you intend to reinspect		

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/7/26

Establishment China Wok

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
handsink	107F	WIC - noodles	39	3-bay hot	
cold prep unit		egg roll	40	sanitizer bleach	100ppm
chicken		chicken	91	WIE ambient	100F
beef		Final cook chicken	188F		
hot hold rice				Serving Steam table	
white	155	V/C cooler - shrimp	41F	fried chicken	140
yellow	154	front V/C - peas	40F	chicken + veg	153

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Description
CGS	latex gloves being used. PIC instructed to discard
47C	bus bucket cracked in WIC w/ noodles in it ↳ moved to different bucket
15P	carrots stored too close to raw chicken (CGS)
49C	WIC fan covers unclean
49C	shelving in WIC unclean / rusty
52P	grease trap unplugged, plugged back in in morning (CGS)
52C	severe ice build up on condensation lines in freezer
47C	inverter microwave not NSF or equivalent as required by Manchester Ordinance.
note	hood cleaning due 4/5/26 - call to schedule now
	discussed handwashing + utensil use
	overall clean + organized. much improved!

\* correct all violations by 5/7/26. send email.

Person in Charge (Signature)

Date 4/7/2026

Inspector (Signature) Katelyn Doolady

Date 4/7/26

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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 4/15/26

Establishment Cosmic Omelet Time In 8:45 AM/PM Time Out 10:00 AM/PM

Address 485 Hartford Rd. LHD Manchester

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

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



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

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

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

P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R	COS=corrected on-site during inspection	R=repeat violation
<b>Supervision</b>						
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	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"/>
<b>Employee Health</b>						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<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"/>
<b>Good Hygienic Practices</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"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>						
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"/>
<b>Approved Source</b>						
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>
<b>Protection from Contamination</b>						
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<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"/>
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"/>
<b>Time/Temperature Control for Safety</b>						
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<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"/>
<b>Consumer Advisory</b>						
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>
<b>Highly Susceptible Population</b>						
26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>
<b>Food/Color Additives and Toxic Substances</b>						
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved and properly used	P	<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"/>
<b>Conformance with Approved Procedures</b>						
29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>

**GOOD RETAIL PRACTICES**

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

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

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

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

Person in Charge (Signature) [Signature] Date \_\_\_\_\_

Person in Charge (Printed) Tracy Devine

Inspector (Signature) Kathryn Doolady Date 4/15/26

Inspector (Printed) Kathryn Doolady

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations	<u>COS</u>	<u>1</u>
Core Item Violations	<u>COS</u>	<u>1</u>
Risk Factor/Public Health Intervention Violations	<u>4/15/26</u>	<u>1</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 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.

email response for "reinspection"

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 4/15/26

Establishment Cosmic Omelet Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
handsink - front counter	86 F	WIC - full ham	160 F	customer bathroom	96 F
cold prep - ham	40 F	poached eggs	41 F	dishmachine	71/60 F
cheese	41 F	sliced tomato	41 F		
reach in - home fries	41 F	server reach in		sanitizer bucket	400ppm
cookline drawers		milk	40 F		
pico	40 F				
hash	40 F				
gravy hot hold	190 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

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
	Tracy - CFPM on site
49C	gaskets + interior of cold prep unit on cookline unclean
55C	wood shelving by oven paint chipping. -repeat
55C	ceiling tiles not washable / damaged on cookline - repeat
49C	wall behind cookline equipment unclean
37C	unlabeled squeeze bottles + containers throughout - repeat
55C	Kickplate on WIC damaged
49C	Shelving in WIC unclean, especially top shelf (L) of fan
16P	unclean bottles stored w/ clean wares (COS)
	↳ discussed w/ PIC
55C	Instructed owner to remove excess clutter / broken equipment
	↳ back dry storage room needs general organizing
16PF	meat slicer unclean (COS)
note	discussed cooling of ham in WIC - PIC to cut into smaller sections + utilize ice bath in WIC for cooling.
	Proper labeling for TPC observed ✓
	discussed sanitizer locations - 1 rag per bucket.
	↳ use Nu-Foam tablets.
	End of day cleaning routine discussed w/ staff.
	Submit plan for core violations. need corrective timeline to be approved. send to Health Dept by 5/15/26.

Person in Charge (Signature) Date \_\_\_\_\_

Inspector (Signature) Kathryn Doolady Date 4/15/26

Risk Category: )	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>4/27/26</u>	
Establishment <u>Dollar Tree</u>	Time In <u>2:30</u> AM/PM Time Out <u>3:30</u> AM/PM	
Address <u>297 East Center St</u>	LHD <u>Manchester</u>	
Town/City <u>Manchester</u>	Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder <u>Rebecca Chambers</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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessibility	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

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

Person in Charge (Signature) _____ Date <u>4/27/26</u> Person in Charge (Printed) <u>Michael Pullo</u> Inspector (Signature) <u>Katelynn Doolady</u> Date <u>4/27/26</u> Inspector (Printed) <u>Katelynn Doolady</u>			Violations documented 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 <input checked="" type="checkbox"/>	Date corrections due <u>7/27/26</u> # <u>1</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.



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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 4/28/26

Establishment: Firestone Time In: 8:45 AM/PM Time Out: \_\_\_\_\_ AM/PM

Address: 1115 Main St LHD: Manchester

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

Permit Holder: Sophia Reinspection Other \_\_\_\_\_



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

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

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

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

Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
							16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>									
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>									
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>				<b>Highly Susceptible Population</b>									
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<b>Food/Color Additives and Toxic Substances</b>						
<b>Approved Source</b>				<b>Conformance with Approved Procedures</b>									
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>GOOD RETAIL PRACTICES</b>				<b>Physical Facilities</b>									
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.													
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>									
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Temperature Control</b>				<b>Utensils and Equipment</b>									
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Identification</b>				<b>Physical Facilities</b>									
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<b>Prevention of Food Contamination</b>				<b>Violations documented</b>									
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				56									
Person in Charge (Signature) <u>Casey McCarthy</u> Date <u>4/28/26</u>				Adequate ventilation and lighting; designated areas used									
Person in Charge (Printed) <u>Casey McCarthy</u>				Natural rubber latex gloves not used per CGS §19a-36f									
Inspector (Signature) <u>Lauren Brandy</u> Date <u>4/28/26</u>				Violations documented									
Inspector (Printed) <u>Lauren Brandy</u>				Date corrections due									
				#									


Violations documented	Date corrections due	#
Priority Item Violations		1
Priority Foundation Item Violations	<u>5/8/26</u>	1
Core Item Violations	<u>7/28/26</u>	3
Risk Factor/Public Health Intervention Violations		1
Repeat Risk Factor/Public Health Intervention Violations		1
Good Retail Practices Violations		3
Requires Reinspection - check box if you intend to reinspect		

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



# Connecticut Department of Public Health

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other	Date: <b>4/1/26</b>	
Establishment: <b>Great Path Academy</b>	Time In: <b>11:15</b> AM/PM	Time Out: <b>11:45</b> AM/PM
Address: <b>60 Bidwell St #20</b>	LHD: <b>Manchester</b>	
Town/City: <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder: <b>CEPM: MARV On site</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

Item	Compliance Status				Description	Violation Type	Corrective Action		
	IN	OUT	N/A	N/O			V	COS	R
<b>Supervision</b>									
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>									
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>									
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>									
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>									
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>GOOD RETAIL PRACTICES</b>									
Item	Compliance Status				Description	Violation Type	Corrective Action		
	OUT	N/A	N/O	V			COS	R	
<b>Safe Food and Water</b>									
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Temperature Control</b>									
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Identification</b>									
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Prevention of Food Contamination</b>									
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Proper Use of Utensils</b>									
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Utensils and Equipment</b>									
47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	<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"/>
<b>Physical Facilities</b>									
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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 <input type="checkbox"/>									
Person in Charge (Signature) <b>Mary Holmes</b> Date <b>4/1/26</b>									
Person in Charge (Printed) <b>MARY HOLMES</b>									
Inspector (Signature) <b>Lauren Grandy</b> Date <b>4/1/26</b>									
Inspector (Printed) <b>Lauren Grandy</b>									

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/1/26

Establishment Great path academy Town Manchester

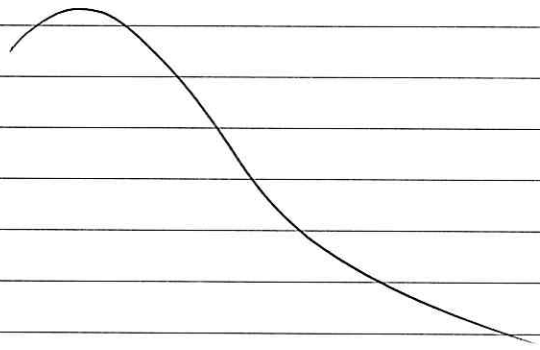
### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot holding chicken sandwich	135°F			handsink	85°F
French Fries	139°F			sanitizer bucket	200-400 ppm
French Fries	141°F				
reach in cooler pre-packaged product	38°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	Observations and Corrective Actions
	CFPM: Mary Holmes
note	All food brought in from Hartford public schools
↓	all containers to be returned to Hartford public school <del>to</del> to be wash rinse sanitized
↓	good glove use observed by staff
	thermometer / alcohol wipes available
	sanitizer bucket ✓
	organized + clean
	good equipment storage
	no violations observed at time of inspection



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

Date 4-1-26  
 Date 4/1/26

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: Permanent Temporary <b>Mobile</b> Other _____		Date: <b>4/28/26</b>
Establishment <b>Hungry Lion</b>		Time In <b>10</b> AM/PM Time Out <b>10:30</b> AM/PM
Address <b>Lic #</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Kyle + Jessica Killay</b>		Reinspection Other _____



### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed  
 P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

Supervision				Protection from Contamination																				
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R											
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>											
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected																				
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>											
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized																				
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>																				
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>											
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper cooking time and temperatures																				
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>											
Proper use of restriction and exclusion				Proper reheating procedures for hot holding																				
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>											
Written procedures for responding to vomiting and diarrheal events				Proper cooling time and temperatures																				
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>																				
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>											
Proper eating, tasting, drinking, or tobacco products use				Consumer advisory provided: raw/undercooked food																				
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Population</b>																	
No discharge from eyes, nose, and mouth				Pasteurized foods used; prohibited foods not offered																				
<b>Preventing Contamination by Hands</b>				<b>Food/Color Additives and Toxic Substances</b>																				
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>											
Hands clean and properly washed				Food additives: approved and properly used																				
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>											
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Toxic substances properly identified, stored & used																				
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Conformance with Approved Procedures</b>																	
Adequate handwashing sinks, properly supplied/accessibile				Compliance with variance/specialized process/ROP criteria/HACCP Plan																				
<b>Approved Source</b>				<b>GOOD RETAIL PRACTICES</b>																				
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.																	
Food obtained from approved source				Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																				
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>													
Food received at proper temperature				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"/>							
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Food in good condition, safe, and unadulterated				32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>							
Required records available: molluscan shellfish identification, parasite destruction				<b>Food Temperature Control</b>				46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils and Equipment</b>									
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Proper cooling methods used; adequate equipment for temperature control				34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding				36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>						
Approved thawing methods used				<b>Food Identification</b>				37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>			
Thermometers provided and accurate				38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container				<b>Prevention of Food Contamination</b>				39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
Insects, rodents, and animals not present				39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display				40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness				41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored				42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Violations documented</b>													
Washing fruits and vegetables				<b>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</b>						<b>Date corrections due</b>														
<b>Person in Charge (Signature)</b> <i>Jessica Killay</i> Date <b>4/28/26</b>				<b>Priority Item Violations</b> =						<b>#</b> =														
<b>Person in Charge (Printed)</b> <b>Jessica Killay</b>				<b>Priority Foundation Item Violations</b> =						<b>Risk Factor/Public Health Intervention Violations</b> =														
<b>Inspector (Signature)</b> <i>Lauren Grandy</i> Date <b>4/28/26</b>				<b>Core Item Violations</b> =						<b>Repeat Risk Factor/Public Health Intervention Violations</b> =														
<b>Inspector (Printed)</b> <b>Lauren Grandy</b>				<b>Good Retail Practices Violations</b> =						<b>Requires Reinspection - check box if you intend to reinspect</b>														

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



Risk Category: <b>4</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other	Date: <b>4/21/26</b>	
Establishment: <b>KinderCare</b>	Time In: <b>10:30</b> AM/PM	Time Out: <b>11:30</b> AM/PM
Address: <b>481 Spring St.</b>	LHD: <b>Manchester</b>	
Town/City: <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder: <b>Jessenia Seda</b>	Reinspection Other	



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

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

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item															
IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
IN	OUT	N/A	N/O		V	COS	R	IN	OUT	N/A	N/O	V	COS	R	
				<b>Supervision</b>								<b>Protection from Contamination</b>			
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 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"/>	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>Highly Susceptible Population</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/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"/>
				<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"/>	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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
				<b>GOOD RETAIL PRACTICES</b>								<b>Conformance with Approved Procedures</b>			
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT	N/A	N/O		V	COS	R	OUT	V	COS	R					
				<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"/>	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input checked="" type="checkbox"/>	<input checked="" 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>Violations documented</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"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	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"/>	Sewage and waste water properly disposed	P/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"/>	Toilet facilities: properly constructed, supplied, & clean	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"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	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"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Person in Charge (Signature) <i>Jessenia Seda</i> Date <b>4/21/26</b> Person in Charge (Printed) <b>Jessenia Seda</b> Inspector (Signature) <i>Kathryn Doolady</i> <b>4/21/26</b> Inspector (Printed) <b>Kathryn Doolady</b>															
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.															

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



Risk Category: <b>i</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: Permanent Temporary <b>Mobile</b> Other _____		Date: <b>4/14/26</b>
Establishment <b>KONA TRUCK</b>		Time In _____ AM/PM Time Out _____ AM/PM
Address <b>AE 24213</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op _____
Permit Holder <b>Brenda + Melvin Burkev</b>		Reinspection _____ Other _____



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

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

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item												IN=in compliance			OUT=not in compliance			N/A=not applicable			N/O=not observed								
P=Priority item Pf=Priority foundation item C=Core item V=violation type												Mark in appropriate box for COS and/or R			COS=corrected on-site during inspection			R=repeat violation											
IN	OUT	N/A	N/O	Supervision								V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination								V	COS	R
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties								Pf	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15 Food separated and protected								P/C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	2 Certified Food Protection Manager for Classes 2, 3, & 4								C	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16 Food-contact surfaces: cleaned & sanitized								P/Pf/C	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 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 checked="" type="radio"/>	<input type="radio"/>	17 Proper disposition of returned, previously served, reconditioned, and unsafe food								P	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 Proper use of restriction and exclusion								P	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	18 Proper cooking time and temperatures								P/Pf/C	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5 Written procedures for responding to vomiting and diarrheal events								Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	19 Proper reheating procedures for hot holding								P	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	6 Proper eating, tasting, drinking, or tobacco products use								P/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	20 Proper cooling time and temperatures								P	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	7 No discharge from eyes, nose, and mouth								C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	21 Proper hot holding temperatures								P	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	8 Hands clean and properly washed								P/Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	22 Proper cold holding temperatures								P	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	9 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 checked="" type="radio"/>	<input type="radio"/>	23 Proper date marking and disposition								P/Pf	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10 Adequate handwashing sinks, properly supplied/accessible								Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	24 Time as a public health control: procedures and records								P/Pf/C	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11 Food obtained from approved source								P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25 Consumer advisory provided: raw/undercooked food								Pf	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	12 Food received at proper temperature								P/Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	26 Pasteurized foods used; prohibited foods not offered								P/C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	13 Food in good condition, safe, and unadulterated								P/Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	27 Food additives: approved and properly used								P	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	14 Required records available: molluscan shellfish identification, parasite destruction								P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28 Toxic substances properly identified, stored & used								P/Pf/C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	15 Required records available: molluscan shellfish identification, parasite destruction								P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	29 Compliance with variance/specialized process/ROP criteria/HACCP Plan								P/Pf/C	<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"/>	30 Pasteurized eggs used where required								P	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43 In-use utensils: properly stored								C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	31 Water and ice from approved source								P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	44 Utensils/equipment/linens: properly stored, dried, & handled								Pf/C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	32 Variance obtained for specialized processing methods								Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	45 Single-use/single-service articles: properly stored & used								P/C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33 Proper cooling methods used; adequate equipment for temperature control								Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	46 Gloves used properly								C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	34 Plant food properly cooked for hot holding								Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used								P/Pf/C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	35 Approved thawing methods used								Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	48 Warewashing facilities: installed, maintained, and used; cleaning agents, sanitizers, and test strips available								Pf/C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	36 Thermometers provided and accurate								Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	49 Non-food contact surfaces clean								C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	37 Food properly labeled; original container								Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	50 Hot and cold water available; adequate pressure								Pf	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	38 Insects, rodents, and animals not present								Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	51 Plumbing installed; proper backflow devices								P/Pf/C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	39 Contamination prevented during food preparation, storage & display								P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	52 Sewage and waste water properly disposed								P/Pf/C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	40 Personal cleanliness								Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	53 Toilet facilities: properly constructed, supplied, & clean								Pf/C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	41 Wiping cloths: properly used and stored								C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	54 Garbage and refuse properly disposed; facilities maintained								C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	42 Washing fruits and vegetables								P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	55 Physical facilities installed, maintained, and clean								P/Pf/C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43 Food properly labeled; original container								Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	56 Adequate ventilation and lighting; designated areas used								C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	44 Insects, rodents, and animals not present								Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Natural rubber latex gloves not used per CGS §19a-36f									<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>Melvin Burkev</b>	Date <b>4/14/26</b>
Person in Charge (Printed) <b>Melvin Burkev</b>	
Inspector (Signature) <b>L. Grandy</b>	Date <b>4/14/26</b>
Inspector (Printed) <b>Lauren Grandy</b>	

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.



Risk Category: <u>1</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: Permanent Temporary <u>Mobile</u> Other _____		Date: <u>4/14/26</u>
Establishment <u>Kona Truck Trailer</u>	 <p>Connecticut Department of Public Health</p>	Time In <u>2</u> AM/PM Time Out _____ AM/PM
Address <u>AY 52188</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: Routine <u>Pre-op</u>
Permit Holder _____		Reinspection _____ Other _____

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

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

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

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

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

**GOOD RETAIL PRACTICES**

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

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

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

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

Person in Charge (Signature) <u>Mels Burke</u>	Date <u>4/14/26</u>
Person in Charge (Printed) <u>Melvin Burke</u>	
Inspector (Signature) <u>L. Brandy</u>	Date <u>4/14/26</u>
Inspector (Printed) <u>Lauren Brandy</u>	

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations		0
Core Item Violations	<u>7/14/26</u>	1
Risk Factor/Public Health Intervention Violations		0
Repeat Risk Factor/Public Health Intervention Violations		0
Good Retail Practices Violations		1
Requires Reinspection - check box if you intend to reinspect		

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/14/26

Establishment Kona Truck AY52188 Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
				3 bay	113F

### OBSERVATIONS AND CORRECTIVE ACTIONS

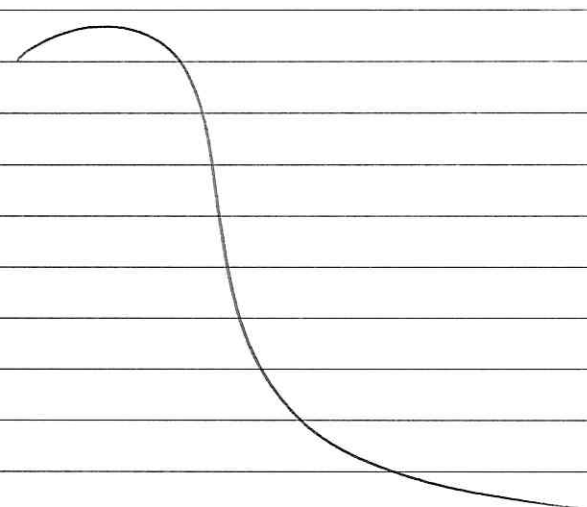
Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.

Item Number

A9C ice bin to be drained + cleaned prior to use


very clean + organized!

no issues on trailer  
discussed sanitizer / test strips



Person in Charge (Signature) Mel & Bob  
Inspector (Signature) R. Brandy

Date 4/4/26  
Date 4/14/26

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>4/14/26</u>
Establishment <u>Kona ice (base)</u>	 <p>Connecticut Department of Public Health</p>	Time In <u>2</u> AM/PM Time Out _____ AM/PM
Address <u>59 Tolland Ave</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Brenda + Melvin Burkey</u>		Reinspection _____ Other _____

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

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


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

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

Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							Food separated and protected						
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized						
<b>Employee Health</b>							<b>Time/Temperature Control for Safety</b>						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Proper disposition of returned, previously served, reconditioned, and unsafe food						
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Proper use of restriction and exclusion							Proper cooking time and temperatures						
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Written procedures for responding to vomiting and diarrheal events							Proper reheating procedures for hot holding						
<b>Good Hygienic Practices</b>							<b>Consumer Advisory</b>						
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Proper eating, tasting, drinking, or tobacco products use							Consumer advisory provided: raw/undercooked food						
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
No discharge from eyes, nose, and mouth							Highly Susceptible Population						
<b>Preventing Contamination by Hands</b>							<b>Food/Color Additives and Toxic Substances</b>						
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Hands clean and properly washed							Food additives: approved and properly used						
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							Toxic substances properly identified, stored & used						
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Adequate handwashing sinks, properly supplied/accessible							<b>Conformance with Approved Procedures</b>						
<b>Approved Source</b>							<b>Good Retail Practices</b>						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Food obtained from approved source							Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation						
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food received at proper temperature							<b>Safe Food and Water</b>						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Food in good condition, safe, and unadulterated							Pasteurized eggs used where required						
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				31	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Required records available: molluscan shellfish identification, parasite destruction							Water and ice from approved source						
<b>GOOD RETAIL PRACTICES</b>							<b>Food Temperature Control</b>						
<b>Good Retail Practices</b> are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							<b>Proper Use of Utensils</b>						
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation							Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation						
<b>Safe Food and Water</b>							<b>Utensils and Equipment</b>						
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Variance obtained for specialized processing methods							Proper cooling methods used; adequate equipment for temperature control						
<b>Food Identification</b>							<b>Prevention of Food Contamination</b>						
37	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Food properly labeled; original container							Plant food properly cooked for hot holding						
<b>Prevention of Food Contamination</b>							<b>Physical Facilities</b>						
38	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				35	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Insects, rodents, and animals not present							Approved thawing methods used						
39	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				36	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Contamination prevented during food preparation, storage & display							Thermometers provided and accurate						
40	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				<b>Violations documented</b>						
Personal cleanliness							Date corrections due #						
41	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				Priority Item Violations	-	-				
Wiping cloths: properly used and stored							Priority Foundation Item Violations	-	-				
42	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				Core Item Violations	7/14/26	2				
Washing fruits and vegetables							Risk Factor/Public Health Intervention Violations	-	-				
Permit Holder shall notify customers that a copy of the most recent inspection report is available.							Repeat Risk Factor/Public Health Intervention Violations	-	-				
Person in Charge (Signature) <u>M &amp; Burkey</u> Date <u>4/2/26</u>							Good Retail Practices Violations	-	-				
Person in Charge (Printed) <u>Melvin Burkey</u>							Requires Reinspection - check box if you intend to reinspect	-	-				
Inspector (Signature) <u>L. Grandy</u> Date <u>4/14/26</u>													
Inspector (Printed) <u>Lauren Grandy</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.




Risk Category: <u>1</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
Establishment type: Permanent Temporary <b>Mobile</b> Other _____		Date: <u>4/14/26</u>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
Establishment <u>Kona Ice</u>	 <p>Connecticut Department of Public Health</p>	Time In _____ AM/PM Time Out _____ AM/PM																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
Address <u>BK19611</u>		LHD <u>Manchester</u>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
Town/City <u>Manchester</u>		Purpose of Inspection: Routine <b>Pre-op</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Item</th> <th colspan="3">IN</th> <th colspan="3">OUT</th> <th colspan="3">N/A</th> <th colspan="3">N/O</th> <th rowspan="2">Description</th> <th rowspan="2">V</th> <th rowspan="2">COS</th> <th rowspan="2">R</th> </tr> <tr> <th></th><th></th><th></th> <th></th><th></th><th></th> <th></th><th></th><th></th> <th></th><th></th><th></th> </tr> </thead> <tbody> <tr> <td colspan="17" style="text-align: center;"><b>Supervision</b></td> </tr> <tr> <td>1</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input checked="" type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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> </tr> <tr> <td>2</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input checked="" type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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> </tr> <tr> <td colspan="17" style="text-align: center;"><b>Employee Health</b></td> </tr> <tr> <td>3</td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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> </tr> <tr> <td>4</td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Proper use of restriction and exclusion</td><td>P</td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td>5</td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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> </tr> <tr> <td colspan="17" style="text-align: center;"><b>Good Hygienic Practices</b></td> </tr> <tr> <td>6</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input checked="" type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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> </tr> <tr> <td>7</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input checked="" type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>No discharge from eyes, nose, and mouth</td><td>C</td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td colspan="17" style="text-align: center;"><b>Preventing Contamination by Hands</b></td> </tr> <tr> <td>8</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input checked="" type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Hands clean and properly washed</td><td>P/Pf</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 checked="" type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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> </tr> <tr> <td>10</td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Adequate handwashing sinks, properly supplied/accessible</td><td>Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td colspan="17" style="text-align: center;"><b>Approved Source</b></td> </tr> <tr> <td>11</td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Food obtained from approved source</td><td>P/Pf/C</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 checked="" type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Food received at proper temperature</td><td>P/Pf</td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td>13</td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Food in good condition, safe, and unadulterated</td><td>P/Pf</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 checked="" type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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> </tr> <tr> <td colspan="17" style="text-align: center;"><b>GOOD RETAIL PRACTICES</b></td> </tr> <tr> <td colspan="17"><i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i></td> </tr> <tr> <td colspan="17">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="17"> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Item</th> <th colspan="3">OUT</th> <th colspan="3">N/A</th> <th colspan="3">N/O</th> <th rowspan="2">Description</th> <th rowspan="2">V</th> <th rowspan="2">COS</th> <th rowspan="2">R</th> </tr> <tr> <th></th><th></th><th></th> <th></th><th></th><th></th> <th></th><th></th><th></th> </tr> </thead> <tbody> <tr> <td colspan="14" style="text-align: center;"><b>Safe Food and Water</b></td> </tr> <tr> <td>30</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Pasteurized eggs used where required</td><td>P</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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Water and ice from approved source</td><td>P/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 checked="" type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Variance obtained for specialized processing methods</td><td>Pf</td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td colspan="14" style="text-align: center;"><b>Food Temperature Control</b></td> </tr> <tr> <td>33</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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> </tr> <tr> <td>34</td><td><input type="radio"/></td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Plant food properly cooked for hot holding</td><td>Pf</td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td>35</td><td><input type="radio"/></td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Approved thawing methods used</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 checked="" type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Thermometers provided and accurate</td><td>Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td colspan="14" style="text-align: center;"><b>Food Identification</b></td> </tr> <tr> <td>37</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Food properly labeled; original container</td><td>Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td colspan="14" style="text-align: center;"><b>Prevention of Food Contamination</b></td> </tr> <tr> <td>38</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Insects, rodents, and animals not present</td><td>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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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> </tr> <tr> <td>40</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Personal cleanliness</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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Wiping cloths: properly used and stored</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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Washing fruits and vegetables</td><td>P/Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td colspan="17">Permit Holder shall notify customers that a copy of the most recent inspection report is available.</td> </tr> <tr> <td colspan="17"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Person in Charge (Signature) <u>Melvin Burke</u></td> <td>Date <u>4/14/26</u></td> </tr> <tr> <td>Person in Charge (Printed) <u>Melvin Burke</u></td> <td></td> </tr> <tr> <td>Inspector (Signature) <u>L. Brandy</u></td> <td>Date <u>4/14/26</u></td> </tr> <tr> <td>Inspector (Printed) <u>LAUREN BRANDY</u></td> <td></td> </tr> </table> </td> </tr> <tr> <td colspan="17"> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Violations documented</th> <th>Date corrections due</th> <th>#</th> </tr> </thead> <tbody> <tr> <td>Priority Item Violations</td> <td></td> <td></td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td></td> <td></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>Requires Reinspection - check box if you intend to reinspect</td> <td></td> <td></td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="17">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>			Item	IN			OUT			N/A			N/O			Description	V	COS	R													<b>Supervision</b>																	1	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>										Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="radio"/>	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>										Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="radio"/>	<input type="radio"/>	<b>Employee Health</b>																	3	<input checked="" 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"/>	4	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>										Proper use of restriction and exclusion	P	<input type="radio"/>	<input type="radio"/>	5	<input checked="" 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>																	6	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>										Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="radio"/>	<input type="radio"/>	7	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>										No discharge from eyes, nose, and mouth	C	<input type="radio"/>	<input type="radio"/>	<b>Preventing Contamination by Hands</b>																	8	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>										Hands clean and properly washed	P/Pf	<input type="radio"/>	<input type="radio"/>	9	<input type="radio"/>	<input type="radio"/>	<input checked="" 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"/>	10	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>										Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="radio"/>	<input type="radio"/>	<b>Approved Source</b>																	11	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>										Food obtained from approved source	P/Pf/C	<input type="radio"/>	<input type="radio"/>	12	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>										Food received at proper temperature	P/Pf	<input type="radio"/>	<input type="radio"/>	13	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>										Food in good condition, safe, and unadulterated	P/Pf	<input type="radio"/>	<input type="radio"/>	14	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>										Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="radio"/>	<input type="radio"/>	<b>GOOD RETAIL PRACTICES</b>																	<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>																	Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Item</th> <th colspan="3">OUT</th> <th colspan="3">N/A</th> <th colspan="3">N/O</th> <th rowspan="2">Description</th> <th rowspan="2">V</th> <th rowspan="2">COS</th> <th rowspan="2">R</th> </tr> <tr> <th></th><th></th><th></th> <th></th><th></th><th></th> <th></th><th></th><th></th> </tr> </thead> <tbody> <tr> <td colspan="14" style="text-align: center;"><b>Safe Food and Water</b></td> </tr> <tr> <td>30</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Pasteurized eggs used where required</td><td>P</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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Water and ice from approved source</td><td>P/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 checked="" type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Variance obtained for specialized processing methods</td><td>Pf</td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td colspan="14" style="text-align: center;"><b>Food Temperature Control</b></td> </tr> <tr> <td>33</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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> </tr> <tr> <td>34</td><td><input type="radio"/></td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Plant food properly cooked for hot holding</td><td>Pf</td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td>35</td><td><input type="radio"/></td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Approved thawing methods used</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 checked="" type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Thermometers provided and accurate</td><td>Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td colspan="14" style="text-align: center;"><b>Food Identification</b></td> </tr> <tr> <td>37</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Food properly labeled; original container</td><td>Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td colspan="14" style="text-align: center;"><b>Prevention of Food Contamination</b></td> </tr> <tr> <td>38</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Insects, rodents, and animals not present</td><td>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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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> </tr> <tr> <td>40</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Personal cleanliness</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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Wiping cloths: properly used and stored</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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Washing fruits and vegetables</td><td>P/Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td colspan="17">Permit Holder shall notify customers that a copy of the most recent inspection report is available.</td> </tr> <tr> <td colspan="17"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Person in Charge (Signature) <u>Melvin Burke</u></td> <td>Date <u>4/14/26</u></td> </tr> <tr> <td>Person in Charge (Printed) <u>Melvin Burke</u></td> <td></td> </tr> <tr> <td>Inspector (Signature) <u>L. Brandy</u></td> <td>Date <u>4/14/26</u></td> </tr> <tr> <td>Inspector (Printed) <u>LAUREN BRANDY</u></td> <td></td> </tr> </table> </td> </tr> <tr> <td colspan="17"> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Violations documented</th> <th>Date corrections due</th> <th>#</th> </tr> </thead> <tbody> <tr> <td>Priority Item Violations</td> <td></td> <td></td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td></td> <td></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>Requires Reinspection - check box if you intend to reinspect</td> <td></td> <td></td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="17">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>																	Item	OUT			N/A			N/O			Description	V	COS	R										<b>Safe Food and Water</b>														30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										Pasteurized eggs used where required	P	<input type="radio"/>	<input type="radio"/>	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"/>	32	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>										Variance obtained for specialized processing methods	Pf	<input type="radio"/>	<input type="radio"/>	<b>Food Temperature Control</b>														33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="radio"/>	<input type="radio"/>	34	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>										Plant food properly cooked for hot holding	Pf	<input type="radio"/>	<input type="radio"/>	35	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>										Approved thawing methods used	Pf/C	<input type="radio"/>	<input type="radio"/>	36	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>										Thermometers provided and accurate	Pf/C	<input type="radio"/>	<input type="radio"/>	<b>Food Identification</b>														37	<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>														38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										Insects, rodents, and animals not present	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"/>	40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										Personal cleanliness	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"/>	42	<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.																	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Person in Charge (Signature) <u>Melvin Burke</u></td> <td>Date <u>4/14/26</u></td> </tr> <tr> <td>Person in Charge (Printed) <u>Melvin Burke</u></td> <td></td> </tr> <tr> <td>Inspector (Signature) <u>L. Brandy</u></td> <td>Date <u>4/14/26</u></td> </tr> <tr> <td>Inspector (Printed) <u>LAUREN BRANDY</u></td> <td></td> </tr> </table>																	Person in Charge (Signature) <u>Melvin Burke</u>	Date <u>4/14/26</u>	Person in Charge (Printed) <u>Melvin Burke</u>		Inspector (Signature) <u>L. Brandy</u>	Date <u>4/14/26</u>	Inspector (Printed) <u>LAUREN BRANDY</u>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Violations documented</th> <th>Date corrections due</th> <th>#</th> </tr> </thead> <tbody> <tr> <td>Priority Item Violations</td> <td></td> <td></td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td></td> <td></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>Requires Reinspection - check box if you intend to reinspect</td> <td></td> <td></td> </tr> </tbody> </table>																	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.																
Item	IN			OUT			N/A			N/O			Description	V	COS					R																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
<b>Supervision</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
1	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>										Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
2	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>										Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
<b>Employee Health</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
3	<input checked="" 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"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
4	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>										Proper use of restriction and exclusion	P	<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
5	<input checked="" 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>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
6	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>										Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
7	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>										No discharge from eyes, nose, and mouth	C	<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
<b>Preventing Contamination by Hands</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
8	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>										Hands clean and properly washed	P/Pf	<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
9	<input type="radio"/>	<input type="radio"/>	<input checked="" 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"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
10	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>										Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
<b>Approved Source</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
11	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>										Food obtained from approved source	P/Pf/C	<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
12	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>										Food received at proper temperature	P/Pf	<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
13	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>										Food in good condition, safe, and unadulterated	P/Pf	<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
14	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>										Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
<b>GOOD RETAIL PRACTICES</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Item</th> <th colspan="3">OUT</th> <th colspan="3">N/A</th> <th colspan="3">N/O</th> <th rowspan="2">Description</th> <th rowspan="2">V</th> <th rowspan="2">COS</th> <th rowspan="2">R</th> </tr> <tr> <th></th><th></th><th></th> <th></th><th></th><th></th> <th></th><th></th><th></th> </tr> </thead> <tbody> <tr> <td colspan="14" style="text-align: center;"><b>Safe Food and Water</b></td> </tr> <tr> <td>30</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Pasteurized eggs used where required</td><td>P</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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Water and ice from approved source</td><td>P/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 checked="" type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Variance obtained for specialized processing methods</td><td>Pf</td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td colspan="14" style="text-align: center;"><b>Food Temperature Control</b></td> </tr> <tr> <td>33</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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> </tr> <tr> <td>34</td><td><input type="radio"/></td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Plant food properly cooked for hot holding</td><td>Pf</td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td>35</td><td><input type="radio"/></td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Approved thawing methods used</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 checked="" type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Thermometers provided and accurate</td><td>Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td colspan="14" style="text-align: center;"><b>Food Identification</b></td> </tr> <tr> <td>37</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Food properly labeled; original container</td><td>Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td colspan="14" style="text-align: center;"><b>Prevention of Food Contamination</b></td> </tr> <tr> <td>38</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Insects, rodents, and animals not present</td><td>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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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> </tr> <tr> <td>40</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Personal cleanliness</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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Wiping cloths: properly used and stored</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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Washing fruits and vegetables</td><td>P/Pf/C</td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td colspan="17">Permit Holder shall notify customers that a copy of the most recent inspection report is available.</td> </tr> <tr> <td colspan="17"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Person in Charge (Signature) <u>Melvin Burke</u></td> <td>Date <u>4/14/26</u></td> </tr> <tr> <td>Person in Charge (Printed) <u>Melvin Burke</u></td> <td></td> </tr> <tr> <td>Inspector (Signature) <u>L. Brandy</u></td> <td>Date <u>4/14/26</u></td> </tr> <tr> <td>Inspector (Printed) <u>LAUREN BRANDY</u></td> <td></td> </tr> </table> </td> </tr> <tr> <td colspan="17"> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Violations documented</th> <th>Date corrections due</th> <th>#</th> </tr> </thead> <tbody> <tr> <td>Priority Item Violations</td> <td></td> <td></td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td></td> <td></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>Requires Reinspection - check box if you intend to reinspect</td> <td></td> <td></td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="17">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>																	Item	OUT			N/A			N/O			Description	V	COS	R										<b>Safe Food and Water</b>														30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										Pasteurized eggs used where required	P	<input type="radio"/>	<input type="radio"/>	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"/>	32	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>										Variance obtained for specialized processing methods	Pf	<input type="radio"/>	<input type="radio"/>	<b>Food Temperature Control</b>														33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="radio"/>	<input type="radio"/>	34	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>										Plant food properly cooked for hot holding	Pf	<input type="radio"/>	<input type="radio"/>	35	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>										Approved thawing methods used	Pf/C	<input type="radio"/>	<input type="radio"/>	36	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>										Thermometers provided and accurate	Pf/C	<input type="radio"/>	<input type="radio"/>	<b>Food Identification</b>														37	<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>														38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										Insects, rodents, and animals not present	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"/>	40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										Personal cleanliness	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"/>	42	<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.																	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Person in Charge (Signature) <u>Melvin Burke</u></td> <td>Date <u>4/14/26</u></td> </tr> <tr> <td>Person in Charge (Printed) <u>Melvin Burke</u></td> <td></td> </tr> <tr> <td>Inspector (Signature) <u>L. Brandy</u></td> <td>Date <u>4/14/26</u></td> </tr> <tr> <td>Inspector (Printed) <u>LAUREN BRANDY</u></td> <td></td> </tr> </table>																	Person in Charge (Signature) <u>Melvin Burke</u>	Date <u>4/14/26</u>	Person in Charge (Printed) <u>Melvin Burke</u>		Inspector (Signature) <u>L. Brandy</u>	Date <u>4/14/26</u>	Inspector (Printed) <u>LAUREN BRANDY</u>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Violations documented</th> <th>Date corrections due</th> <th>#</th> </tr> </thead> <tbody> <tr> <td>Priority Item Violations</td> <td></td> <td></td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td></td> <td></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>Requires Reinspection - check box if you intend to reinspect</td> <td></td> <td></td> </tr> </tbody> </table>																	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.																																																																																																																																																																																																																																																																																																																																																																																																																																						
Item	OUT			N/A			N/O			Description	V	COS	R																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
<b>Safe Food and Water</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										Pasteurized eggs used where required	P	<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
32	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>										Variance obtained for specialized processing methods	Pf	<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
<b>Food Temperature Control</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
34	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>										Plant food properly cooked for hot holding	Pf	<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
35	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>										Approved thawing methods used	Pf/C	<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
36	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>										Thermometers provided and accurate	Pf/C	<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
<b>Food Identification</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
37	<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>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										Insects, rodents, and animals not present	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"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										Personal cleanliness	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"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
42	<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.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Person in Charge (Signature) <u>Melvin Burke</u></td> <td>Date <u>4/14/26</u></td> </tr> <tr> <td>Person in Charge (Printed) <u>Melvin Burke</u></td> <td></td> </tr> <tr> <td>Inspector (Signature) <u>L. Brandy</u></td> <td>Date <u>4/14/26</u></td> </tr> <tr> <td>Inspector (Printed) <u>LAUREN BRANDY</u></td> <td></td> </tr> </table>																	Person in Charge (Signature) <u>Melvin Burke</u>	Date <u>4/14/26</u>	Person in Charge (Printed) <u>Melvin Burke</u>		Inspector (Signature) <u>L. Brandy</u>	Date <u>4/14/26</u>	Inspector (Printed) <u>LAUREN BRANDY</u>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
Person in Charge (Signature) <u>Melvin Burke</u>	Date <u>4/14/26</u>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
Person in Charge (Printed) <u>Melvin Burke</u>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Inspector (Signature) <u>L. Brandy</u>	Date <u>4/14/26</u>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
Inspector (Printed) <u>LAUREN BRANDY</u>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Violations documented</th> <th>Date corrections due</th> <th>#</th> </tr> </thead> <tbody> <tr> <td>Priority Item Violations</td> <td></td> <td></td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td></td> <td></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>Requires Reinspection - check box if you intend to reinspect</td> <td></td> <td></td> </tr> </tbody> </table>																	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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						



Risk Category: <u>1</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: Permanent Temporary <b>Mobile</b> Other _____		Date: <u>4/14/26</u>
Establishment <u>Kona Truck</u>	 <p>Connecticut Department of Public Health</p>	Time In _____ AM/PM Time Out _____ AM/PM
Address <u>C134354</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: Routine <input type="radio"/> <b>Pre-op</b> <input checked="" type="radio"/>
Permit Holder <u>Brenda + Melvin Burkey</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	V COS R
1 <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf <input type="radio"/> <input type="radio"/>
2 <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C <input type="radio"/> <input type="radio"/>
<b>Employee Health</b>		
3 <input checked="" 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"/>
4 <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	Proper use of restriction and exclusion	P <input type="radio"/> <input type="radio"/>
5 <input checked="" 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>		
6 <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	Proper eating, tasting, drinking, or tobacco products use	P/C <input type="radio"/> <input type="radio"/>
7 <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	No discharge from eyes, nose, and mouth	C <input type="radio"/> <input type="radio"/>
<b>Preventing Contamination by Hands</b>		
8 <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	Hands clean and properly washed	P/Pf <input type="radio"/> <input type="radio"/>
9 <input type="radio"/> <input type="radio"/> <input checked="" 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"/>
10 <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C <input type="radio"/> <input type="radio"/>
<b>Approved Source</b>		
11 <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	Food obtained from approved source	P/Pf/C <input type="radio"/> <input type="radio"/>
12 <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	Food received at proper temperature	P/Pf <input type="radio"/> <input type="radio"/>
13 <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	Food in good condition, safe, and unadulterated	P/Pf <input type="radio"/> <input type="radio"/>
14 <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C <input type="radio"/> <input type="radio"/>
<b>GOOD RETAIL PRACTICES</b>		
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>		
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
OUT N/A N/O	Safe Food and Water	V COS R
30 <input type="radio"/> <input type="radio"/> <input type="radio"/>	Pasteurized eggs used where required	P <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"/>
32 <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	Variance obtained for specialized processing methods	Pf <input type="radio"/> <input type="radio"/>
<b>Food Temperature Control</b>		
33 <input type="radio"/> <input type="radio"/> <input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C <input type="radio"/> <input type="radio"/>
34 <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>	Plant food properly cooked for hot holding	Pf <input type="radio"/> <input type="radio"/>
35 <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>	Approved thawing methods used	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"/>
<b>Food Identification</b>		
37 <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>		
38 <input type="radio"/> <input type="radio"/> <input type="radio"/>	Insects, rodents, and animals not present	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"/>
40 <input type="radio"/> <input type="radio"/> <input type="radio"/>	Personal cleanliness	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"/>
42 <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) <u>Melvin Burkey</u>	Date <u>4/14/26</u>	
Person in Charge (Printed) <u>Melvin Burkey</u>		
Inspector (Signature) <u>Lauren Grandy</u>	Date <u>4/14/26</u>	
Inspector (Printed) <u>Lauren Grandy</u>		
<b>Protection from Contamination</b>		
IN OUT N/A N/O	Protection from Contamination	V COS R
15 <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	Food separated and protected	P/C <input type="radio"/> <input type="radio"/>
16 <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C <input type="radio"/> <input type="radio"/>
17 <input checked="" 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"/>
<b>Time/Temperature Control for Safety</b>		
18 <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	Proper cooking time and temperatures	P/Pf/C <input type="radio"/> <input type="radio"/>
19 <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	Proper reheating procedures for hot holding	P <input type="radio"/> <input type="radio"/>
20 <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	Proper cooling time and temperatures	P <input type="radio"/> <input type="radio"/>
21 <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	Proper hot holding temperatures	P <input type="radio"/> <input type="radio"/>
22 <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	Proper cold holding temperatures	P <input type="radio"/> <input type="radio"/>
23 <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	Proper date marking and disposition	P/Pf <input type="radio"/> <input type="radio"/>
24 <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	Time as a public health control: procedures and records	P/Pf/C <input type="radio"/> <input type="radio"/>
<b>Consumer Advisory</b>		
25 <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	Consumer advisory provided: raw/undercooked food	Pf <input type="radio"/> <input type="radio"/>
<b>Highly Susceptible Population</b>		
26 <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	Pasteurized foods used; prohibited foods not offered	P/C <input type="radio"/> <input type="radio"/>
<b>Food/Color Additives and Toxic Substances</b>		
27 <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	Food additives: approved and properly used	P <input type="radio"/> <input type="radio"/>
28 <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	Toxic substances properly identified, stored & used	P/Pf/C <input type="radio"/> <input type="radio"/>
<b>Conformance with Approved Procedures</b>		
29 <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C <input type="radio"/> <input type="radio"/>
<b>Proper Use of Utensils</b>		
OUT	Proper Use of Utensils	V COS R
43 <input type="radio"/> <input type="radio"/> <input type="radio"/>	In-use utensils: properly stored	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"/>
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"/>
46 <input type="radio"/> <input type="radio"/> <input type="radio"/>	Gloves used properly	C <input type="radio"/> <input type="radio"/>
<b>Utensils and Equipment</b>		
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"/>
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"/>
49 <input type="radio"/> <input type="radio"/> <input type="radio"/>	Non-food contact surfaces clean	C <input type="radio"/> <input type="radio"/>
<b>Physical Facilities</b>		
50 <input type="radio"/> <input type="radio"/> <input type="radio"/>	Hot and cold water available; adequate pressure	Pf <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"/>
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"/>
53 <input type="radio"/> <input type="radio"/> <input type="radio"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/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"/>
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"/>
56 <input type="radio"/> <input type="radio"/> <input type="radio"/>	Adequate ventilation and lighting; designated areas used	C <input type="radio"/> <input type="radio"/>
	<input type="radio"/> Natural rubber latex gloves not used per CGS §19a-36f	
Violations documented		
Priority Item Violations	Date corrections due	#
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.		



# Connecticut Department of Public Health

Risk Category: <u>1</u>		<b>Food Establishment Inspection Report</b>				Page 1 of <u>2</u>							
Establishment type: Permanent Temporary <b>Mobile</b> Other _____				Date: <u>4/14/26</u>									
Establishment <u>KONA TRUCK</u>				Time In _____ AM/PM		Time Out _____ AM/PM							
Address <u>CA 16275</u>				LHD <u>Manchester</u>									
Town/City <u>Manchester</u>				Purpose of Inspection: Routine <b>Pre-op</b>									
Permit Holder _____				Reinspection _____ Other _____									
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.													
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed													
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected									
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized									
Employee Health				Proper disposition of returned, previously served, reconditioned, and unsafe food									
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Time/Temperature Control for Safety									
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				Proper cooking time and temperatures									
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				Proper reheating procedures for hot holding									
Good Hygienic Practices				Proper cooling time and temperatures									
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				Proper hot holding temperatures									
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				Proper cold holding temperatures									
Preventing Contamination by Hands				Proper date marking and disposition									
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				Time as a public health control: procedures and records									
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory						
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Consumer advisory provided: raw/undercooked food									
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population						
Adequate handwashing sinks, properly supplied/accessible				Pasteurized foods used; prohibited foods not offered									
Approved Source				Food/Color Additives and Toxic Substances									
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				Food additives: approved and properly used									
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				Toxic substances properly identified, stored & used									
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures						
Food in good condition, safe, and unadulterated				Compliance with variance/specialized process/ROP criteria/HACCP Plan									
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction				GOOD RETAIL PRACTICES									
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.													
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
Safe Food and Water				Proper Use of Utensils									
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R				
30	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Pasteurized eggs used where required				In-use utensils: properly stored									
31	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Water and ice from approved source				Utensils/equipment/linens: properly stored, dried, & handled									
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used									
Food Temperature Control				Utensils and Equipment									
33	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Proper cooling methods used; adequate equipment for temperature control				Food and non-food contact surfaces cleanable, properly designed, constructed, and used									
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Plant food properly cooked for hot holding				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available									
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Approved thawing methods used				Non-food contact surfaces clean									
36	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities							
Thermometers provided and accurate				50 <input type="checkbox"/> Hot and cold water available; adequate pressure									
Food Identification				51 <input type="checkbox"/> Plumbing installed; proper backflow devices									
37	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52 <input type="checkbox"/> Sewage and waste water properly disposed							
Food properly labeled; original container				53 <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean									
Prevention of Food Contamination				54 <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained									
38	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55 <input type="checkbox"/> Physical facilities installed, maintained, and clean							
Insects, rodents, and animals not present				56 <input type="checkbox"/> Adequate ventilation and lighting; designated areas used									
39	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f							
Contamination prevented during food preparation, storage & display				Violations documented									
40	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Priority Item Violations	Date corrections due	#					
Personal cleanliness				Priority Foundation Item Violations									
41	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Core Item Violations							
Wiping cloths: properly used and stored				Risk Factor/Public Health Intervention Violations									
42	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Repeat Risk Factor/Public Health Intervention Violations							
Washing fruits and vegetables				Good Retail Practices Violations									
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				Requires Reinspection - check box if you intend to reinspect									
Person in Charge (Signature) <u>Melvin Burke</u> Date <u>4/14/26</u>				Person in Charge (Printed) <u>Melvin Burke</u>				Inspector (Signature) <u>L. Brandy</u> Date <u>4/14/26</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.									



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other	Date: <b>4/21/26</b>	
Establishment <b>La plazita del Morongo</b>	Time In <b>1:30 AM/PM</b> Time Out <b>2:30 AM/PM</b>	
Address <b>425 Broad St</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <b>Felix</b>	Reinspection Other	



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

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

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

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

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

**GOOD RETAIL PRACTICES**

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

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

Safe Food and Water				Proper Use of Utensils					
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
30 Pasteurized eggs used where required				43 In-use utensils: properly stored					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
31 Water and ice from approved source				44 Utensils/equipment/linens: properly stored, dried, & handled					
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
32 Variance obtained for specialized processing methods				45 Single-use/single-service articles: properly stored & used					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
33 Food Temperature Control				46 Gloves used properly					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
34 Proper cooling methods used; adequate equipment for temperature control				47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used					
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
35 Plant food properly cooked for hot holding				48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available					
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
36 Approved thawing methods used				49 Non-food contact surfaces clean					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
37 Thermometers provided and accurate				50 Physical Facilities					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
38 Food properly labeled; original container				51 Hot and cold water available; adequate pressure					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
39 Prevention of Food Contamination				52 Plumbing installed; proper backflow devices					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
38 Insects, rodents, and animals not present				53 Sewage and waste water properly disposed					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
39 Contamination prevented during food preparation, storage & display				54 Toilet facilities: properly constructed, supplied, & clean					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
40 Personal cleanliness				55 Garbage and refuse properly disposed; facilities maintained					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
41 Wiping cloths: properly used and stored				56 Physical facilities installed, maintained, and clean					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
42 Washing fruits and vegetables				56 Adequate ventilation and lighting; designated areas used					
				<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) **Fm** Date **4-21-26**

Person in Charge (Printed)

Inspector (Signature) **L. Grandy** Date **4/21/26**

Inspector (Printed) **Lauren Grandy**

Violations documented	Date corrections due	#
Priority Item Violations	<b>4/24/26</b>	<b>3</b>
Priority Foundation Item Violations	<b>4/31/26</b>	<b>3</b>
Core Item Violations	<b>7/21/26</b>	<b>6</b>
Risk Factor/Public Health Intervention Violations		<b>6</b>
Repeat Risk Factor/Public Health Intervention Violations		<b>6</b>
Good Retail Practices Violations		<b>6</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: 4/30/26

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 4/21/26  
 Establishment La plazita del Mofongo Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Bay Mare		hot holding		Atosa Freezer	-2F
Ham	40F	white rice	139F	restroom h.w.	86F
Cheese	39F	chicken cooked	137F	handsink h.w.	94F
lett tomato	39F	wic		handsink front h.w.	93F
Travisen 2 door		raw chicken	38F	Precision soda only	34F
raw chicken	40F	raw pernil	39F	Hot holding front:	
BeeF empanada	39F	cooked onions	40F	white rice / BeeF empanada	139F / 141F
internal plantains	168F	Atosa ambient	38F	chicken / tostones	137F / 139F

### 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: Felix on site
47c	Cardboard wrapped around hot holding unit
15p	coffee filters above coffee not protected
37c	unlabeled squeeze bottles in sandwich prep unit
49c	walls under 3 bay / in between prep sink unclean
51pF	Hot water at 3 bay at 90F → must reach 110F or higher
✓ 15p	Food not covered / protected in wic - (COS)
note	hood due June 2026 - professionally clean
45p	to go container used as scoop in flour bin
note	2 door true refrigerator not in use at time of inspection
49c	shelving with clean dishes unclean
16pF	interior bottom of 2 door Atosa Freezer unclean
10c	no handwash sign in restroom
16pF	interior/exterior beer cooler unclean (toward seats)
10c	splashguard required at front handwash sink
	Overall very clean + organized
	good glove use / good equipment storage
	Test strips available
	thermometer available

Person in Charge (Signature) \_\_\_\_\_ Date 4/21/26  
 Inspector (Signature) E. Grandy FM Date 4/21/26

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>4/14/26</u>
Establishment <u>Manchester EIKS Lodge</u>		Time In <u>10:30</u> AM/PM Time Out <u>12:00</u> AM/PM
Address <u>30 Bissell St</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Phil Stender</u>		Reinspection Other _____

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

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		V	COS	R		OUT	N/A	N/O		V	COS	R		
<b>Safe Food and Water</b>									<b>Proper Use of Utensils</b>								
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Temperature Control</b>									<b>Utensils and Equipment</b>								
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Identification</b>									<b>Physical Facilities</b>								
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<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>Violations documented</b>								
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.									<b>Summary</b>								
Person in Charge (Signature) <u>Phil Stender</u> Date <u>4-14-26</u>									Violations documented								
Person in Charge (Printed) <u>Phillip Stender</u>									Date corrections due								
Inspector (Signature) <u>Katelynn Doolady</u> Date <u>4/14/26</u>									Priority Item Violations <u>4/17/26</u> # <u>2</u>								
Inspector (Printed) <u>Katelynn Doolady</u>									Priority Foundation Item Violations <u>4/24/26</u> # <u>2</u>								
									Core Item Violations <u>5/14/26</u> # <u>3</u>								
									Risk Factor/Public Health Intervention Violations # <u>2</u>								
									Repeat Risk Factor/Public Health Intervention Violations								
									Good Retail Practices Violations # <u>5</u>								
									Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>								

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/14/26

Establishment Manchester Elks Lodge Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
bar handsink	86 F	Kitchen 2-bay hot	136 F	reach in freezer	8.7 F
bar sani bucket	400ppm				
bar dishmachine	> 160 F	reach in ambient	48 F	WIC - heavy cream	38 F
		1/2 + 1/2	48 F		
		Salami	48 F		
		sliced cheese	46 F		
		whole milk	48 F		
		sour cream	48 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.
	Phil - CFM on site
	<u>Bar</u>
39PF	clean bar equipment, tumblers, strainers, etc at risk of contamination due to proximity to handsink
49C	bucket under bar sink w/ liquid. verify if leaking
49C	floor under equipment at bar unclean
16PF	soda gun nozzle unclean (both)
39P	glass chiller fridge w/ ice build up.
note	Discussed barrier between shelf + glass
	<u>Kitchen</u> - no activity at time of inspection.
note	Discussed temp test strips for dishmachine.
22P	reach in Traulsen not holding temp at 41 or below.
↓	1/2 + 1/2, salami, milk, sour cream, (all RTE food) voluntarily discarded. - See temps above. Do not store food until < 41 F
note	test strips and thermometer available.
49C	floor under soda syrup boxes unclean
note	Discussed proper storage of aluminum pans
↓	Discussed proper date marking - all RTE food must be dated
↓	Discussed temperature log records. Recommending starting to track.

Person in Charge (Signature)	Date <u>4-14-26</u>
Inspector (Signature) <u>Kathlyn Dorkady</u>	Date <u>4/14/26</u>

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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 4/29/26

Establishment Manchester Memorial Hospital Time In 9 AM/PM Time Out 10:30 AM/PM

Address 71 Hayes St LHD Manchester

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

Permit Holder Htd Healthcare Reinspection Other \_\_\_\_\_



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

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

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

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

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

**GOOD RETAIL PRACTICES**

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

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

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

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

Person in Charge (Signature) Lauren McLarney Date 4/29/26

Person in Charge (Printed) Lauren McLarney

Inspector (Signature) L. Brandy Date 4/29/26


Inspector (Printed) Lauren Brandy

Violations documented	Date corrections due	#
Priority Item Violations		1
Priority Foundation Item Violations	<u>5/9/26</u>	1
Core Item Violations	<u>7/29/26</u>	3
Risk Factor/Public Health Intervention Violations		1
Repeat Risk Factor/Public Health Intervention Violations		1
Good Retail Practices Violations		4
Requires Reinspection - check box if you intend to reinspect		

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



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>4/14/26</b>
Establishment <b>Manchester Pizza</b>		Time In <b>12:00</b> AM/PM Time Out <b>2:00</b> AM/PM
Address <b>316 Green Rd. Unit 332</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Lenny Sanchez</b>		Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.																
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																
P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R			COS=corrected on-site during inspection	R=repeat violation								
IN	OUT	N/A	N/O	V	COS	R			IN	OUT	N/A	N/O	V	COS	R	
<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"/>				
1				Supervision			Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2				Certified Food Protection Manager for Classes 2, 3, & 4			C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Employee Health</b>																
3				Management, food employee and conditional employee; knowledge, responsibilities and reporting			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				Proper use of restriction and exclusion			P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				Written procedures for responding to vomiting and diarrheal events			Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Good Hygienic Practices</b>																
6				Proper eating, tasting, drinking, or tobacco products use			P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				No discharge from eyes, nose, and mouth			C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>																
8				Hands clean and properly washed			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9				No bare hand contact with RTE food or a pre-approved alternative procedure properly followed			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10				Adequate handwashing sinks, properly supplied/accessible			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>																
11				Food obtained from approved source			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12				Food received at proper temperature			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13				Food in good condition, safe, and unadulterated			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14				Required records available: molluscan shellfish identification, parasite destruction			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input 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>																
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.																
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																
OUT	N/A	N/O	V	COS	R			OUT	V	COS	R					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
30				Pasteurized eggs used where required			P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
31				Water and ice from approved source			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
32				Variance obtained for specialized processing methods			Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Food Temperature Control</b>																
33				Proper cooling methods used; adequate equipment for temperature control			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
34				Plant food properly cooked for hot holding			Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
35				Approved thawing methods used			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
36				Thermometers provided and accurate			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Food Identification</b>																
37				Food properly labeled; original container			P/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Prevention of Food Contamination</b>																
38				Insects, rodents, and animals not present			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
39				Contamination prevented during food preparation, storage & display			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
40				Personal cleanliness			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
41				Wiping cloths: properly used and stored			C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
42				Washing fruits and vegetables			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Physical Facilities</b>																
50				Hot and cold water available; adequate pressure			Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
51				Plumbing installed; proper backflow devices			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
52				Sewage and waste water properly disposed			P/Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
53				Toilet facilities: properly constructed, supplied, & clean			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
54				Garbage and refuse properly disposed; facilities maintained			C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
55				Physical facilities installed, maintained, and clean			P/Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
56				Adequate ventilation and lighting; designated areas used			C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
				Natural rubber latex gloves not used per CGS §19a-36f			C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Violations documented</b>																
Priority Item Violations								Date corrections due				#				
								<b>4/17/26</b>				<b>1</b>				
Priority Foundation Item Violations								<b>4/24/26</b>				<b>3</b>				
Core Item Violations								<b>5/14/26</b>				<b>4</b>				
Risk Factor/Public Health Intervention Violations												<b>1</b>				
Repeat Risk Factor/Public Health Intervention Violations																
Good Retail Practices Violations												<b>2</b>				
Requires Reinspection - check box if you intend to reinspect												<input checked="" type="checkbox"/>				

Person in Charge (Signature) <b>City Senly</b> Date <b>4/14/26</b>	
Person in Charge (Printed) <b>Anthony Sanchez</b>	
Inspector (Signature) <b>Kathryn Doolady</b> Date <b>4/14/26</b>	
Inspector (Printed) <b>Kathryn Doolady</b>	

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/14/26

Establishment Manchester Pizza Town Manchester

### TEMPERATURE OBSERVATIONS


Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
handsink	116°F	pizza prep unit		San bucket	50ppm
pizza prep unit		hard boiled	40°F	WIC 14	
chicken	40°F	bologna	41°F	pasta	65°F
meatball	41°F	hot hold marinara	140°F	block cheese	40
cheese	40°F	WIC 13		baked potato	40
cooked broc	62°F	tuna salad	40°F	cold prep - pasta	40
cooked chicken	52°F	pizza sauce	72°F	ham	41
tomato	41°F	raw chicken	40°F	dishmachine	50ppm

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
note	Discussed procedure for bread crumbs. Dry out pizza dough extras - no sauce. covered under hood for a few hours until grounded up.
35PF	frozen cooked broccoli thawed at room temp at 62°F ↳ must be thawed under refrigeration
22P	monitor temperatures in cold prep unit. chicken + broc voluntarily discarded.
33PF	improper cooling of sauce in large container, covered in WIC. sauce at 72°F at top. Recommended pre-chilling sauce prior to mixing oil, spices, etc.
33PF	Pasta covered in WIC in 6" hotel pan at 65°F cooled this day. Not properly cooling. ↳ PIC instructed to uncover + move to WIF to speed up cooling.
*	cooling logs + SOPs need to be submitted to Health Dept. Needs approval. Send by 4/21/26
31C	unlabeled squeeze bottles + containers on cookline.
note	discussed date marking - all TCS RTE foods shall be date marked.
55C	WIF floor and wall by door damaged - <u>submit plan</u> *
55C	employee bathroom ceiling damaged. evaluate all ceiling.
52C	drain in warewash backing up - PIC states needs to snake the drain - <u>COSS</u>
Person in Charge (Signature)	<u>[Signature]</u> Date <u>4/14/26</u>
Inspector (Signature)	<u>Katelyn Doolady</u> Date <u>4/14/26</u>

\* Discussed outdoor dumpster / wooded area plan will recontact

Risk Category: <b>4</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>4/1/26</b>	
Establishment <b>Manchester Rehab</b>	Time In <b>11:00</b> AM/PM Time Out <b>12:00</b> AM/PM	
Address <b>385 W. Center Street</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <b>Stephanie Laflash</b>	Reinspection Other _____	



### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS


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

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed  
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

Item	Compliance Status				Description	Violation Type	Corrective Action		
	IN	OUT	N/A	N/O			V	COS	R
<b>Supervision</b>									
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>									
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>									
6	<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"/>
7	<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"/>
<b>Preventing Contamination by Hands</b>									
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessibile	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>									
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>GOOD RETAIL PRACTICES</b>									
Item	Compliance Status				Description	Violation Type	Corrective Action		
	OUT	N/A	N/O	V			COS	R	
<b>Safe Food and Water</b>									
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Temperature Control</b>									
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	<input 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"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Identification</b>									
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Prevention of Food Contamination</b>									
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input 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"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Utensils and Equipment</b>									
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	<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"/>
<b>Physical Facilities</b>									
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person in Charge (Signature) <i>[Signature]</i> Date <b>4/1/26</b>	Violations documented	Date corrections due	#						
Person in Charge (Printed) <b>Stephanie Laflash</b>	Priority Item Violations	<b>4/1/26</b>	<b>1</b>						
Inspector (Signature) <i>[Signature]</i> Date <b>4/1/26</b>	Priority Foundation Item Violations								
Inspector (Printed) <b>Katelynn Doolady</b>	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								



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>4/15/26</u>
Establishment <u>Mocha Emporium</u>		Time In <u>10:30</u> AM/PM Time Out <u>11</u> AM/PM
Address <u>199 Buckland Hills Dr. # 2166</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													
Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties													
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4													
Employee Health				Time/Temperature Control for Safety									
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting													
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion													
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events													
Good Hygienic Practices				Consumer Advisory									
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use													
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population						
No discharge from eyes, nose, and mouth													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed													
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances						
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed													
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible													
Approved Source				Conformance with Approved Procedures									
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source													
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan						
Food received at proper temperature													
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated													
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	GOOD RETAIL PRACTICES						
Required records available: molluscan shellfish identification, parasite destruction													

GOOD RETAIL PRACTICES													
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.													
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
Safe Food and Water				Proper Use of Utensils									
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R				
30	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>			
Pasteurized eggs used where required													
31	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
Water and ice from approved source													
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>			
Variance obtained for specialized processing methods													
Food Temperature Control				Utensils and Equipment									
33	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
Proper cooling methods used; adequate equipment for temperature control													
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
Plant food properly cooked for hot holding													
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>			
Approved thawing methods used													
36	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities							
Thermometers provided and accurate													
Food Identification				Prevention of Food Contamination									
37	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	38	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
Food properly labeled; original container													
39	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	39	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
Insects, rodents, and animals not present													
40	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	40	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
Contamination prevented during food preparation, storage & display													
41	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	41	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>			
Personal cleanliness													
42	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	42	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
Wiping cloths: properly used and stored													
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>Rachel Tanjan</u> Date <u>4/15/26</u>				Violations documented				Date corrections due				
Person in Charge (Printed) <u>Rachel Tanjan</u>				Priority Item Violations								
Inspector (Signature) <u>Lauren Grandy</u> Date <u>4/15/26</u>				Priority Foundation Item Violations								
Inspector (Printed) <u>Lauren Grandy</u>				Core Item Violations								
				Risk Factor/Public Health Intervention Violations								
				Repeat Risk Factor/Public Health Intervention Violations								
				Good Retail Practices Violations								
				Requires Reinspection - check box if you intend to reinspect								

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



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>	
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <b>4/23/26</b>	
Establishment <b>Moran Restaurant</b>		Time In <b>11:00</b> AM/PM Time Out <b>12:00</b> AM/PM	
Address <b>534 Middle Lake E. STED</b>		LHD <b>Manchester</b>	
Town/City <b>Manchester</b>		Purpose of Inspection: Routine <input type="checkbox"/> <b>Pre-op</b> <input checked="" type="checkbox"/>	
Permit Holder <b>Fanny Schatz</b>		Reinspection Other	
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>			
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.			
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed			
P=Priority item PF=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			
<b>Supervision</b>	<b>Protection from Contamination</b>	<b>Time/Temperature Control for Safety</b>	
1 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties	15 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures	
2 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4	16 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding	
<b>Employee Health</b>			
3 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting	17 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food	20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures	
4 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion	<b>Consumer Advisory</b>		
5 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food		
<b>Good Hygienic Practices</b>			
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use	<b>Highly Susceptible Population</b>		
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered		
<b>Preventing Contamination by Hands</b>			
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed	<b>Food/Color Additives and Toxic Substances</b>		
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used		
10 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible	28 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used		
<b>Approved Source</b>			
11 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source	<b>Conformance with Approved Procedures</b>		
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan		
13 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated	<b>GOOD RETAIL PRACTICES</b>		
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			
<b>Safe Food and Water</b>	<b>Proper Use of Utensils</b>	<b>Utensils and Equipment</b>	
30 <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required	43 <input type="checkbox"/> OUT In-use utensils: properly stored	47 <input checked="" type="checkbox"/> V Food and non-food contact surfaces cleanable, properly designed, constructed, and used	
31 <input type="checkbox"/> OUT Water and ice from approved source	44 <input type="checkbox"/> OUT Utensils/equipment/linens: properly stored, dried, & handled	48 <input type="checkbox"/> V Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	
32 <input type="checkbox"/> OUT Variance obtained for specialized processing methods	45 <input type="checkbox"/> OUT Single-use/single-service articles: properly stored & used	49 <input type="checkbox"/> V Non-food contact surfaces clean	
<b>Food Temperature Control</b>			
33 <input type="checkbox"/> OUT Proper cooling methods used; adequate equipment for temperature control	<b>Physical Facilities</b>		
34 <input type="checkbox"/> OUT Plant food properly cooked for hot holding	50 <input type="checkbox"/> OUT Hot and cold water available; adequate pressure	51 <input type="checkbox"/> OUT Plumbing installed; proper backflow devices	
35 <input type="checkbox"/> OUT Approved thawing methods used	52 <input type="checkbox"/> OUT Sewage and waste water properly disposed	52 <input type="checkbox"/> OUT Toilet facilities: properly constructed, supplied, & clean	
36 <input type="checkbox"/> OUT Thermometers provided and accurate	53 <input type="checkbox"/> OUT Garbage and refuse properly disposed; facilities maintained	53 <input checked="" type="checkbox"/> V Physical facilities installed, maintained, and clean	
<b>Food Identification</b>			
37 <input type="checkbox"/> OUT Food properly labeled; original container	54 <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used	56 <input type="checkbox"/> OUT Natural rubber latex gloves not used per CGS §19a-36f	
<b>Prevention of Food Contamination</b>			
38 <input type="checkbox"/> OUT Insects, rodents, and animals not present	<b>Violations documented</b>		
39 <input type="checkbox"/> OUT Contamination prevented during food preparation, storage & display	Priority Item Violations	Date corrections due	
40 <input type="checkbox"/> OUT Personal cleanliness	Priority Foundation Item Violations	#	
41 <input type="checkbox"/> OUT Wiping cloths: properly used and stored	Core Item Violations	5/10/26	
42 <input type="checkbox"/> OUT Washing fruits and vegetables	Risk Factor/Public Health Intervention Violations	3	
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>4/23/26</b>	Repeat Risk Factor/Public Health Intervention Violations		
Person in Charge (Printed) <b>I.L.R.</b>	Good Retail Practices Violations	3	
Inspector (Signature) <b>[Signature]</b> Date <b>4/23/26</b>	Requires Reinspection - check box if you intend to reinspect		
Inspector (Printed) <b>Kathlynn Doolady</b>	<b>Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.</b>		

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/23/26

Establishment Moran's Town Manchester


### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
handsink	114F	WIC - Steak	38F		
		coleslaw	40F		
		sauce	38F		
cold prep unit ambient	54F				
reach in freezer	-9F				
3-bay hot	120F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
54C	trash can under handsink required
note	All equipment must be NSF or equivalent
47C	cold prep unit @ 54F, not able to store food in unit until @ 41F or below. - unit not plugged in
note	A CFPM shall be on site during all hours of preparation and operation. send other coolers if they're alone to course.
	Wash   Rinse   Sanitize all equipment prior to opening.
	Thermometer on site, test strips available
	Thermometer calibrated this day w/ Health Dept.
	Body fluids clean up kit available
	Quat sanitizer tablets
	Okay to open once CFPM on site.
	Food Service License provided today.
	Soft opening for family @ 1pm today, Okay.
*	send menu for approval on allergen statement + consumer advisory
SSC	items on inspection from 4/20/26 to be completed by 5/10/26. send photos to email for verification.
Person in Charge (Signature)	<u>Eric Gure</u> <span style="float: right;">Date <u>4/23/26</u></span>
Inspector (Signature)	<u>Kathryn Dorbody</u> <span style="float: right;">Date <u>4/23/26</u></span>

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>4</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>4/8/26</b>
Establishment <b>Murphy's</b>		Time In <b>11:20</b> AM/PM Time Out _____ AM/PM
Address <b>103 Tolland Tpke</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Jack</b>		Reinspection _____ Other _____



Keeping Connecticut Healthy  
**DPH**  
Connecticut Department of Public Health

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed  
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<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 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"/>	Proper disposal of returned, previously served, reconditioned, and unsafe food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Time/Temperature Control for Safety</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Good Hygienic Practices</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Preventing Contamination by Hands</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Consumer Advisory</b>			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>	<b>Highly Susceptible Population</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>GOOD RETAIL PRACTICES</b>				<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"/>	<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"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<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"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Safe Food and Water</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Proper Use of Utensils</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food Temperature Control</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils and Equipment</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food Identification</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Prevention of Food Contamination</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Person in Charge (Signature) <i>John Maloney</i>		Date <i>4/8/26</i>		Violations documented		Date corrections due		#							
Person in Charge (Printed) <i>John Maloney</i>				Priority Item Violations				5							
Inspector (Signature) <i>L. Grandy</i>		Date <i>4/8/26</i>		Priority Foundation Item Violations				15							
Inspector (Printed) <i>Lauren Grandy</i>				Core Item Violations				30							
				Risk Factor/Public Health Intervention Violations				16							
				Repeat Risk Factor/Public Health Intervention Violations				40							
				Good Retail Practices Violations				40							
				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:

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 4/8/26  
 Establishment Murphys Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Bay Marie		pizza cold prep			
cut tomato	40F	cut tomato	41F		
buffalo chicken	41F	marinara	41F		
hot - marinara	135F	sausage	48F		
Bay Marie - onions	40F	salad cold prep			
cut tomato	41F	cut tomato	41F		
raw burger	39F	blue cheese	40F		
raw chicken	39F	3 door refrigerator	36F		

### 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.
	manager: Dakota
34C	garbage area very unclean outside by dumpster
54C	grease visible on exterior of oil receptor near dumpster
54C	rubbish/equipment stored outside restaurant → Must be removed/placed in restaurant
1pF/2C	no CFPM on site at time of inspection - Jack came in after ✓
✓ 10pF	no soap at all handwash sinks - Jack to go purchase (COS)
16pF	interior of bay Marie not clean
37pF	water in squeeze bottle not labeled
55C	grout of floor very low
49C	shelves under cookline unclean
note	discussed temp requirements/reheating
16pF	interior of ovens on cookline unclean
16pF	interior/exterior of microwave unclean
49C	exterior of fryer unclean
15p	Food not protected in bay Marie/on cookline
15p	Flour not covered by pizza station
49C	top of pizza oven unclean
16pF	interior of pizza cold prep unclean
49C	gaskets of chest freezer unclean
49C	exterior of red wine vinegar container unclean
49C	exterior of 3 door <del>ref</del> refrigerator unclean
47C	gasket of 3 door refrigerator damaged

Person in Charge (Signature) [Signature] Date 4/8/26  
 Inspector (Signature) [Signature] Date 4/8/26

# Food Establishment Inspection Report

Page 3 of 4

LHD Manchester

Inspection Report Continuation Sheet

Date 4/8/26

Establishment Murphys Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC #1				dish machine	50-100ppm
Fish	40F			prep sink	137F
pepperoni	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	Description
44pF	knives/forks in holder (clean) not inverted/protected
55c	Floor missing / grout missing by dish machine
38c	exterior door has gap on bottom by prep sink
56c	mops/brooms stored on floor by prep sink
49c	Shelving with dishes by prep sink unclean
36pF	Thermometer not working - purchase new one
44c	Bustub with utensils jumbled
16pF	can opener blade unclean
49c	dry storage shelving unclean
49c	walk in cooler 1 gasket damaged/unclean
47c	Rusted shelving in wic #1 / wic #2
15p	Food not covered/protected (fish) in wic #1
49c	wic #2 gasket unclean
13p	Moldy lemons in wic #2 - discarded <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">COS</span>
47c	wic #2 door damaged
55c	"garage" room unclean - remove excess bottles/cans
44pF	clean trays stacked with oil in container
49c	walls along cookline unclean
55c	declutter storage room in basement (boxes on floor)
52c	Floor of beer cooler has stagnant water
49c	Beer wic gasket unclean
39c	kegs/soda boxes on floor in basement

Person in Charge (Signature) *J. Ruby*

Inspector (Signature) *R. Brandy*

Date 4/8/24  
Date 4/8/26

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/8/26

Establishment Murphy's Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
				3 bay bar	117F
				womens restroom	138F

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
55c	extra equipment in basement must be removed if not working not being used
16pF	interior of soda machine not clean (both at inside bar)
51c	Faucet spraying water at 3 bay by bar area
43c	dish racks on floor at inside bar
15p	ice not protected at outdoor bar - must be drained / cleaned prior to refilling
16pF	interior of keg coolers outside unclean
10pF	no hand soap / paper towels at outside bar
47c	Far 3 slide refrigeration <del>for</del> at outdoor bar extremely rusted - needs to be replaced with commercial NSF unit
52c	Bucket with stagnant water next to ice machine
*	<sup>outdoor</sup> Far bar not being used - inspection required prior to use ↳ May 2nd looking to open
49c	shelving in alcohol cooler unclean
39c	Boxes of alcohol stored on floor of alcohol cooler
47c	gasket damaged of alcohol w/c
50pF	Hot water in womens restroom at 138F - cant exceed 115F

Person in Charge (Signature)

Date 4/8/26

Inspector (Signature)

Date 4/8/26

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>4/21/26</b>
Establishment <b>Noodles &amp; Company</b>		Time In <b>12:30 AM/PM</b> Time Out <b>1:30 AM/PM</b>
Address <b>1442 C Pleasant Valley Rd</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Robert Barton</b>		Reinspection Other _____
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>		
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
IN OUT N/A N/O	<b>Supervision</b>	V COS R
1 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf <input type="checkbox"/> <input type="checkbox"/>
2 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C <input type="checkbox"/> <input type="checkbox"/>
<b>Employee Health</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"/>
4 <input checked="" type="checkbox"/> <input type="checkbox"/>	Proper use of restriction and exclusion	P <input type="checkbox"/> <input type="checkbox"/>
5 <input checked="" type="checkbox"/> <input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf <input type="checkbox"/> <input type="checkbox"/>
<b>Good Hygienic Practices</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"/>
7 <input checked="" type="checkbox"/> <input type="checkbox"/>	No discharge from eyes, nose, and mouth	C <input type="checkbox"/> <input type="checkbox"/>
<b>Preventing Contamination by Hands</b>		
8 <input checked="" type="checkbox"/> <input type="checkbox"/>	Hands clean and properly washed	P/Pf <input type="checkbox"/> <input type="checkbox"/>
9 <input checked="" type="checkbox"/> <input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C <input type="checkbox"/> <input type="checkbox"/>
10 <input checked="" type="checkbox"/> <input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C <input type="checkbox"/> <input type="checkbox"/>
<b>Approved Source</b>		
11 <input checked="" type="checkbox"/> <input type="checkbox"/>	Food obtained from approved source	P/Pf/C <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"/>
13 <input checked="" type="checkbox"/> <input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf <input type="checkbox"/> <input type="checkbox"/>
14 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C <input type="checkbox"/> <input type="checkbox"/>
<b>GOOD RETAIL PRACTICES</b>		
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
OUT N/A N/O	<b>Safe Food and Water</b>	V COS R
30 <input type="checkbox"/>	Pasteurized eggs used where required	P <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"/>
32 <input type="checkbox"/>	Variance obtained for specialized processing methods	Pf <input type="checkbox"/> <input type="checkbox"/>
<b>Food Temperature Control</b>		
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"/> <input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	Pf <input type="checkbox"/> <input type="checkbox"/>
35 <input type="checkbox"/> <input checked="" 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"/>
<b>Food Identification</b>		
37 <input checked="" type="checkbox"/>	Food properly labeled; original container	Pf/C <input type="checkbox"/> <input type="checkbox"/>
<b>Prevention of Food Contamination</b>		
38 <input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C <input type="checkbox"/> <input type="checkbox"/>
39 <input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C <input type="checkbox"/> <input type="checkbox"/>
40 <input type="checkbox"/>	Personal cleanliness	Pf/C <input type="checkbox"/> <input type="checkbox"/>
41 <input type="checkbox"/>	Wiping cloths: properly used and stored	C <input type="checkbox"/> <input type="checkbox"/>
42 <input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C <input type="checkbox"/> <input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) <i>Jack Passalacqua</i>	Date <b>4/21/26</b>	
Person in Charge (Printed) <b>Jack Passalacqua</b>		
Inspector (Signature) <i>Kathryn Doolady</i>	Date <b>4/21/26</b>	
Inspector (Printed) <b>Kathryn Doolady</b>		
<b>Violations Documented</b>		<b>Date corrections due</b>
Priority Item Violations		
Priority Foundation Item Violations		
Core Item Violations		<b>7/21/26</b>
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<b>5</b>
Requires Reinspection - check box if you intend to reinspect		
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.		

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 4/21/26  
 Establishment Noodles & Company Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
handsink front	69 F	hot hold chicken	140 F	dish machine	71.6 C
" cookline	90 F			sani quat bucket	400ppm
raden reach-in		WIC scrambled egg	40 F		
pasta	38 F	cooked chicken	41 F	salad cold prep	33 F
ramen spaghetti	41 F	elbows	39 F	tomato	
cold prep - tomato	40 F	rigatoni	39 F		
cavatappi	38 F	egg noodles	39 F		
meatballs	39 F	cavatappi	39 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.
	Jack - CFM on site
50PF	front handsink @ 69 F. PIC indicated multiple plumbers have been called out to evaluate issue.
note	steamer on prep table, not in service - to be removed
49C	floor <sup>and wall</sup> under / area dish machine unclean, throughout
49C	prep sink base from wall, evaluate slow drip
note	discussed black rolling carts cleaning schedule
49C	scales on shelf w/ gloves unclean
37C	squeeze bottles unlabeled - discussed options
note	remove plastic film on dish machine
	great handwashing observed!
	no ill food workers
	all members on site are CFMs! - Food Knowledgeable ✓

Person in Charge (Signature) [Signature] Date 4/21/26  
 Inspector (Signature) Kathryn Daabody Date 4/21/26

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>4/21/26</b>
Establishment <b>Olive Garden</b>		Time In <b>2:00 AM/PM</b> Time Out <b>3:30 AM/PM</b>
Address <b>1550 Pleasant Valley Rd.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Lauren Kienzler</b>		Reinspection Other _____



### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed  
 P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

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

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

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

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

Person in Charge (Signature) <i>[Signature]</i> Date <b>4/21/26</b>	Violations documented	Date corrections due	#
Person in Charge (Printed) <b>Emilia Furkowska</b>	Priority Item Violations		1
Inspector (Signature) <i>[Signature]</i> Date <b>4/21/26</b>	Priority Foundation Item Violations	<b>5/1/26</b>	2
Inspector (Printed) <b>Kathryn Doolady</b>	Core Item Violations	<b>7/21/26</b>	3
	Risk Factor/Public Health Intervention Violations		1
	Repeat Risk Factor/Public Health Intervention Violations		1
	Good Retail Practices Violations		2
	Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/> email

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/21/26

Establishment Olive Garden

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC ditalini	38 F	hot hold meatball	160 F	handsink	99 F
steak	38 F	pasta fagioli	150 F	sanitizer bucket	400 ppm
alfredo sauce	40 F	sausage	168 F	3-bay hot	126 F
cool line				dish machine	7/60 F
shrimp	40	salad cold prep		bar sanitizer	400 ppm
eggplant	41	tomato	33 F		
pasta	38			customer bathroom	87 F
		server fridge (R) milk	41 F		

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Description
	Emilia - CFPM, manager, on site
49C	WIC fan covers unclean
49C	floor by CO <sub>2</sub> tank unclean
55C	grout receding by soda syrup boxes + ware washing
note	hood cleaning done in March, due in July.
47C	gaskets on cookline not secure / damaged
47C	middle microwave, top of interior loose
47C	salad plate cooler lids and handle damaged
8PF	improper glove use, hands must be washed btw tasks + new gloves
39C	contamination risk of ramblers + cheese graters (expo line) ↳ dirty, mingled w/ clean
<span style="font-size: small; transform: rotate(-90deg); position: absolute; left: -40px; top: 50%;">East</span> 47C	gasket on WIC cooler on side server station damaged
note	discussed ice bin - keep lid closed when not in use.
16PF	no soap or paper towels @ bar handsink
*	Submit plan for floor repair to Health Dept. 90 day correction timeline. Repeat violation.
*	Retrain staff on proper glove use / hand washing • when to change, when to wear (rolling silverware), etc. • when to wash hands
*	Email KPD plan for debited items above by 5/21/26

Person in Charge (Signature)

Inspector (Signature)

Date 4/21/26  
Date 4/21/26

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

Establishment type: Permanent Temporary Mobile Other Date: 4/28/26
Establishment: penny's place Time In: 9:15 AM/PM Time Out: 10 AM/PM
Address: 1015 Main St LHD: Manchester
Town/City: Manchester Purpose of Inspection: Routine Pre-op
Permit Holder: penny Reinspection Other



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

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

GOOD RETAIL PRACTICES

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

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

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

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

Person in Charge (Signature) Date 4-28-26
Person in Charge (Printed) Penny Braga
Inspector (Signature) L. Romano Date 4/28/26
Inspector (Printed) Lauren Romano


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.



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>3</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>4/8/26</b>
Establishment <b>Peoples Choice</b>		Time In <b>10</b> AM/PM Time Out <b>11:15</b> AM/PM
Address <b>179 Middle Tpke West</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Bob Mercier</b>		Reinspection Other _____



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

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

Person in Charge (Signature) <i>David Lalaltee</i> Date <b>4/8/26</b>		Violations documented		Date corrections due		#	
Person in Charge (Printed) <b>David Lalaltee</b>		Priority Item Violations		C.O.S.		2	
Inspector (Signature) <i>Lauren Grandy</i> Date <b>4/8/26</b>		Priority Foundation Item Violations		4/18/2026		5	
Inspector (Printed) <b>Lauren Grandy</b>		Core Item Violations		6/8/2026		17	
		Risk Factor/Public Health Intervention Violations				7	
		Repeat Risk Factor/Public Health Intervention Violations					
		Good Retail Practices Violations				17	
		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: 4/20/26

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 4/8/26

Establishment Peoples Choice Town Manchester

### TEMPERATURE OBSERVATIONS


Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
wic		marinara	140F	hot water h.s.	107F
sauce	38F			hot water prep	111F
cheese	39F	<del>wic</del> 2 door undercounter		3 bay h.w.	117F
egg	41F	wings	41F	bleach bucket	50-100 ppm
		blue cheese	40F		
Bay Marie		Atosa 2 door freezer	-4F	hot water - restroom	97F
Turney	41F	Artic Air 2 door freezer	1F		
Ricotta Cheese	40F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CEPM on site <span style="float: right;">* good glove use</span>
16pF	interior of prep sink unclean
10pF	handles of handwash sink unclean
49c	dry storage shelving across from 3 bay unclean
55c	missing wall tile by 3 bay (under)
52c	bucket with stagnant water under 3 bay
49c	walls by 3 bay unclean
49c/3c	exterior of flour bins not clean / unlabeled
49c	shelving with soda bins unclean
49c	shelving next to deli slicer unclean
15p	flour un protected / not covered on shelf - (COS)
16pF	pizza roller unclean
55c	ceiling tiles missing above wic / ceiling tiles unclean
49c	shelving in wic unclean
13p	butter milk in wic expired - discarded (COS)
49c	walls in wic unclean / hood baffles unclean - to be cleaned 4/9/26
note	no pest control issues
49c	glass doors of wic unclean
49c	container with oil/vinegar/salt/pepper by front area unclean
49c	container that holds pizza container unclean - crumbs
49c	shelving next to pizza oven unclean
16pF	can opener unclean
16pF	interior undercounter 2 door unclean

Person in Charge (Signature) [Signature] Date 4/8/26  
 Inspector (Signature) [Signature] Date 4/8/26



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>3</b>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <b>4/6/26</b>	
Establishment <b>Sri Balaji</b>		Time In <b>2</b> AM/PM Time Out <b>3:30</b> AM/PM
Address <b>221 a Buckland Hills Dr.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder _____		Reinspection Other _____

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
IN	OUT	N/A	N/O		V	COS	R	IN	OUT	N/A	N/O		V	COS	R
<b>Supervision</b>															
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	Pf/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>															
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<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	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"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<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>															
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>															
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</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"/>	<input checked="" type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances	P	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<b>GOOD RETAIL PRACTICES</b>															
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT	N/A	N/O		V	COS	R	OUT	N/A	N/O		V	COS	R		
<b>Safe Food and Water</b>															
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Use of Utensils	Pf	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Temperature Control</b>															
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Identification</b>															
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Prevention of Food Contamination</b>															
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities	Pf	<input type="checkbox"/>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Violations Summary</b>															
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Person in Charge (Signature) <b>M. Gayathri</b> Date <b>4/6/26</b>															
Person in Charge (Printed) _____															
Inspector (Signature) <b>L. Brandy</b> Date <b>4/6/26</b>															
Inspector (Printed) <b>Lauren Brandy</b>															
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.															

Reinspection: 4/7/26

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 4/6/26  
 Establishment Sri Balaji Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
chutney	50-60F	Freezer Undercounter	0F	handsink	96F
Bay Marie					
samosa	40F			3 bay	110F
Cut tomato	39F				
undercounter					
dosi	40F				
chutney	41F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CFPM on site
22p	Chutney in ice bath with no ice at 50-60F - voluntarily discarded
15p	spices uncovered at prep table
28p	chemical stored next to spices - (cos)
16pF	exterior/interior of equipment to mix unclean
10pF	interior of handsink unclean
39p	interior of prep sink unclean
15p	cilantro in box stored on floor (cos)
43c	scoops with no handle in spice products/ uncovered/ unlabeled
44pF	Husky chopper used for food - need something commercial NSF
16pF	interior/exterior of cookline refrigeration not clean
16pF	stove top not clean
22p	vada at 64F in top of Bay Marie - voluntarily discarded (cos)
47c	cardboard used to store knives - unclean
39p	steaming rice with stagnant water - not approved by health department - request standard operating procedures for steamed rice
28p	bleach made at greater than 200ppm - corrected on site ↳ Health dept educated on how to make bleach
49c	cookline walls very unclean
49c	walls by prep/spice prep area unclean per Fire Marshal → call to have professional clean hood ↳ Fan must be turned on

Person in Charge (Signature) M. Gayathri Date 4/6/26  
 Inspector (Signature) R. Gundy Date 4/6/26

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/6/26

Establishment Sri Balaji Town Manchester

### TEMPERATURE OBSERVATIONS


Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
HOT- LENTIL SOUP	139F				
chick pea	139F				

### 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.
47c	knobs missing on stove
55c	de-clutter shelving in front of 3 bay + rooms in back must be accessible
11p	pan made in home in New Jersey being sold - voluntarily discarded <sup>(C)</sup> ↳ discussed no making food at home to sell
53c	bathroom floor has trash by garbage
53pF	toilet paper not in dispenser
22p	Food out at room temperature - voluntarily discarded ↳ food can not be out at room temperature
47c	using non commercial cooler for TCS Food. Food at 49F - discarded <sup>(C)</sup>
*	Training required for staff members. ↳ Health dept to provide temp, hierarchy, education materials ↳ <del>temp</del> /spanish
*	voluntarily closing this day - Fire Marshal + health dept to come back tomorrow at 9AM for opening inspection. (4/7/26)
	↳ all violations + overall cleanliness must be addressed prior to re-opening

Person in Charge (Signature) <u>U. Gayathri</u>	Date <u>4/6/26</u>
Inspector (Signature) <u>[Signature]</u>	Date <u>4/6/2026</u>

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>4/1/26</b>	Time In <b>10:00</b> AM/PM Time Out <b>10:30</b> AM/PM														
Establishment <b>St James school</b>		LHD <b>Manchester</b>														
Address <b>73 park st</b>		Purpose of Inspection: <b>Routine</b> Pre-op														
Town/City <b>Manchester</b>		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	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"/>	<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"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee Health				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"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety			
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good Hygienic Practices				21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preventing Contamination by Hands				24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory			
13	<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"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Source				28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
					Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
					Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
					Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
					Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
									33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures			
									34	<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"/>
									35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									58	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									59	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									61	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									62	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									63	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									65	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									66	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									67	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									68	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									69	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									70	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									71	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									72	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									73	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									74	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									76	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									77	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									78	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									79	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									80	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									81	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									82	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									83	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									84	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									85	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									86	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									87	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									88	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									89	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									91	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									92	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									93	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									94	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									95	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									96	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									97	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									98	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									99	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									101	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									102	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									103	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									104	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									105	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									106	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									107	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
									108	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				



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>4/29/26</u>										
Establishment <u>Teriyaki Madness</u>				Time In <u>10:15</u> AM/PM Time Out _____ AM/PM									
Address <u>172 Deming St Unit D</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 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" 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"/>	Proper cooking time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" 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"/>	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input 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	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES													
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.													
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
OUT	N/A/N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R			
<input type="checkbox"/>	<input type="checkbox"/>	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"/>	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 checked="" 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"/>	<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"/>	Gloves used properly	C	<input type="checkbox"/>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	Pf/C	<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"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<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"/>	Hot and cold water available; adequate pressure	Pf	<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"/>	Plumbing installed; proper backflow devices	P/Pf/C	<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"/>	Sewage and waste water properly disposed	P/Pf/C	<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"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<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"/>	Garbage and refuse properly disposed; facilities maintained	C	<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"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>			
Permit Holder shall notify customers that a copy of the most recent inspection report is available.						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f		<input type="checkbox"/>			
Person in Charge (Signature) <u>Richard Norton</u>		Date <u>4/29/26</u>		Violations documented		Date corrections due		#					
Person in Charge (Printed) <u>Richard Norton</u>				Priority Item Violations		<u>C.O.S.</u>		<u>1</u>					
Inspector (Signature) <u>Lauren Grandy</u>		Date <u>4/29/26</u>		Priority Foundation Item Violations				<u>9</u>					
Inspector (Printed) <u>Lauren Grandy</u>				Core Item Violations				<u>1</u>					
				Risk Factor/Public Health Intervention Violations				<u>9</u>					
				Repeat Risk Factor/Public Health Intervention Violations									
				Good Retail Practices Violations									
				Requires Reinspection - check box if you intend to reinspect									

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

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 4/29/26  
 Establishment Teriyaki Madness Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot hold - white rice	160F	Reach in Freezer	-5F	hot water h.s.	93F
-cooked chicken	149F			prep sink	113F
Reach in		w/c		quats sanitizer	200-400ppm
cooked chicken	40F	egg roll	41F	3 bay h.w.	130F
zucchini	39F	cooked chicken	40F		
		zucchini	41F		
White Rice	175F	raw steak	40F		


### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CFPM: Richard
49c	Cart at front by grill unclean
47c	gasket of reach in cooler unclean / damaged
49c	Drains throughout unclean
49c	Shelving above rice unclean
15p	saucers/oils not protected next to grill <u>C.O.S.</u>
49c	hood unclean - due to be professionally cleaned 4/2026
49c	lids of rice (dry) unclean
49c	walls/shelving above 3 bay unclean
note	Test strips available
note	Thermometer available
56c	mops/brooms stored on floor
49c	shelving in w/c unclean
note	discussed pest control
note	discussed trash - improving
49c	Floors under equipment unclean
note	no cooking/cooling at time of inspection
	email <a href="mailto:larandy@manchesterct.gov">larandy@manchesterct.gov</a> with corrections to above violations

Person in Charge (Signature) [Signature] Date 4/29/26  
 Inspector (Signature) [Signature] Date 4/29/26

# Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <u>2</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>																																																																																																																																																																																																																																																							
Establishment type: Permanent Temporary <b>Mobile</b> Other _____	Date: <u>4/7/26</u>	Time In <u>4:30</u> AM/PM Time Out _____ AM/PM																																																																																																																																																																																																																																																							
Establishment <u>Viba Foods</u>		LHD <u>Manchester</u>																																																																																																																																																																																																																																																							
Address <u>itinerant - BV-16479</u>		Purpose of Inspection: <b>Routine</b> Pre-op																																																																																																																																																																																																																																																							
Town/City <u>Manchester</u>		Reinspection Other _____																																																																																																																																																																																																																																																							
Permit Holder _____																																																																																																																																																																																																																																																									
<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																																																																																																																																																																																																																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Supervision</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Person/Alternate Person in charge present, demonstrates knowledge and performs duties</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Certified Food Protection Manager for Classes 2, 3, &amp; 4</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Management, food employee and conditional employee; knowledge, responsibilities and reporting</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper use of restriction and exclusion</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Written procedures for responding to vomiting and diarrheal events</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Proper eating, tasting, drinking, or tobacco products use</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>No discharge from eyes, nose, and mouth</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Hands clean and properly washed</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>No bare hand contact with RTE food or a pre-approved alternative procedure properly followed</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Adequate handwashing sinks, properly supplied/accessible</td> <td>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 obtained 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><input checked="" type="checkbox"/></td> <td>Food received at proper temperature</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food in good condition, safe, and unadulterated</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input 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> </tr> </tbody> </table>	IN	OUT	N/A	N/O	Supervision	V	COS	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Protection from Contamination</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food separated and protected</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food-contact surfaces: cleaned &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>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><input type="checkbox"/></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><input type="checkbox"/></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><input type="checkbox"/></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><input type="checkbox"/></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><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper cold holding temperatures</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper date marking and disposition</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input 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><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Consumer advisory provided: raw/undercooked food</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Pasteurized foods used; prohibited foods not offered</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" 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>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 checked="" 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> </tbody> </table>	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	N/A	N/O	Supervision	V	COS	R																																																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																		
<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 checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																		
IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R																																																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																		
<b>GOOD RETAIL PRACTICES</b>																																																																																																																																																																																																																																																									
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.																																																																																																																																																																																																																																																									
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																																																																																																																																																																																																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Safe Food and Water</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Pasteurized eggs used where required</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Water and ice from approved source</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input 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> <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 checked="" 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 checked="" 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 checked="" 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><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food properly labeled; original container</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Insects, rodents, and animals not present</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Contamination prevented during food preparation, storage &amp; display</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Personal cleanliness</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Wiping cloths: properly used and stored</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Washing fruits and vegetables</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	OUT	N/A	N/O	Safe Food and Water	V	COS	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>OUT</th> <th>Proper Use of Utensils</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>In-use utensils: properly stored</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Utensils/equipment/linens: properly stored, dried, &amp; handled</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Single-use/single-service articles: properly stored &amp; used</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Gloves used properly</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><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>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Non-food contact surfaces clean</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hot and cold water available; adequate pressure</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Plumbing installed; proper backflow devices</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sewage and waste water properly disposed</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet facilities: properly constructed, supplied, &amp; clean</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Garbage and refuse properly disposed; facilities maintained</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Physical facilities installed, maintained, and clean</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Adequate ventilation and lighting; designated areas used</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Natural rubber latex gloves not used per CGS §19a-36f</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	OUT	Proper Use of Utensils	V	COS	R	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input 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	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																						
OUT	N/A	N/O	Safe Food and Water	V	COS	R																																																																																																																																																																																																																																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																			
<input type="checkbox"/>	<input checked="" 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"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																			
<input type="checkbox"/>	<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"/>																																																																																																																																																																																																																																																			
OUT	Proper Use of Utensils	V	COS	R																																																																																																																																																																																																																																																					
<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																					
<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																					
<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																					
<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																					
<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"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																					
<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																					
<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																					
<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																					
<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																					
<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																					
<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																					
<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																					
<input 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	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																					
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																																																																																																																																																																																																																																																									
Person in Charge (Signature) <u>A. Bluey</u>	Date <u>4/7/26</u>																																																																																																																																																																																																																																																								
Person in Charge (Printed)																																																																																																																																																																																																																																																									
Inspector (Signature) <u>L. Grandy</u>	Date <u>4/7/26</u>																																																																																																																																																																																																																																																								
Inspector (Printed) <u>Lauren Grandy</u>																																																																																																																																																																																																																																																									
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.																																																																																																																																																																																																																																																									

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations	<u>4/7/26</u>	<u>1</u>
Core Item Violations	<u>7/17/26</u>	<u>2</u>
Risk Factor/Public Health Intervention Violations		<u>1</u>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>3</u>
Requires Reinspection - check box if you intend to reinspect		



# RAPID COOLING GUIDE

(Potato Salad, Pasta Salad, Tuna Salad, etc.)

## FOOD SAFETY RULE

Cool food quickly to prevent bacteria growth.

## TWO-STAGE COOLING REQUIREMENT

- 135°F → 70°F within 2 hours
- 70°F → 41°F within 4 additional hours
- Total cooling time = 6 hours MAX

## REQUIRED COOLING PRACTICES

- Utilize sheet pans (≤ 2 inches deep)
- Store in designated food cooling area of walk-in cooler
- Do not stack or cover while cooling
- Maintain active cooling logs

## APPROVED COOLING METHODS

- Ice bath with frequent stirring
- Ice as an ingredient
- Rapid chill equipment (blast chiller)

## PREP TIPS FOR SALADS

- Use pre-chilled ingredients
- Prepare in small batches
- Do not mix hot ingredients with cold dressings

## MONITORING

- Use a calibrated thermometer
- Check temperatures at start, 2 hours, and 6 hours
- Document all temperatures in cooling log

## IF FOOD DOES NOT COOL PROPERLY

- At 2 hours: Above 70°F → Reheat to 165°F or discard
- At 6 hours: Above 41°F → Discard

**Cool fast, stay safe!**



# Manchester Health Department

479 Main Street

Manchester, CT 06040

\* follow-up

Establishment:	Date of Inspection:
Market on the Green	4/27/26
+ Market on Green menu will include produce (whole), baked goods, pre-packaged food (menu submitted on August 26, 2025)	
↳ discussed adding milk, eggs, cheese, Meat <sup>Frozen</sup> Local	
↳ email menu of items to be added	
- commercial refrigeration required for <sup>to</sup> items	
- shelves used for storages	
↳ must be cleanable	
- discussed handsink / will follow-up with 3 bay Sink if required	
- uses cardboard for produce at the moment	
↳ follow up on plastic containers being used	
Health dept requires:	
- updated menu	
- Food service application required	
- reach out to Fire Marshal, building, water + sewer for their requirements	
- reach out to building dept to start application for tenancy permit	
* Robert said to email brother - Dave Sherwood	
Initial (Inspector) L.G.	Initial (Person in Charge) <u>RS</u>

\*Back patio

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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 4/27/26

Establishment Murphy's Time In 11 AM/PM Time Out \_\_\_\_\_ AM/PM

Address 103 Tolland Pike LHD Manchester

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

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



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

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

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

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

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

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Permit Holder shall notify customers that a copy of the most recent inspection report is available.		<input type="checkbox"/>	<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"/>	Person in Charge (Signature) _____ Date <u>04/27/26</u>		<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"/>	Person in Charge (Printed) <u>Dakota Kruser</u>		<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"/>	Inspector (Signature) <u>K. Brennan</u> Date <u>4/27/26</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspector (Printed) <u>Lauren Standu</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violations documented		<input type="checkbox"/>	<input type="checkbox"/>

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

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



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>3/17/26</u>		
Establishment <u>Arbors of Hop Brook</u>				Time In <u>11:30</u> AM/PM Time Out <u>12:45</u> AM/PM		
Address <u>403 W. Center St.</u>				LHD <u>Manchester</u>		
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder <u>[Signature]</u>				Reinspection <u>3/30</u> Other		



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

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

# Food Establishment Inspection Report

LHD manchester Inspection Report Continuation Sheet Date 3/17/26  
 Establishment Arbors Town manchester REI 3/30/28

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
handsink	130F	reach-in - fruit	41	dish machine	>160F
WJC - corned beef	39	↓ cut tomatoes	42		
baked potato	39	↓ fruit salad	43		
mashed potato	40	↓			
sliced cheese	39	monitor next hour			
soup	45				
w/c cooking burger	40	was recently out for			
hotdog	39	prep.			



### OBSERVATIONS AND CORRECTIVE ACTIONS

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

- | Item Number | 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 |
|-------------|---|
|             | Alfredo and Lisa - CFPM on site   |
| ✓ 52PF      | bucket of stagnant water under 3-bay by grease trap<br>↳ call plumber if leaking, odor present                                  |
| - 38PF      | drain flies present by grease trap, throughout - <span style="color: red;">working on</span>                                    |
| ✓ 39C       | discussed dented can policy, need dedicated space   |
| ✓ 51C       | prep sink faucet dripping.  |
| ✓ 52PF      | hood on cookline leaking - maintenance is aware   |
| - 50PF      | ice build up in WJE, do not store food under leak<br>↳ this is considered waste water   |
| ✓ 46PF      | table mounted can opener unclean (COS)  |
| ✓ *         | cooling logs required to be on site.<br>↳ send SOP for cooling to Health Dept by 3/20/26  |
| ✓ *         | monitor temperatures in all units by taking temps of ACTUAL food. Do not rely on digital read-out                               |
| ✓ 49C       | drain by warewash unclean, increase cleaning freq.  |
| ✓ 55C       | grease trap in warewash room unclean, get serviced if needed. maintain logs. contact manufacturer for bucket.*                  |
| * *         | deep clean of floors and drains required to combat fly issue<br>↳ contact pest control, send most recent report to Kate.        |
| * *         | date marking discussed - need to transfer prep date onto new containers if splitting up.  |
| * *         | Shawn Parachis no longer manager. Jorge possibly taking position. let HD know.  |

Person in Charge (Signature) [Signature] Date 3/17/26  
 Inspector (Signature) Katelynn Doolady Date 3/17/26

Reinspection for "PF" on ~ 3/27/26 and for "C" on ~ 4/17/26  
 Distribution: 1st - White - Health Department 2nd - Yellow - Owner/Operator/Person in Charge

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>4/21/26</u>
Establishment <u>La piazzita del Morongo</u>		Time In <u>1:30 AM/PM</u> Time Out <u>2:30 AM/PM</u>
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 <u>FELIX</u>		Reinspection Other <u>Reinspection 4/30/26</u>

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

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

Person in Charge (Signature) <u>Fm</u> Date <u>4-21-26</u>		
Person in Charge (Printed)		
Inspector (Signature) <u>L. Grandy</u> Date <u>4/21/26</u>		
Inspector (Printed) <u>Lauren Grandy</u>		

Violations documented	Date corrections due	#
Priority Item Violations	<u>4/24/26</u>	<u>3</u>
Priority Foundation Item Violations	<u>4/31/26</u>	<u>3</u>
Core Item Violations	<u>7/21/26</u>	<u>6</u>
Risk Factor/Public Health Intervention Violations		<u>6</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>6</u>
Good Retail Practices Violations		<u>6</u>
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

reinspection: 4/30/26

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 4/21/26  
 Establishment La plazita del Mofongo Town Manchester reinspection 4/30/26

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Bay Maru		hot holding		Atosa Freezer	-2F/3F
Ham	40F/39F	white rice	139F	restroom h.w.	86F
cheese	39F/40F	chicken cooked	137F	handsink h.w.	94F/95F
pep Tomato	39F	wic		handsink front h.w.	95F/96F
Travisen 2 door	38F	raw chicken	38F/39F	Precision soda only	34F
raw chicken	40F/40F	raw pernil	39F/39F	Hot holding front:	
BeeF empanada	39F	cooked onions	40F	white rice / BeeF empanada	139F/141F
internal plantains	168F	Atosa ambient	38F	chicken / tostones	137F/139F

### 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: Felix on site
✓ 47c	Cardboard wrapped around hot holding unit
✓ 15p	coffee filters above coffee not protected
✓ 37c	unlabeled squeeze bottles in sandwich prep unit
✓ 49c	walls under 3 bay / in between prep sink unclean
✓ 51pF	Hot water at 3 bay at 90F → Must reach 110F or higher <span style="color: red;">reached 111F</span>
✓ 15p	Food not covered / protected in wic - (COS)
✓ note	hood due June 2026 - professionally clean
✓ 45p	to go container used as scoop in flour bin
note	2 door true refrigerator not in use at time of inspection
✓ 49c	shelving with clean dishes unclean
✓ 16pF	interior bottom of 2 door Atosa Freezer unclean
✓ 10c	no handwash sign in restroom
✓ 16pF	interior/exterior beer cooler unclean (toward seats)
✓ 10c	splash guard required at front handwash sink <span style="color: red;">↳ moved sinks down - splash guard not required</span>
	overall very clean + organized
	good glove use / good equipment storage
	test strips available
	thermometer available

Person in Charge (Signature) FJM Date 4/21/26  
 Inspector (Signature) L Grandy Date 4/21/26

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>4</b>				
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>4/8/26</b>				
Establishment <b>Murphy's</b>		Time In <b>11:20</b> AM/PM Time Out _____ AM/PM				
Address <b>103 Tolland Tpke</b>		LHD <b>Manchester</b>				
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op				
Permit Holder <b>Jack</b>		Reinspection _____ Other _____				
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>						
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.						
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed						
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation						
IN OUT N/A N/O	Supervision	IN OUT N/A N/O				
V COS R		Protection from Contamination				
V COS R		V COS R				
1	<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	15	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food separated and protected	16	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food-contact surfaces: cleaned & sanitized	
2	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certified Food Protection Manager for Classes 2, 3, & 4	17	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper disposition of returned, previously served, reconditioned, and unsafe food	18	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cooking time and temperatures	
3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Management, food employee and conditional employee; knowledge, responsibilities and reporting	19	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper reheating procedures for hot holding	20	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cooling time and temperatures	
4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper use of restriction and exclusion	21	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper hot holding temperatures	22	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cold holding temperatures	
5	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Written procedures for responding to vomiting and diarrheal events	23	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper date marking and disposition	24	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Time as a public health control: procedures and records	
<b>Employee Health</b>			<b>Time/Temperature Control for Safety</b>			
6	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Proper eating, tasting, drinking, or tobacco products use	25	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Consumer advisory provided: raw/undercooked food	<b>Highly Susceptible Population</b>		
7	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> No discharge from eyes, nose, and mouth	26	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pasteurized foods used; prohibited foods not offered	<b>Food/Color Additives and Toxic Substances</b>		
<b>Preventing Contamination by Hands</b>			<b>Consumer Advisory</b>			
8	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Hands clean and properly washed	27	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food additives: approved and properly used	<b>Conformance with Approved Procedures</b>		
9	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	28	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toxic substances properly identified, stored & used	<b>GOOD RETAIL PRACTICES</b>		
10	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Adequate handwashing sinks, properly supplied/accessible	<b>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</b>				
<b>Approved Source</b>			<b>Safe Food and Water</b>			
11	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food obtained from approved source	30	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pasteurized eggs used where required	<b>Proper Use of Utensils</b>		
12	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Food received at proper temperature	31	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water and ice from approved source	43	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> In-use utensils: properly stored	
13	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food in good condition, safe, and unadulterated	32	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Variance obtained for specialized processing methods	44	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Utensils/equipment/linens: properly stored, dried, & handled	
14	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Required records available: molluscan shellfish identification, parasite destruction	<b>Food Temperature Control</b>				
<b>Good Retail Practices</b>			33	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cooling methods used; adequate equipment for temperature control	45	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Single-use/single-service articles: properly stored & used
<b>Safe Food and Water</b>			34	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Plant food properly cooked for hot holding	46	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gloves used properly
<b>Food Temperature Control</b>			35	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Approved thawing methods used	<b>Utensils and Equipment</b>	
36	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Thermometers provided and accurate	36	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Thermometers provided and accurate	47	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used	
<b>Food Identification</b>			<b>Food Identification</b>			
37	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food properly labeled; original container	37	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food properly labeled; original container	48	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	
<b>Prevention of Food Contamination</b>			<b>Prevention of Food Contamination</b>			
38	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Insects, rodents, and animals not present	38	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Insects, rodents, and animals not present	49	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-food contact surfaces clean	
39	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contamination prevented during food preparation, storage & display	39	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contamination prevented during food preparation, storage & display	<b>Physical Facilities</b>		
40	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Personal cleanliness	40	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Personal cleanliness	50	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hot and cold water available; adequate pressure	
41	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wiping cloths: properly used and stored	41	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wiping cloths: properly used and stored	51	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plumbing installed; proper backflow devices	
42	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Washing fruits and vegetables	42	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Washing fruits and vegetables	52	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sewage and waste water properly disposed	
<b>Violations documented</b>			<b>Violations documented</b>			
Person in Charge (Signature) <i>John Maloney</i> Date <b>4/8/26</b>			Person in Charge (Signature) <i>John Maloney</i> Date <b>4/8/26</b>			
Person in Charge (Printed) <b>John Maloney</b>			Person in Charge (Printed) <b>John Maloney</b>			
Inspector (Signature) <i>Lauren Grandy</i> Date <b>4/8/26</b>			Inspector (Signature) <i>Lauren Grandy</i> Date <b>4/8/26</b>			
Inspector (Printed) <b>Lauren Grandy</b>			Inspector (Printed) <b>Lauren Grandy</b>			
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.			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:

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/8/26

Establishment Murphys Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Bay Marie		pizza cold prep			
cut tomato	40F	cut tomato	41F		
buffalo chicken	41F	marinara	41F		
hot - marinara	135F	sausage	48F		
Bay Marie - onions	40F	salad cold prep			
cut tomato	41F	cut tomato	41F		
raw burger	39F	blue cheese	40F		
raw chicken	39F	3 door refrigerator	36F		

### 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.
	manager: Dakota
54C	garbage area very unclean outside by dumpster
54C	grease visible on exterior of oil receptor near dumpster
54C	pubbish/equipment stored outside restaurant → Must be removed/placed in restaurant → Dakota to get CFPM today
16PF/2C	no CFPM on site at time of inspection - Jack came in after ✓
10PF	no soap at all handwash sinks - Jack to go purchase (COS)
16PF	interior of bay Marie not clean
37PF	water in squeeze bottle not labeled
55C	grout of floor very low
49C	shelves under cookline unclean
note	discussed temp requirements/reheating
16PF	interior of ovens on cookline unclean
16PF	interior/exterior of microwave unclean
49C	exterior of fryer unclean
15P	Food not protected in bay Marie/on cookline
15P	Flour not covered by pizza station
49C	top of pizza oven unclean
16PF	interior of pizza cold prep unclean
49C	gaskets of chest freezer unclean
49C	exterior of red wine vinegar container unclean
49C	exterior of 3 door <del>ref</del> refrigerator unclean
49C	gasket of 3 door refrigerator damaged

Person in Charge (Signature) [Signature]

Date 4/8/26

Inspector (Signature) [Signature]

Date 4/8/26

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 4/8/26  
 Establishment Murphys Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC #1				dish machine	50-100ppm
Fish	40F			prep sink	137F
pepperoni	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.
✓ 44 PF	knives/forks in holder (clean) not inverted/protected
55c	Floor missing / grout missing by dish machine
38c	exterior door has gap on bottom by prep sink
✓ 56c	mops/brooms stored on floor by prep sink
✓ 49c	shelving with dishes by prep sink Unclean
✓ 36 PF	thermometer not working - purchase new one
44c	Bustub with utensils jumbled
✓ 16 PF	can opener blade unclean
49c	dry storage shelving unclean
49c	walk in cooler 2 gasket damaged/unclean
47c	rusted shelving in wic #1 / wic #2
✓ 15 p	Food not covered/protected (fish) in wic #1
49c	wic #2 gasket unclean
✓ 13 p	Moldy lemons in wic #2 - discarded (cos)
47c	wic #2 door damaged
55c	"garage" room unclean - remove excess bottles/cans
44 PF	clean trays stacked with oil in container
49c	walls along cookline unclean
55c	decluster storage room in basement (boxes on floor)
52c	Floor of beer cooler has stagnant water
49c	Beer wic gasket unclean
34c	kegs/soda boxes on floor in basement

Person in Charge (Signature) [Signature] Date 4/8/24  
 Inspector (Signature) R. Brandy Date 4/8/26

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/8/26

Establishment Murphy's Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
				3 bay bar	117F
				womens restroom	138F

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Description
55c	extra equipment in basement must be removed if not working not being used
16pF	interior of soda machine not clean (both at inside bar)
51c	Faucet spraying water at 3 bay by bar area
43c	dish racks on floor at inside bar
15p	ice not protected at outdoor bar - must be drained / cleaned prior to refilling
16pF	interior of keg coolers outside unclean
10pF	no hand soap / paper towels at outside bar
47c	Far 3 slide refrigeration <del>for</del> at outdoor bar extremely rusted - needs to be replaced with commercial NSF unit
52c	Bucket with stagnant water next to ice machine
*	<sup>outdoor</sup> Far bar not being used - inspection required prior to use → May 2 <sup>nd</sup> looking to open
49c	shelving in alcohol cooler unclean
39c	Boxes of alcohol stored on floor of alcohol cooler
41c	gasket damaged of alcohol w/c
50pF	Hot water in womens restroom at 138F - cant exceed 115F

Person in Charge (Signature)

Inspector (Signature)

Date 4/8/26  
Date 4/8/26

Food Establishment Inspection Report

Temporary Mobile Other

Date: 4/8/26

choice  
middle tpe west  
Manchester



Time In 10 AM/PM Time Out 11:15 AM/PM

LHD Manchester

Purpose of Inspection: Routine Pre-op

Reinspection Other Reinspection 4/20/26

Permit Holder Bob Mercier

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

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

GOOD RETAIL PRACTICES

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

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

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

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

Person in Charge (Signature) [Signature] Date 4/8/26

Person in Charge (Printed) David LaVallee

Inspector (Signature) [Signature] Date 4/8/26

Inspector (Printed) Lauren Grandy

Violations documented	Date corrections due	#
Priority Item Violations	C.O.S.	2
Priority Foundation Item Violations	4/13/2026	5
Core Item Violations	6/8/2026	17
Risk Factor/Public Health Intervention Violations		7
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		17
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: 4/20/26

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/8/26

Reinspection 4/28/26

Establishment Peoples Choice

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
wic		marinara	140F	hot water h.s.	107F/110F
sauce	38F/39F			hot water prep	111F/128F
cheese	39F/39F	<del>wic</del> 2 door undercounter		3 bay h.w.	117F
egg	41F	wings	41F	bleach bucket	50-100 ppm 50-100 ppm
blue cheese		blue cheese	40F	hot water - restroom	97F
Bay Marie		Atosa 2 door freezer	-4F/-6F		
Turkey / American cheese	41F / 40F	Artic Air 2 door freezer	1F / 0F		
Rice & Cheese	40F / 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.	
	CFPM on site	* good glove use
✓ 16pF	interior of prep sink unclean	
✓ 10pF	nozzles of handwash sink unclean	
49c	dry storage shelving across from 3 bay unclean	
55c	missing wall tile by 3 bay (under)	
✓ 52c	bucket with stagnant water under 3 bay	
49c	walls by 3 bay unclean	
✓ 49c/52c	exterior of flour bins not clean / unlabeled	
49c	shelving with soda bins unclean	
49c	shelving next to deli slicer unclean	
✓ 15p	flour un protected / not covered on shelf - (cos)	
16pF	pizza roller unclean	
55c	ceiling tiles missing above wic / ceiling tiles unclean	
49c	shelving in wic unclean	
✓ 13p	butter milk in wic expired - discarded (cos)	
49c	walls in wic unclean / hood baffles unclean - to be cleaned 4/9/26	
note	no pest control issues	
✓ 49c	glass doors of wic unclean	
✓ 49c	container with oil/vinegar/salt/pepper by front area unclean	
49c	container that holds pizza container unclean - crumbs	
49c	shelving next to pizza oven unclean	
✓ 16pF	can opener unclean	
✓ 16pF	interior undercounter 2 door unclean	

Person in Charge (Signature)

Date 4/8/26

Inspector (Signature)

Date 4/8/26



3

Food Establishment Inspection Report

Page 1 of 3

Establishment type: Permanent Temporary Mobile Other

Date: 4/6/26  
 Time In 2 AM/PM Time Out 3:30 AM/PM

Establishment Sri Balaji  
 Address 221 a Buckland Hills Dr.  
 Town/City Manchester  
 Permit Holder



LHD Manchester  
 Purpose of Inspection: Routine Pre-op  
 Reinspection Other Reopen 4/7/26

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

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

GOOD RETAIL PRACTICES

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

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

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

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

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

Person in Charge (Signature) M. Gayathri Date 4/6/26  
 Person in Charge (Printed)  
 Inspector (Signature) K. Brandy Date 4/6/26  
 Inspector (Printed) Lauren Brandy

Violations documented	Date corrections due	#
Priority Item Violations	prior to	10
Priority Foundation Item Violations	reopening	6
Core Item Violations		8
Risk Factor/Public Health Intervention Violations		12
Repeat Risk Factor/Public Health Intervention Violations		12
Good Retail Practices Violations		12
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: 4/7/26

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 4/6/26  
 Establishment Sri Balaji Town Manchester

TEMPERATURE OBSERVATIONS					
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
chutney	50-60°F	Freezer Undercounter	0°F	handsink	96°F/107°F
Bay Marie					
samosa	40°F	w/c	38°F	3 Day	110°F
cut tomato	39°F	Bottle glan	41°F		
undercounter					
dosa	40°F	Undercounter dosa mix	40°F		
Chutney	41°F	Bay Marie - cut tomato	39°F		
		8 amasa	41°F		

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

- | Item Number | Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.             |
|-------------|--|
|             | CFPM on site   |
| ✓ 22 p      | Chutney in ice bath with no ice at 50-60°F - voluntarily discarded   |
| ✓ 15 p      | spices uncovered at prep table   |
| ✓ 28 p      | chemical stored next to spices (cas)   |
| 16 pF       | exterior/interior of equipment to mix unclean - clean interior of mixer  |
| ✓ 10 pF     | interior of handsink unclean   |
| ✓ 39 p      | interior of prep sink unclean  |
| ✓ 15 p      | cilantro in box stored on floor (cas)  |
| ✓ 43 c      | scoops with no handle in spice products/uncovered/unlabeled  |
| ✓ 44 pF     | Husky chopper used for food - need something commercial NSF  |
| ✓ 16 pF     | interior/exterior of cookline refrigeration not clean (gaskets)  |
| ✓ 16 pF     | stove top not clean  |
| ✓ 22 p      | vada at 64°F in top of Bay Marie - voluntarily discarded (cas)   |
| ✓ 47 c      | cardboard used to store knives - unclean - getting knife holder  |
| ✓ 39 p      | steaming rice with stagnant water - not approved by health department - request standard operating procedures for steamed rice - email me policy procedure |
| ✓ 28 p      | bleach made at greater than 200 ppm - corrected on site<br>↳ Health dept educated on how to make bleach  |
| ✓ 49 c      | cookline walls very unclean walls under sink   |
| ✓ 49 c      | walls by prep/spice prep area unclean<br>per Fire Marshal → call to have professional clean hood<br>↳ Fan must be turned on                                |

Person in Charge (Signature) M. Gayathri Date 4/6/26  
 Inspector (Signature) R. Gundy Date 4/6/26

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/6/26

Establishment Sri Balaji Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
HOT- Lentil soup	139F				
chick pea	139F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Description
<u>47c</u>	knobs missing on stove
<u>55c</u>	de-clutter shelving in front by 3 bay + rooms in back must be accessible
<u>11p</u>	pan made in home in New Jersey being sold - voluntarily discarded - <u>discussed no making food at home to sell - removed</u>
<u>53c</u>	bathroom floor has trash by garbage
<u>53pF</u>	toilet paper not in dispenser
<u>22p</u>	Food out at room temperature - voluntarily discarded ↳ food can not be out at room temperature
<u>47c</u>	using non commercial cooler for TCS Food. Food at 49F - discarded <u>(os)</u>
*	Training required for staff members. ↳ Health dept to provide temp, hierarchy, education materials ↳ <u>Terigu / Spanish</u>
*	voluntarily closing this day - Fire Marshal + Health dept to come back tomorrow at 9AM for opening inspection. <u>(4/7/26)</u>  ↳ all violations + overall cleanliness must be addressed prior to re-opening

Person in Charge (Signature) <u>M. Gayathri</u>	Date <u>4/6/26</u>
Inspector (Signature) <u>[Signature]</u>	Date <u>4/6/2026</u>

\*re-opening

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/7/26

Establishment Sri Balaji

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
wic	38F	undercounter freezer	0F	hand sink	107F
bottle gran	41F				
undercounter dosa	40F			3 bay sink	110F
Bay Marie-cut tomato	39F				
samosa	41F				

### OBSERVATIONS AND CORRECTIVE ACTIONS


Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	interior of mixer to be cleaned prior to opening gaskets of refrigeration unclean walls under handsink not clean knobs missing on stove
	email policy/procedure to health department for idal for approval, must remove + replace current "steamer" with commercial NSF/equipment. health department to review policy prior to making
	overall great improvement from day prior. put in place cleaning procedures for staff to follow (daily, weekly, etc).
	provided staff with cross contamination, cooling procedures and temp requirement pamphlets/fact sheets.
	staff to be re-trained + add CFPM on cookline
	okay to re-open this day per health dept.

Person in Charge (Signature) M. Gayathri

Date 4/7/26

Inspector (Signature) R. Brandy

Date 4/7/26

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>3</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>3/24/26</b>	Time In: <b>4:30 AM/PM</b> Time Out: <b>5:45 AM/PM</b>
Establishment: <b>Urban Air</b>	 <p>Connecticut Department of Public Health</p>	LHD: <b>Manchester</b>
Address: <b>220 Hale Rd</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Town/City: <b>Manchester</b>		Reinspection: <b>3/31</b> Other _____
Permit Holder: <b>Yasar</b>	<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>	
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item    IN=in compliance    OUT=not in compliance    N/A=not applicable    N/O=not observed		
P=Priority item    Pf=Priority foundation item    C=Core item    V=violation type    Mark in appropriate box for COS and/or R    COS=corrected on-site during inspection    R=repeat violation		
IN	OUT	N/A/N/O
<b>Supervision</b>		
<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4		
<b>Employee Health</b>		
<input checked="" type="checkbox"/>	<input checked="" 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"/>
Proper use of restriction and exclusion		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events		
<b>Good Hygienic Practices</b>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed		
<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		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessibile		
<b>Approved Source</b>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction		
<b>GOOD RETAIL PRACTICES</b>		
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>		
Mark OUT if numbered item is not in compliance    V=violation type    Mark in appropriate box for COS and/or R    COS=corrected on-site during inspection    R=repeat violation		
OUT	N/A/N/O	V
<b>Safe Food and Water</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate		
<b>Food Identification</b>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container		
<b>Prevention of Food Contamination</b>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits and vegetables		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature): <i>[Signature]</i>	Date: <b>3/24/26</b>	
Person in Charge (Printed): <b>John Macon</b>		
Inspector (Signature): <i>[Signature]</i>	Date: <b>3/24/26</b>	
Inspector (Printed): <b>Katelynn Doslady</b>		
<b>Violations documented</b>		<b>Date corrections due</b>
Priority Item Violations		
Priority Foundation Item Violations		<b>3/31/26</b>
Core Item Violations		<b>4/24/26</b>
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/24/26

Establishment Urban Air

Town Manchester

REI 3131

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
handsink	97F	WIF	SF		
3-bay hot water	110F				
ban man					
pizza sauce	39F				
v/c freezer	-6				
reach-in fridge					
BBQ	41F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Description
✓ 54C	grease trap interior unclean, verify function
✓ 2C	no CFPM on site, PIC not knowledgeable <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">1PF</span>
✓ 16PF	ice machine interior very unclean. - turned off to clean
✓ 16PF	ice scoop holder unclean
✓ 49C	wall behind pizza oven / prep tables unclean
✓ <del>54C</del> 54C	salt + unlabeled brown powder, unprotected <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">COS</span>
✓ 54C	no trash can by handsink by Vulcan hot holder
✓ 16PF	conveyor belt pizza oven unclean, deep clean required
note	PIC stated pizza oven is being replaced, need specs.
✓ 49C	Alto sham oven interior unclean
✓ 49C	interior and exterior of bain marie unclean
✓ <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">47C</span>	gaskets damaged on v/c freezer
✓ 49C	v/c freezer interior unclean
✓ 39C	food boxes stored on floor in WIF
✓ <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">39C</span>	metal rack by WIF not 6" off floor - raise bottom shelf
✓ <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">85C</span>	room w/ chest freezer generally unclean, walls damaged
✓ 49C	dry storage room unclean, dirty gloves everywhere
note	discussed cleaning of green shelving
✓ 16PF	cotton candy machine unclean, send SOP for cleaning
✓ 39C	ketchup + single use forks stored on floor up front
✓ 49C	soda machine back splash unclean

Person in Charge (Signature)

Date 3/24/26

Inspector (Signature) Katelyn Doolody

Date 3/24/26

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/24/2

Establishment Urban Air

Town Manchester

REI 3131

### TEMPERATURE OBSERVATIONS

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

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Observations and Corrective Actions
✓ 49C	floor under ICEE machine unclean, spilled syrup note discussed organization of single use products ↳ to-go containers, portion cups, icee cups.
49C	floor under chemical storage in back hallway unclean
✓ 49C	ceiling vents throughout unclean
✓ 36PF	no thermometer available
	no cooking occurring today. Staff to clean.
	CFPM needed for food service. Staff not trained in food safety. Retraining required.
	Food grade sanitizer wipes used for prep tables, okay.
	Staff knowledgeable. several CFPM members on site.

Person in Charge (Signature)

Date 3/24/26

Inspector (Signature) Katelynn Doolady

Date 3/24/26



## Manchester Health Department

479 Main Street

Manchester, CT 06040

\*walk-thru

Establishment: LA street kitchen	Date of Inspection: 4/30/26
<ul style="list-style-type: none"> <li>- chemical storage on wall near 3 bay</li> <li>- pot/pan shelving upon entrance to kitchen</li> <li>- holes in wall - to be filled               <ul style="list-style-type: none"> <li>↳ will reach out regarding painted FRP</li> </ul> </li> <li>- stainless splash guard required on fryer</li> <li>- remove Ninja blender</li> <li>- kitchen aid food processor - homestyle - to be removed</li> <li>- broom/equipment holder required</li> <li>- clean fan covers in wic/wif</li> <li>- fill holes in wall of wic - make smooth easily cleanable</li> <li>- secure step into wic</li> <li>- email receipt material used on front wall               <ul style="list-style-type: none"> <li>↳ will follow up if approved or not</li> </ul> </li> <li>- cove base required in front of house               <ul style="list-style-type: none"> <li>↳ cove base tile damaged - to be replaced</li> </ul> </li> <li>- corner where ice machine is needs strip on corner of wall</li> <li>- shatterproof light bulbs required at front</li> <li>- barewood around cabinets in front house               <ul style="list-style-type: none"> <li>↳ discussed FRP/paint with epoxy paint</li> </ul> </li> <li>- add dump sink/handsink to front of house for smoothies</li> <li>- indirect drain required for ice machine               <ul style="list-style-type: none"> <li>↳ discussed moving on plan where chest freezer is in front</li> </ul> </li> </ul>	
Initial (Inspector) L.G.	Initial (Person in Charge) A.A.



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

Establishment: La Street Kitchen	Date of Inspection: 4/30/26
- email spec of waffle maker	
- coffee to be removed from menu / potato to be removed	
- paper goods in cabinets	
- employee storage on small rack	
- Reach out to Fire Marshal office, building dept, Manchester	
water + sewer for requirement	
- Reach out to mall management for extra storage space	
↳ may need to keep paper goods, extra equipment, etc.	
Initial (Inspector) <u>L.G.</u>	
Initial (Person in Charge) <u>A.A.</u>	