



## Manchester Health Department

479 Main Street

Manchester, CT 06040

Establishment:	Date of Inspection:
Bari Conv.	3/12/26
<ul style="list-style-type: none"> <li>- FRP behind coffee counter, painted blue. ↳ maintain cleanliness</li> <li>- caulk / seal counter to wall and behind 3 bay</li> <li>- cove base required under 3-bay sink</li> <li>- W/R/S (wash, rinse, sanitize) all equipment</li> <li>* - drain stoppers required at 3-bay, need bleach</li> <li>* - test strips required for bleach / chlorine sanitizer</li> <li>- basement not approved for food storage</li> <li>- shelf above 3-bay not NSF, verify DP okay</li> <li>- cold faucet on 3-bay missing, part ordered.</li> <li>- rack for extra cups / lids needed ↳ going to use plastic rack in store - okay</li> <li>* - paper towels + handwash sign needed at handwash sink</li> </ul>	
<ul style="list-style-type: none"> <li>- send email w/ above corrected or call to schedule inspection.</li> </ul>	
<ul style="list-style-type: none"> <li>- Permit to be issued once above is complete.</li> </ul>	
Initial (Inspector)	Initial (Person in Charge)
K. Doolady	Hann



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Manchester, CT 06040

Establishment:	Date of Inspection:
Boriqua Market 2 LLC	3/16/26
<p>- received complaint about expired food / trash in parking lot.</p> <p>- Health Dept on site - canned goods expired, discussed with owner to remove / discard all cans of food expired. staff will go thru store to remove. Health Dept to refer to DCP as well.</p> <p>- Trash in parking lot to be removed cleaned up.</p> <p>- upon inspection, coffee area set up and deli area set up. Establishment not approved by health dept for selling deli / coffee. cease + desist coffee and deli operations at this time. owner spoke to verbally on the phone. All deli (sandwich) area items + equipment to be removed by today at 4:30 pm. Health dept to come back to re inspect.</p> <p>- shared dumpsters between businesses. Trash to be picked up around property by Thursday 3/19/26.</p> <p>- remove all signage from front door and walls regarding sandwiches. Not for sale at this time.</p>	
Initial (Inspector)	Initial (Person in Charge)
L. Grandy Lauren Grandy	Nihal Khan



Manchester Health Department  
479 Main Street  
Manchester, CT 06040


\*walk-thru cooking classes

Establishment: The Hidden Kitchen	Date of Inspection: 3/31/2026
- per conversation with Tom / Joe:	
<ul style="list-style-type: none"> <li>◦ cooking classes to be done on Saturday nights they will be technique only. CFPM/AFO on site during cooking classes. CFPM will be only cooking any food, all patrons will be placed at stainless table at work station. Kitchen + cookline access will be blocked off to prevent patrons access.</li> <li>◦ Bay Marie where CFPM will be lecturing will be cleared/cleaned out for cooking class only for separation</li> <li>◦ patrons will have to wash hands upon entering kitchen</li> <li>◦ No special processes to be done - will stay class 3</li> <li>* ◦ submit proposed menu to health department ↳ Lgrandy@manchesterct.gov</li> <li>◦ patrons will not be getting their own products/spices</li> <li>◦ CFPM will be responsible for sanitizing surfaces before/after cooking classes</li> <li>◦ discussed packet to include Form 1A, Allergen Awareness and consumer advisory (provide educational material)</li> <li>◦ all stations to be set up ahead of time</li> <li>◦ all food leftovers to be discarded → <u>can not</u> be used for restaurant (The Hidden Kitchen)</li> <li>◦ 18+ years old to be allowed for cooking classes ↳ 16+ need adult supervision</li> </ul>	
Initial (Inspector) L.G.	Initial (Person in Charge) Tom Koldy 3/31/26 Joe Keom

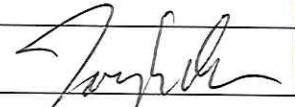



**Manchester Health Department**

479 Main Street  
Manchester, CT 06040

Establishment: The Hidden Kitchen	Date of Inspection: 3/31/2026
- Reach out to DCP liquor control regarding sampling of liquor (Bourbon) during classes and if licensure is required. ↳ Health Dept reached out no response as of 3/31/26.	
- cooking classes can not occur during restaurant hours of operation. - okay to do cooking classes of this day - if any changes, occur, reach out to Health department for approval.	
* per Tom/joe → done with commissary as of this day	
Initial (Inspector) L.G.	Initial (Person in Charge)  Tom Kaldy

3/31/26

  
Joseph Jackson

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>3/15/26</b>																
Establishment <b>COUSINS Maine Lobster</b>	Time In <b>10:30</b> AM/PM	Time Out _____ AM/PM															
Address <b>Lic # AU39069</b>																	
Town/City <b>Manchester</b>	LHD <b>Manchester</b>																
Permit Holder <b>M Yunus Shahul Hameed</b>	Purpose of Inspection: <b>Routine</b> Pre-op																
Reinspection _____ Other _____																	
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>																	
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>																	
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																	
P=Priority item PF=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																	
	IN	OUT	N/A	N/O	Supervision	V	COS	R		IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
1	<input checked="" type="checkbox"/>	<input 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"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>		19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
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 cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Good Hygienic Practices					21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
8	<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"/>		22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Preventing Contamination by Hands					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"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory			
12	<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"/>		26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	Highly Susceptible Population			
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Source					28	<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"/>
15	<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"/>		29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food/Color Additives and Toxic Substances			
16	<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"/>		30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
17	<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"/>		31	<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"/>
18	<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"/>		32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures			
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	GOOD RETAIL PRACTICES					33	<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"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Use of Utensils			
21	<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					35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe Food and Water					36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>		37	<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"/>
24	<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"/>		38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
25	<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"/>		39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment			
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Temperature Control					40	<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"/>
27	<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"/>		41	<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"/>
28	<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"/>		42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities			
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Identification					45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prevention of Food Contamination					47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
34	<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"/>		48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>
35	<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"/>		49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>
37	<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"/>		51	<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"/>
38	<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"/>		52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violations documented			
39	<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.					53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Priority Item Violations			
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person in Charge (Signature) <i>[Signature]</i> Date <b>03/05/26</b>					54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Priority Foundation Item Violations			
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person in Charge (Printed) <b>H. MOHAMED ASLAM</b>					55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Core Item Violations			
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspector (Signature) <i>[Signature]</i> Date <b>3/15/26</b>					56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Risk Factor/Public Health Intervention Violations			
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspector (Printed) <b>Lauren Orandy</b>					57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repeat Risk Factor/Public Health Intervention Violations			
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.					58	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good Retail Practices Violations			
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						59	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Requires Reinspection - check box if you intend to reinspect			





Manchester Health Department

479 Main Street  
Manchester, CT 06040

Establishment:	Date of Inspection:
EA Teriyaki	3/13/26
KPD on site, Bill informed of power outage at EA Teriyaki. KPD spoke w/ L. P. (CHS).	
Manager states power went out about 10:30-11pm last night. (3/12/26). Store was closed. Mall management had electrician on site @ 6am (3/13/26)	
NIC - temps - chicken - 42°F, pasta - 44°F	
Reach-in (ulc) - chicken - 42°F	
Reach-in - beef - 39°F, 41°F	
ulc drawers on cookline - shrimp 42°F	
All TCS foods okay. Monitor temperatures. Doors were not opened from 11pm - 7am.	
Initial (Inspector)	Initial (Person in Charge)
R. Doolady	U. CHS




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Manchester, CT 06040

\* Final construction.


Establishment: Bari Conv.	Date of Inspection: 3/12/26 <span style="float: right;">3/25/26</span>
<ul style="list-style-type: none"> <li>- FRP behind coffee counter, painted blue.</li> <li>↳ maintain cleanliness</li> <li>✓ - caulk / seal counter to wall and behind 3-bay</li> <li>✓ - cove base required under 3-bay sink</li> <li>✓ - W/R/S (wash, rinse, sanitize) all equipment</li> <li>* ✓ - drain stoppers required at 3-bay, need bleach</li> <li>* ✓ - test strips required for bleach / chlorine sanitizer</li> <li>- basement not approved for food storage</li> <li>- shelf above 3-bay not NSF, verify DP okay</li> <li>- cold faucet on 3-bay missing, part ordered.</li> <li>✓ - rack for extra cups / lids needed</li> <li>↳ going to use plastic rack in store - okay</li> <li>* ✓ - paper towels + handwash sign needed at handwash sink</li> <li>hot water - 3-bay - 110°F</li> <li>- send email w/ above corrected or call to schedule inspection.</li> <li>* sugar container needs to be labeled</li> <li>- permit to be issued once above is complete.</li> <li>* pool chlorine test strips purchased - not for food service.</li> <li>Health Dept. provided some test strips today</li> </ul>	
Initial (Inspector) K. Donohady	Initial (Person in Charge) Jahn

FSL provided today 3/25/26

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>3/24/26</u>											
Establishment <u>Adelbrook</u>				Time In <u>9:50</u> AM/PM		Time Out <u>10:30</u> AM/PM									
Address <u>42 prospect 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															
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"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Person/Alternate Person in charge present, demonstrates knowledge and performs duties								Food separated and protected				P/C	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	<input type="checkbox"/>		
Certified Food Protection Manager for Classes 2, 3, & 4								Food-contact surfaces: cleaned & sanitized				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Management, food employee and conditional employee; knowledge, responsibilities and reporting								Proper cooking time and temperatures				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Proper use of restriction and exclusion								Proper reheating procedures for hot holding				P	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Written procedures for responding to vomiting and diarrheal events								Proper cooling time and temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Proper eating, tasting, drinking, or tobacco products use								Consumer advisory provided: raw/undercooked food				Pf	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
No discharge from eyes, nose, and mouth								Highly Susceptible Population				P/C	<input type="checkbox"/>	<input type="checkbox"/>	
Preventing Contamination by Hands				Food/Color Additives and Toxic Substances											
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Hands clean and properly washed								Food additives: approved and properly used				P	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" 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								Toxic substances properly identified, stored & used				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Adequate handwashing sinks, properly supplied/accessibile								Conformance with Approved Procedures				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Approved Source				GOOD RETAIL PRACTICES											
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Food received at proper temperature								Safe Food and Water				V	COS	R	
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"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Food in good condition, safe, and unadulterated								Pasteurized eggs used where required				P	<input type="checkbox"/>	<input type="checkbox"/>	
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Required records available: molluscan shellfish identification, parasite destruction								Water and ice from approved source				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Prevention of Food Contamination				Food Temperature Control											
37	<input 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"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Food properly labeled; original container								Proper cooling methods used; adequate equipment for temperature control				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"/>	34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Insects, rodents, and animals not present								Plant food properly cooked for hot holding				Pf	<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"/>	35	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Contamination prevented during food preparation, storage & display								Approved thawing methods used				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"/>	36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Personal cleanliness								Thermometers provided and accurate				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"/>	Food Identification								
Wiping cloths: properly used and stored								37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Prevention of Food Contamination								
Washing fruits and vegetables								38	<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.								39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Person in Charge (Signature) <u>E. McDonald</u> Date <u>3/24/26</u>								40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Person in Charge (Printed) <u>Essence McDonald</u>								41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Inspector (Signature) <u>L. Brandy</u> Date <u>3/24/26</u>								42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Inspector (Printed) <u>Lauren Brandy</u>								Physical Facilities							
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.								50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
								Violations documented				Date corrections due	#		
								Priority Item Violations				=	=		
								Priority Foundation Item Violations				=	=		
								Core Item Violations				<u>12/24/26</u>	<u>1</u>		
								Risk Factor/Public Health Intervention Violations					<u>1</u>		
								Repeat Risk Factor/Public Health Intervention Violations					<u>1</u>		
								Good Retail Practices Violations							
								Requires Reinspection - check box if you intend to reinspect							



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>Shawn P</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	IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R			
<b>Supervision</b>																				
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input 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 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"/>	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
				Management, food employee and conditional employee; knowledge, responsibilities and reporting								Proper disposition of returned, previously served, reconditioned, and unsafe food								
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					P	<input type="checkbox"/>	<input type="checkbox"/>	<b>Time/Temperature Control for Safety</b>									
				Proper use of restriction and exclusion								18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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 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>																				
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					P/C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
				Proper eating, tasting, drinking, or tobacco products use								Proper cooling time and temperatures								
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
				No discharge from eyes, nose, and mouth								Proper hot holding temperatures								
<b>Preventing Contamination by Hands</b>																				
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"/>	<input type="checkbox"/>					
				Hands clean and properly washed								Proper cold holding temperatures								
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
				No bare hand contact with RTE food or a pre-approved alternative procedure properly followed								Proper date marking and disposition								
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
				Adequate handwashing sinks, properly supplied/accessible								Time as a public health control: procedures and records								
<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>Consumer Advisory</b>									
				Food obtained from approved source								25				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Population</b>									
				Food received at proper temperature								26				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<b>Food/Color Additives and Toxic Substances</b>									
				Food in good condition, safe, and unadulterated								27				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Conformance with Approved Procedures</b>									
				Required records available: molluscan shellfish identification, parasite destruction								28				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
												29				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
																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	<input type="checkbox"/>	<input type="checkbox"/>				43	<input type="checkbox"/>		
				Pasteurized eggs used where required		In-use utensils: properly stored			
31	<input type="checkbox"/>	<input type="checkbox"/>				44	<input type="checkbox"/>		
				Water and ice from approved source		Utensils/equipment/linens: properly stored, dried, & handled			
32	<input type="checkbox"/>	<input type="checkbox"/>				45	<input type="checkbox"/>		
				Variance obtained for specialized processing methods		Single-use/single-service articles: properly stored & used			
<b>Food Temperature Control</b>									
33	<input type="checkbox"/>	<input type="checkbox"/>				46	<input type="checkbox"/>		
				Proper cooling methods used; adequate equipment for temperature control		Gloves used properly			
34	<input type="checkbox"/>	<input type="checkbox"/>				<b>Utensils and Equipment</b>			
				Plant food properly cooked for hot holding		47	<input type="checkbox"/>		
35	<input type="checkbox"/>	<input type="checkbox"/>				Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
				Approved thawing methods used		48	<input type="checkbox"/>		
				Thermometers provided and accurate		Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			
36	<input type="checkbox"/>	<input type="checkbox"/>				49	<input checked="" type="checkbox"/>		
						Non-food contact surfaces clean			
<b>Food Identification</b>									
37	<input type="checkbox"/>	<input type="checkbox"/>				<b>Physical Facilities</b>			
				Food properly labeled; original container		50	<input type="checkbox"/>		
<b>Prevention of Food Contamination</b>									
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>				51	<input checked="" type="checkbox"/>		
				Insects, rodents, and animals not present		Hot and cold water available; adequate pressure			
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>				52	<input checked="" type="checkbox"/>		
				Contamination prevented during food preparation, storage & display		Plumbing installed; proper backflow devices			
40	<input type="checkbox"/>	<input type="checkbox"/>				53	<input type="checkbox"/>		
				Personal cleanliness		Sewage and waste water properly disposed			
41	<input type="checkbox"/>	<input type="checkbox"/>				54	<input type="checkbox"/>		
				Wiping cloths: properly used and stored		Toilet facilities: properly constructed, supplied, & clean			
42	<input type="checkbox"/>	<input type="checkbox"/>				55	<input checked="" type="checkbox"/>		
				Washing fruits and vegetables		Garbage and refuse properly disposed; facilities maintained			
						Physical facilities installed, maintained, and clean			
						Adequate ventilation and lighting; designated areas used			
						Natural rubber latex gloves not used per CGS §19a-36f			

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

Person in Charge (Signature) <u>Alfredo Hidalgo</u> Date <u>3/17/26</u>	Violations documented
Person in Charge (Printed) <u>Alfredo Hidalgo</u>	Date corrections due
Inspector (Signature) <u>Katelyn Doolady</u> Date <u>3/17/26</u>	#
Inspector (Printed) <u>Katelyn Doolady</u>	Priority Item Violations
	Priority Foundation Item Violations
	Core Item Violations
	Risk Factor/Public Health Intervention Violations
	Repeat Risk Factor/Public Health Intervention Violations
	Good Retail Practices Violations
	Requires Reinspection - check box if you intend to reinspect

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

# Food Establishment Inspection Report

LHD manchester

Inspection Report Continuation Sheet

Date 3/17/26

Establishment Arbors

Town manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
handsink	130°F	reach-in - fruit	41	dish machine	>160°F
WIC - corned beef	39	↓ cut tomatoes	42		
baked potato	39	↓ fruit salad	43		
masped 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 ↳ call plumber if leaking, odor present
- 38PF	drain flies present by grease trap, throughout
39C	discussed dented can policy, need dedicated space
51C	prep sink faucet dripping.
52PF	hood on cookline leaking - maintenance is aware
- 52PF	ice build up in WIF, do not store food under leak ↳ this is considered waste water
16PF	table mounted can opener unclean (COS)
*	cooling logs required to be on site. ↳ 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 ↳ 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) Katelyn Doolady

Date 3/17/26

Reinspection for "PF" on ~3/27/26 and for "C" on ~4/17/26

Risk Category: <u>3</u>		<b>Food Establishment Inspection Report</b>			Page 1 of <u>4</u>										
Establishment type: <u>Permanent</u> Temporary Mobile Other _____				Date: <u>3/9/2026</u>											
Establishment <u>Big Y</u>				Time In <u>9:30</u> (AM/PM) Time Out <u>11:45</u> (AM/PM)											
Address <u>234 Tolland Pkwy</u>				LHD <u>Manchester</u>											
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op											
Permit Holder <u>DAVE - PIC</u>				Reinspection Other _____											
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item PF=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health							Time/Temperature Control for Safety								
<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"/>
<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"/>	Proper hot holding temperatures	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"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices							Consumer Advisory								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>				
Preventing Contamination by Hands							Highly Susceptible Population								
<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"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>				
Approved Source							Food/Color Additives and Toxic Substances								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" 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"/>	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"/>	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"/>				
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
GOOD RETAIL PRACTICES							Conformance with Approved Procedures								
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>							Compliance with variance/specialized process/ROP criteria/HACCP Plan								
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							P/Pf/C								
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input 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"/>			
Food Temperature Control							Utensils and Equipment								
<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 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"/>	<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"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
Food Identification							Physical Facilities								
<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 type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>			
Prevention of Food Contamination							Violations documented								
<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 type="checkbox"/>	Priority Item Violations		<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Priority Foundation Item Violations		<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Core Item Violations		<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Risk Factor/Public Health Intervention Violations		<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Repeat Risk Factor/Public Health Intervention Violations		<input type="checkbox"/>	<input type="checkbox"/>			
Permit Holder shall notify customers that a copy of the most recent inspection report is available.							Good Retail Practices Violations								
Person in Charge (Signature) <u>David F. Bate</u> Date <u>3/9/26</u>							Requires Reinspection - check box if you intend to reinspect								
Person in Charge (Printed) <u>David F. Bate</u>							Violations documented								
Inspector (Signature) <u>Lauren Grandy</u> Date <u>3/9/2026</u>							Date corrections due								
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.							Priority Foundation Item Violations <u>3/19/26</u>								
							Core Item Violations <u>6/12/26</u>								
							Risk Factor/Public Health Intervention Violations <u>29</u>								
							Repeat Risk Factor/Public Health Intervention Violations <u>2</u>								
							Good Retail Practices Violations <u>34</u>								

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/9/26

Establishment Big Y

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
sandwich station:	28°F	deli toppings		quat sanitizer	200-400ppm
TURKEY	41°F	TURKEY	41°F		
TUNA	41°F	cheese	41°F	bakery - h.w. hand sink	98°F
CUT TOMATO	36°F	RAW CHICKEN	39°F		
CUT CUCUMBER	35°F	reach in freezer	2°F		
HOT - STEAK (meat)	158°F				
PIZZA - MAKINARA	40°F	hand sink h.w.	89°F		
SAUERKRAUT	39°F	hot water 3-bay	113°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.
	GM - Dave on site
	Pic-Ben HOT FOOD
note	hood serviced: 1/28/26
49C	exterior shelving under cold sandwich station unclean
49C	exterior (cutting board) as barrier by prep table unclean
16PF	interior of cabinets next to sandwich station unclean
55C	gap in shelving (condiment shelving) - needs to be sealed
49C	interior of dough <sup>bag</sup> shelving unclean
note	pizza not out at time of inspection
49C	shelving with pizza boxes unclean / wall by pizza prep unclean
47C	pizza cold prep (toppings) gasket damaged (Bay Marie + 3 door fridge)
note	good labeling
16PF	interior of 3 door refrigeration - back walls interior unclean
49C	3 door pizza topping gasket unclean
16PF	interior 3 door freezer (chicken wing) unclean
note	alcohol wipes / Thermometer
55C	gaps in FRP behind dish machine
	dish machine ✓ - sticker fell off in machine
	Bakery
47C	interior proofer floor (middle) damaged
note	Bakery hood - done 7/18/25
50PF	Prep sink hot water at 75°F - MUST reach 110°F
Person in Charge (Signature)	<u>Dave Blake</u>
Inspector (Signature)	<u>L. Blandy</u>
Date	<u>3/9/26</u>

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 3/9/26  
 Establishment Big Y Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
DELI Front		WIC		Food Freezer	-10°F
Cheese	39F	Mac salad	39F		
ham	40F	coleslaw	40F	Meat Room - raw beef	38F
TURKEY	39F			packaged raw chicken	37F
Salami	40F	quat 3 bay	200-400ppm	3 bay - h.w.	110F
Mac salad	39F	hand sink w/ hot	95F	sanitizer quat 200-400ppm	
Potato salad	39F	3 bay water	110F	Front case - raw chix	39F
Mac + cheese	40F			raw steak/pork	39F/38F

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Description
	<b>DELI</b>
16pF	interior of cabinets for "cheesebar supplies" unclean
note	prepping cheese to be placed in cold hold cabinets
note	good storage of equipment/utensils
47c	front deli area cove base damaged
55c	exterior/interior cove base of wic
36pF	thin probe thermometer missing in deli area
	<b>MEAT</b>
47c	shelving rusted with gloves/stickers
note	discuss ready to eat foods w/ raw food
49c	seal behind 3 bay unclean
55c	wall damaged (strip) by front entrance
note	test strips/thermometer available
	<b>BACK ROOM</b>
49c	clean floors under shelving areas
55c	continue to phase out wood shelving
	WIF - 0F - no issues in WIF
	bailey cooler - 38F - no issues in WIC

Person in Charge (Signature)

Joe Z Blaka

Date

Inspector (Signature)

K. Brandy

Date 3/9/26

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/9/2026

Establishment Big Y Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Bakery cooler Yellow cake	40F	seafood - 3 bay quart	110F 200-400ppm	seafood cooler salmon dinner	39F
WIF	0F	front case raw shrimp	38F		
Bakery case quat sanitizer	37F 200-400ppm	salmon seafood salad	39F 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.
	<b>Bakery</b>
55C	holes/gaps in FRP by prep sink
47C	gasket damaged of bakery cooler
55C	ceiling in bakery cooler + floors unclean
49C	shelving with frosting icing unclean
49C	Bakery WIF floor unclean
55C	cove base damaged by mop holders (outside WIF)
49C	gaskets/shelving of front case unclean
55C	gap in shelving in front cabinets near coffee station
49C	shelving with coffee cups unclean
note	good labeling of food cases with display
	<b>Seafood</b>
note	test strips available
49C	caulking/seal around hand sink unclean
note	hood - 7/18/25
47C	shelving under P.O.S. damaged/unclean
49C	gasket/exterior of lobster front case unclean
note	shellfish tags available / kept 90 days
55C	hole in wall by phone next to seafood cooler

Person in Charge (Signature) Jessie Blake

Date

Inspector (Signature) L. Grandy

Date 3/9/26

Risk Category: <b>4</b>		<b>Food Establishment Inspection Report</b>		Page 1 of <b>2</b>																
Establishment type: Permanent Temporary Mobile Other _____			Date: <b>3/11/26</b>																	
Establishment <b>Bright path</b>				Time In <b>11:30</b> AM/PM Time Out <b>12</b> AM/PM																
Address <b>452 Tolland Tpke</b>				LHD <b>Manchester</b>																
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op		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																				
<b>Supervision</b>			<b>Protection from Contamination</b>																	
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R							
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							Food separated and protected													
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"/>	<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"/>	<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"/>	<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"/>	<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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>							
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"/>	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>Compliance with Approved Procedures</b>													
Adequate handwashing sinks, properly supplied/accessibile							Compliance with variance/specialized process/ROP criteria/HACCP Plan													
<b>Approved Source</b>																				
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>														
Food obtained from approved source																				
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>														
Food received at proper temperature																				
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>														
Food in good condition, safe, and unadulterated																				
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>														
Required records available: molluscan shellfish identification, parasite destruction																				
<b>GOOD RETAIL PRACTICES</b>																				
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>																				
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																				
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R											
<b>Safe Food and Water</b>					<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored						
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled						
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<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						
<b>Food Temperature Control</b>							46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly						
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils and Equipment</b>													
Proper cooling methods used; adequate equipment for temperature control							47	<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						
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	48	<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						
35	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Hot and cold water available; adequate pressure						
<b>Food Identification</b>							51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices						
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed						
Food properly labeled; original container							53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean						
<b>Prevention of Food Contamination</b>							54	<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						
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean						
Insects, rodents, and animals not present							56	<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						
39	<input type="checkbox"/>	<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						
40	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>														
Personal cleanliness																				
42	<input type="checkbox"/>	<input type="checkbox"/>	<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) <i>[Signature]</i>			Date <b>3/11/26</b>			Violations documented			Date corrections due			#								
Person in Charge (Printed) <b>Elizabeth Fusco</b>			Date <b>3/16/26</b>			Priority Item Violations			<b>3/21/26</b>			1								
Inspector (Signature) <i>[Signature]</i>			Date <b>3/11/26</b>			Priority Foundation Item Violations						1								
Inspector (Printed) <b>Lauren Grandy</b>						Core Item Violations						1								
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						1								
						Repeat Risk Factor/Public Health Intervention Violations						1								
						Good Retail Practices Violations						1								
						Requires Reinspection - check box if you intend to reinspect						1								

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/11/26

Establishment Bright path

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
True Freezer	-4F			hot water h.s.	96F
True refrigerator	36F			hot water 3 bay	110F
cucumber	41F				
blueberries	41F			quat sanitizer	200 ppm
<del>Hot</del> pasta	135F				
↳ bringing to rooms for lunch - Temp by staff					

## 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: Tyler on site
note	order came in - Tyler to put away after lunch
44 pf	tub of clean dishes on floor under 3 bay sink
note	thermometers available
↓	dish machine / test strips available
↓	overall clean in kitchen
↓	no ill employees
↓	- new person starting - email copy of CFPM
↓	- bleach used to w/r/s
	email lgrandy@manchesterct.gov with corrective actions are completed



Person in Charge (Signature) [Signature]  
Inspector (Signature) R. Grandy

Date 3/11/26  
Date 3/11/26

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>3/16/26</b>									
Establishment <b>Casa Mezcal</b>				Time In <b>1:30 AM/PM</b>		Time Out <b>3:30 AM/PM</b>							
Address <b>867 Main St.</b>				LHD <b>Manchester</b>									
Town/City <b>Manchester</b>				Purpose of Inspection: <b>Routine</b> Pre-op									
Permit Holder <b>Eliezer Torres</b>				Reinspection Other <b>30-Day</b>									
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>													
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.													
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed													
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
<b>Supervision</b>				<b>Protection from Contamination</b>									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				15 Food separated and protected									
2 Certified Food Protection Manager for Classes 2, 3, & 4				16 Food-contact surfaces: cleaned & sanitized									
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting				17 Proper disposition of returned, previously served, reconditioned, and unsafe food									
4 Proper use of restriction and exclusion				18 Proper cooking time and temperatures									
5 Written procedures for responding to vomiting and diarrheal events				19 Proper reheating procedures for hot holding									
6 Proper eating, tasting, drinking, or tobacco products use				20 Proper cooling time and temperatures									
7 No discharge from eyes, nose, and mouth				21 Proper hot holding temperatures									
8 Hands clean and properly washed				22 Proper cold holding temperatures									
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				23 Proper date marking and disposition									
10 Adequate handwashing sinks, properly supplied/accessible				24 Time as a public health control: procedures and records									
11 Food obtained from approved source				25 Consumer advisory provided: raw/undercooked food									
12 Food received at proper temperature				26 Pasterized foods used; prohibited foods not offered									
13 Food in good condition, safe, and unadulterated				27 Food additives: approved and properly used									
14 Required records available: molluscan shellfish identification, parasite destruction				28 Toxic substances properly identified, stored & used									
15 Management, food employee and conditional employee; knowledge, responsibilities and reporting				29 Compliance with variance/specialized process/ROP criteria/HACCP Plan									
16 Proper use of restriction and exclusion													
17 Written procedures for responding to vomiting and diarrheal events													
18 Proper eating, tasting, drinking, or tobacco products use													
19 No discharge from eyes, nose, and mouth													
20 Hands clean and properly washed													
21 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed													
22 Adequate handwashing sinks, properly supplied/accessible													
23 Food obtained from approved source													
24 Food received at proper temperature													
25 Food in good condition, safe, and unadulterated													
26 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													
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>									
OUT	N/A	N/O	V	COS	R	OUT	N/A	N/O	V	COS	R		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
30 Pasteurized eggs used where required				43 In-use utensils: properly stored									
31 Water and ice from approved source				44 Utensils/equipment/linens: properly stored, dried, & handled									
32 Variance obtained for specialized processing methods				45 Single-use/single-service articles: properly stored & used									
33 Proper cooling methods used; adequate equipment for temperature control				46 Gloves used properly									
34 Plant food properly cooked for hot holding				47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used									
35 Approved thawing methods used				48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available									
36 Thermometers provided and accurate				49 Non-food contact surfaces clean									
37 Food properly labeled; original container				50 Hot and cold water available; adequate pressure									
38 Insects, rodents, and animals not present				51 Plumbing installed; proper backflow devices									
39 Contamination prevented during food preparation, storage & display				52 Sewage and waste water properly disposed									
40 Personal cleanliness				53 Toilet facilities: properly constructed, supplied, & clean									
41 Wiping cloths: properly used and stored				54 Garbage and refuse properly disposed; facilities maintained									
42 Washing fruits and vegetables				55 Physical facilities installed, maintained, and clean									
43 In-use utensils: properly stored				56 Adequate ventilation and lighting; designated areas used									
44 Utensils/equipment/linens: properly stored, dried, & handled				57 Natural rubber latex gloves not used per CGS §19a-36f									
45 Single-use/single-service articles: properly stored & used													
46 Gloves used properly													
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													
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													
57 Natural rubber latex gloves not used per CGS §19a-36f													
Person in Charge (Signature) _____ Date <b>3/16/26</b>				Violations documented									
Person in Charge (Printed) <b>Umaru Basu Torres</b>				Date corrections due									
Inspector (Signature) <b>Katelyn Doolady</b> Date <b>3/16/26</b>				#									
Inspector (Printed) <b>Katelyn Doolady</b>				Priority Item Violations <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.				Priority Foundation Item Violations <b>7</b>									
				Core Item Violations <b>11</b>									
				Risk Factor/Public Health Intervention Violations <b>7</b>									
				Repeat Risk Factor/Public Health Intervention Violations <b>13</b>									
				Good Retail Practices Violations <b>13</b>									
				Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>									

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/16/26

Establishment Casa Mezcal Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp	
handsink	141F	bain marie		- pico de gallo	48F	
hot hold beans	160F		pico	44F	birria	51F
yellow rice	163		coleslaw	42F		
v/c cooler shrimp	46	cold prep - continental				
beef	48	cream cheese	36F			
fish	46	reach in fridge				
pork	49	empanada	52			
chicken	50	cheese	49			

### 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.
	Miriam - CFPM
10PF	handsink not accessible by reach in refrigeration ↳ blocked by trash
10PF	no paper towels at handsinks, multiple
49C	flour drain by cookline handsink unclean
44C	improper storage of knives
note	discussed damaged utensils, if damaged replace
49C	floors unclean
35PF	ROP fish, completely thawed still in package.
47C	v/c cooler on cookline at 50°F ambient
22P	chicken @ 50°F, pork @ 49°F, fish @ 46°F, beef @ 48°F ↳ voluntarily discarded.
37C	unlabeled squeeze bottles and spray bottle
49C	cookline equipment generally unclean
43C	tongs stored on own handles
16PF	sanitizer bucket @ 0ppm
47C	bain marie temp was turned up today per PIC due to freezing. Now temps too high. monitor temps.
39C	personal cell phone on prep table (x2)
16PF	prep sink unclean
15C	food uncovered in 3-door reach in freezer
note	milk crates not approved for shelving.
22P	reach in unit top foods ranging from 48-52°F
Person in Charge (Signature)	Date <u>Uade 16/26</u>
Inspector (Signature) <u>Katelynn Doolady</u>	Date <u>3/16/26</u>

# Food Establishment Inspection Report

LHD manchester

Inspection Report Continuation Sheet

Date 3/16/26

Establishment Casa Mezcal Town Manchester


### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
flour	55	salsa roja	51		
cream cheese	44				
queso	49	bar hands in K	86F		
butter	49				
american cheese (3)	48/49				
pepper jack	52				
corn	60				
tinga chx	48F				

### 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.
	- voluntarily discarded - see page 2
33PF	Birria not approved for cooling, voluntarily discarded
SIC	mop sink faucet damaged
16PF	sanitizer at 3-bay 0ppm
note	PIC to send spec sheets for any new equipment
	Discussed need for increased cleaning.
	Temperature logs required.
	No cooling allowed, except for approved items
	↳ pozole approved w/ ice wand ice bath
	↳ no meats or other items to be cooled.
✓	Retraining of staff required.
	P - 3 days, PF - 10 days C - 30 days
	↳ violation correction timeline. Reinspection to follow.

Person in Charge (Signature)



Date

3/16/26


Inspector (Signature)

Katelynn Doolady

Date

3/16/26

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>3/4/26</b>	
Establishment <b>Outyard Hartford Manchester</b>	Time In <b>7:30</b> AM/PM Time Out <b>8:45</b> AM/PM	
Address <b>225 Slater street</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <b>Heather Lodge</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 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"/>	P/C	<input type="checkbox"/>	
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	
Certified Food Protection Manager for Classes 2, 3, & 4							<b>Time/Temperature Control for Safety</b>							
<b>Employee Health</b>							18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	
Management, food employee and conditional employee; knowledge, responsibilities and reporting							20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	
Proper use of restriction and exclusion							22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	
Written procedures for responding to vomiting and diarrheal events							24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	
<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"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	
Proper eating, tasting, drinking, or tobacco products use							<b>Highly Susceptible Population</b>							
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	
No discharge from eyes, nose, and mouth							<b>Food/Color Additives and Toxic Substances</b>							
<b>Preventing Contamination by Hands</b>							27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	
8	<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"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	
Hands clean and properly washed							<b>Conformance with Approved Procedures</b>							
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							Compliance with variance/specialized process/ROP criteria/HACCP Plan							
10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>								
Adequate handwashing sinks, properly supplied/accessible														
<b>Approved Source</b>														
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>								
Food obtained from approved source														
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>								
Food received at proper temperature														
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>								
Food in good condition, safe, and unadulterated														
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>								
Required records available: molluscan shellfish identification, parasite destruction														

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	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"/>	P	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44	<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"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	<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"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46	<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"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control						Food and non-food contact surfaces cleanable, properly designed, constructed, and used							
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding						Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available							
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>	<b>Physical Facilities</b>							
Thermometers provided and accurate						50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	<input checked="" 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"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container						Plumbing installed; proper backflow devices							
<b>Prevention of Food Contamination</b>						52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	Sewage and waste water properly disposed							
Insects, rodents, and animals not present						53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean							
Contamination prevented during food preparation, storage & display						54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained							
Personal cleanliness						55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	Physical facilities installed, maintained, and clean							
Wiping cloths: properly used and stored						56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used							
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) <i>Heather Lodge</i> Date <b>3/4/26</b>						<b>Violations documented</b>			<b>Date corrections due</b>			<b>#</b>
Person in Charge (Printed) <b>Heather Lodge</b>						Priority Item Violations			3/4/26			3
Inspector (Signature) <i>Katelynn Doolady</i> Date <b>3/4/26</b>						Priority Foundation Item Violations			2/14/26			2
Inspector (Printed) <b>Katelynn Doolady</b>						Core Item Violations						1
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						1
						Repeat Risk Factor/Public Health Intervention Violations						4
						Good Retail Practices Violations						4
						Requires Reinspection - check box if you intend to reinspect						<input checked="" type="checkbox"/>

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/4/26

Establishment Courtyard

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
handsink	111 F	bar handsink	54 F	dish machine	>160 F
3-bay hot	50 F	bar cold prep			
sanitizer bucket	Open	yogurt	41 F		
reach-in cooler		w/c cooler-bar			
sliced cheese	42 F	milk	40 F		
raw burger	43 F				
shredded 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
	Angel - CFPM on site
50PF	3-bay hot water @ 50 F. manager aware. maintenance on site. Bar handsink @ 54 F
49C	wall behind cookline / toaster unclean
48PF	sanitizer container empty - to be replaced
note	new pans on order - NSF / or equivalent
47C	ice machine leaking - maintenance aware.
note	monitor temperature in reach-in. ambient reads 36 F ↳ need to verify w/ thin probe (test actual food)
10PF	no papertowels at handsink in kitchen
	send email w/ work order for plumbing, ice machine, and refrigerators (if needed). sanitizer being delivered today per manager
	management changes. Fairfield managers on site. Angel + Justin.
	36" walkway space needed.

Person in Charge (Signature) Angel [Signature]  
 Inspector (Signature) Katelyn Doatody [Signature]

Date 3/4/26  
 Date 3/4/26

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <b>Permanent</b> Temporary Mobile Other	Date: <u>3/24/26</u>	
Establishment <u>Dunkin-center</u>	Time In <u>10:30</u> AM/PM Time Out <u>11:15</u> AM/PM	
Address <u>244 Center St</u>	LHD <u>Manchester</u>	
Town/City <u>Manchester</u>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <u>Cary Gagnon</u>	Reinspection Other	



### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R			COS=corrected on-site during inspection			R=repeat violation			
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<b>Supervision</b>													
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" 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"/>			
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"/>			
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"/>			
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"/>			
Written procedures for responding to vomiting and diarrheal events													
<b>Good Hygienic Practices</b>													
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper eating, tasting, drinking, or tobacco products use													
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
No discharge from eyes, nose, and mouth													
<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"/>			
Hands clean and properly washed													
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed													
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Adequate handwashing sinks, properly supplied/accessibile													
<b>Approved Source</b>													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food obtained from approved source													
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food received at proper temperature													
13	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Required records available: molluscan shellfish identification, parasite destruction													
<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													
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Water and ice from approved source													
32	<input type="checkbox"/>	<input checked="" 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"/>										
Proper cooling methods used; adequate equipment for temperature control													
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
Plant food properly cooked for hot holding													
35	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
Approved thawing methods used													
36	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
Thermometers provided and accurate													
<b>Food Identification</b>													
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Food properly labeled; original container													
<b>Prevention of Food Contamination</b>													
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Insects, rodents, and animals not present													
39	<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"/>										
Personal cleanliness													
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Wiping cloths: properly used and stored													
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Washing fruits and vegetables													
<b>Physical Facilities</b>													
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
In-use utensils: properly stored													
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Utensils/equipment/linens: properly stored, dried, & handled													
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Single-use/single-service articles: properly stored & used													
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Gloves used properly													
<b>Utensils and Equipment</b>													
47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Food and non-food contact surfaces cleanable, properly designed, constructed, and used													
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available													
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Non-food contact surfaces clean													
<b>Physical Facilities</b>													
50	<input checked="" 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"/>										
Plumbing installed; proper backflow devices													
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Sewage and waste water properly disposed													
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Toilet facilities: properly constructed, supplied, & clean													
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Garbage and refuse properly disposed; facilities maintained													
55	<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"/>										
Adequate ventilation and lighting; designated areas used													
Natural rubber latex gloves not used per CGS §19a-36f													
Permit Holder shall notify customers that a copy of the most recent inspection report is available.													
Person in Charge (Signature) <u>Odalis Gonzalez</u> Date <u>3/24/26</u>						Person in Charge (Printed) <u>Odalis Gonzalez</u>							
Inspector (Signature) <u>R. Grandy</u> Date <u>3/24/26</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>4/4/26</u>	2											
Core Item Violations	<u>6/24/26</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													

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/24/26

Establishment Dunkin-center st Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC	38F	HOT - egg	141F	hot water h.s.	107F
sausage	40F	Hot-sausage	139F	dump sink h.w.	98F
egg	40F				
WIF	0F	Bay Marie - egg	40F	hot water h.s.	89F
		cream cheese	40F		
		egg wake up wrap	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
	CFPM: 0 palis
54C	Trash/garbage around property + dumpsters
10pF	no paper towels in dispenser <del>by</del> at hand sink by 3 bay
50pF	3 bay hot water at 101F → Must reach 110F
49C	wic shelving unclean
452c	ice build up on floor of wif
49C	Floor in mop sink room unclean
	Thermometer/wipes available
	Test strips available
	good handwashing by Manager
	A+A pest control report observed
	no ill employees
	email lgrandy@Manchesterct.gov with corrective actions to above violations

Person in Charge (Signature) *Palis*  
 Inspector (Signature) *L. Grandy*

Date 3/24/26  
 Date 3/24/26

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>3/9/26</u>			
Establishment <u>Bunkin - West Middle</u>				Time In <u>11:30</u> AM/PM		Time Out _____ AM/PM	
Address <u>255 A West Middle Tpke</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							
<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
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	P/C	<input type="checkbox"/>	<input type="checkbox"/>
				Approved Source			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES							
<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
<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 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 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 type="checkbox"/>	<input checked="" 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>Atina Delisle Kelly</u>		Date <u>3/9/26</u>					
Person in Charge (Printed) <u>Atina Delisle Kelly</u>							
Inspector (Signature) <u>L. Hymaly</u>		Date <u>3/9/26</u>					
Inspector (Printed) <u>Lauren Grandy</u>							
Violations documented		Date corrections due		#			
Priority Item Violations		_____		1			
Priority Foundation Item Violations		<u>3/19/26</u>		2			
Core Item Violations		<u>6/9/26</u>		2			
Risk Factor/Public Health Intervention Violations		_____		2			
Repeat Risk Factor/Public Health Intervention Violations		_____		0			
Good Retail Practices Violations		_____		2			
Requires Reinspection - check box if you intend to reinspect							
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.							

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 3/9/26  
 Establishment Dunkin-West Middle Town Manchester


### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot - egg	151F	wic	38F	3 bay h.w.	117F
- sausage	148F	sausage	40F	quat 3 bay	200-400ppm
Cold - sausage	40F	egg	39F	quat bucket	200ppm
cheese	40F	wif	-10F	handsink h.w	96F
egg	39F	dairy dispenser		restroom h.w.	97F
undercounter - Milk	39F	cream	36F		

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CFPM on site
52C	dirty stagnant water in mop bucket
note	test strips available / Thin probe thermometer available
10PF	no paper towels by prep area handsink
49C	gasket of pepsi cooler unclean
49C	shelving (bottom) of donut case unclean
10PF	interior of undercounter (soda) unclean
note	gasket of cold brew cold prep / undercounter refrigerator damaged - on order
	very clean + organized
	good glove use observed
	great labeling of food product
	no pest control issues
	email lgrandy@manchesterct.gov with corrective actions to above violations

Person in Charge (Signature) Natalia Desires Rodriguez Date \_\_\_\_\_  
 Inspector (Signature) R. Gundry Date 3/9/26

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>3/23/26</b>		
Establishment <b>Hibachi Buffet</b>				Time In <b>11</b> AM/PM Time Out <b>12:45</b> AM/PM		
Address <b>Slater St.</b>				LHD <b>Manchester</b>		
Town/City <b>Manchester</b>				Purpose of Inspection: <b>Routine</b> Pre-op		
Permit Holder <b>CFPM: Ivan</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	
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties						
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4						
	IN	OUT	N/A	N/O	Employee Health	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>
Proper use of restriction and exclusion						
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events						
	IN	OUT	N/A	N/O	Good Hygienic Practices	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use						
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
No discharge from eyes, nose, and mouth						
	IN	OUT	N/A	N/O	Preventing Contamination by Hands	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>
Hands clean and properly washed						
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed						
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible						
	IN	OUT	N/A	N/O	Approved Source	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Food obtained from approved source						
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	R/Pf	<input type="checkbox"/>
Food received at proper temperature						
13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>
Food in good condition, safe, and unadulterated						
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction - Follow up						
	IN	OUT	N/A	N/O	Protection from Contamination	
15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Food separated and protected						
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Food-contact surfaces: cleaned & sanitized						
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>
Proper disposition of returned, previously served, reconditioned, and unsafe food						
	IN	OUT	N/A	N/O	Time/Temperature Control for Safety	
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Proper cooking time and temperatures						
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>
Proper reheating procedures for hot holding						
20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>
Proper cooling time and temperatures						
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>
Proper hot holding temperatures						
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>
Proper cold holding temperatures						
23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>
Proper date marking and disposition						
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Time as a public health control: procedures and records						
	IN	OUT	N/A	N/O	Consumer Advisory	
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Consumer advisory provided: raw/undercooked food						
	IN	OUT	N/A	N/O	Highly Susceptible Population	
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>
Pasteurized foods used; prohibited foods not offered						
	IN	OUT	N/A	N/O	Food/Color Additives and Toxic Substances	
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>
Food additives: approved and properly used						
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Toxic substances properly identified, stored & used						
	IN	OUT	N/A	N/O	Conformance with Approved Procedures	
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Compliance with variance/specialized process/ROP criteria/HACCP Plan						
<b>GOOD RETAIL PRACTICES</b>						
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.						
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation						
	OUT	N/A	N/O	Safe Food and Water		
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>
Pasteurized eggs used where required						
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Water and ice from approved source						
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Variance obtained for specialized processing methods						
	IN	OUT	N/A	N/O	Food Temperature Control	
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control						
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Plant food properly cooked for hot holding						
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Approved thawing methods used						
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Thermometers provided and accurate						
	IN	OUT	N/A	N/O	Food Identification	
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>
Food properly labeled; original container						
	IN	OUT	N/A	N/O	Prevention of Food Contamination	
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Insects, rodents, and animals not present						
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display						
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Personal cleanliness						
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
Wiping cloths: properly used and stored						
42	<input type="checkbox"/>	<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) <i>Ivan Chen</i>		Date <i>03.23.26</i>		Violations documented		
Person in Charge (Printed) <b>Ivan Chen</b>				Date corrections due		
Inspector (Signature) <i>L. Brandv</i>		Date <i>3/23/26</i>		Priority Item Violations <i>3/26/26</i>		
Inspector (Printed) <b>Lauren Brandv</b>				Priority Foundation Item Violations <i>4/3/26</i>		
				Core Item Violations <i>6/23/26</i>		
				Risk Factor/Public Health Intervention Violations <i>4</i>		
				Repeat Risk Factor/Public Health Intervention Violations		
				Good Retail Practices Violations <i>2</i>		
				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: 3/26/26

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 3/23/26

Establishment Hibachi Buffet Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Buffet - Mussels	41F	Mussels	39F	hand sink - h.w.	100F
orange slice	41F	Mac & cheese	39F	Bleach bucket	50 ppm
hibachi chicken	139F	cooked Ham	39F	Bleach 3 bay	50 ppm
noodles	140F	wic		wif	0F
Fried rice	149F	raw chicken	39F	reach in	
cooked cod	151F	cod fish	39F	raw chicken	39F
orange chicken	169F	wic - clam	39F	egg rolls	39F
Crab ragoon	164F	zucchini	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	Description
	CFPM: Ivan
54c	trash observed around property
56c	mops "drying" outside by dumpster
note	time as public health control for sushi.
39c	whole shapper/corn stored in frozen ice cream container (cas)
39c	employee food stored in cone container (cas) - no TCS food
47c	Husky tool used at front hibachi grill area
23pF	no date marking/labeling in front chest freezer
36pF	thin probe thermometer required for front hibachi area
55c	Floor drains unclean throughout
54c	oil rendering container unclean outdoors - move container
37c	squeeze bottles unlabeled throughout
55c	Floors throughout unclean / greasy
19a-36F	Latex gloves observed on dry storage shelf
47c	Ninja mixer not commercial NSF/equivalent
47p	damaged knives on shelves - to be removed
56c	Light shield needed in produce wic
47c	reach in cooler gasket damaged
15p	Raw shrimp/seafood stored above cut potatoes in produce wic
49c	Fan covers unclean in produce wic
15p	crab ragoons below raw meat in wif
55c	washable ceiling tiles to be placed in dry storage room and in hallway

Person in Charge (Signature) [Signature] Date 03.23.26  
 Inspector (Signature) [Signature] Date 3/23/26

# Food Establishment Inspection Report

Page 3 of 3

LHD Manchester

Inspection Report Continuation Sheet

Date 3/23/26

Establishment Hibachi Buffet

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
reach in - rice	41F				
reach in - raw chicken	39F				

## OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
49c	Shelving throughout unclean (dry storage / rice room)
47c	cutting boards heavily gauged - must be replaced with commercial NSF/equivalent
47c	Large pans used to cook rice - unable to fit - must be removed spices on cookline unclean
13p	person in charge put same spoon in beef + shrimp - pic voluntarily discarded shrimp + beef <u>COS</u>
47c	Tin foil to be removed on shelf
note	discussed employee storage outside area by p.o.s. for extra storage
53c	restroom women (left sink) at 49/50F - must reach 85F - 115F minimum
53c	no <u>covered</u> trash in womens bathroom
note	Health Dept to follow up with Mussey/Adam
note	water/sewer - no grease signs in all sinks - discussed soy sauce containers used to empty grease - do not w/r/s - only use for oil/grease in containers and label them. Discussed wiping with towels/paper towels to keep clean. - Buffet06047@gmail.com
Person in Charge (Signature)	Date <u>03.23.26</u>
Inspector (Signature)	Date <u>3/23/26</u>

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>3/4/26</b>	
Establishment <b>Maggie McFins</b>	Time In <b>10:45</b> AM/PM	Time Out _____ AM/PM
Address <b>144 Buckingham Hills Dr. #1023</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder _____	Reinspection _____ Other _____	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee Health				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety			
<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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good Hygienic Practices				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input 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 cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper 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"/>	Preventing Contamination by Hands				<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"/>	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"/>	Consumer Advisory			
<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"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Approved Source				<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 type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food 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"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOOD RETAIL PRACTICES				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

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

Person in Charge (Signature) <i>[Signature]</i> Date <b>3-4-26</b>	Violations documented	Date corrections due	#
Person in Charge (Printed) <b>Alicia V. Rocha</b>	Priority Item Violations	<b>C.O.S.</b>	<b>4</b>
Inspector (Signature) <i>[Signature]</i> Date <b>3/4/26</b>	Priority Foundation Item Violations	<b>3/14/26</b>	<b>1</b>
Inspector (Printed) <b>Lauren Grandy</b>	Core Item Violations	<b>6/4/26</b>	<b>17</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 Factor/Public Health Intervention Violations		<b>6</b>
	Repeat Risk Factor/Public Health Intervention Violations		<b>16</b>
	Good Retail Practices Violations		<b>16</b>
	Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

Reinspection: 3/16/26

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 3/4/26  
 Establishment Maggie McFlys Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Bay Mare - pico	38F	Hot hold - French onion	180F	handsink not water	110F
raw chicken	39F	Marinara <sup>soup</sup>	148F	3 bay h.w.	125F
undercounter shrimp	36F	Bay Mare - chicken	38F	quart sanitizer 200-400ppm	
raw chicken	36F	cut tomato <sup>wing</sup>	38F	handsink	114F
shelving - noodles	41F				
raw chicken	41F	WIF	6F		
Tortellini	40F				
2 door undercounter freezer	-5F				

### 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:
10pF	no soap/paper towels at handwash sink
49c	walls by soda system unclean
49c	shelves in warewash area unclean
49c	mats in ware wash area unclean
10c	no dumping food in handwash sink by 3 bay
55c	cove base damaged (corner of ware wash/dry storage)
27p	<del>on</del> cold prep unit not functioning correctly on top of bay mare. tomatoes, turkey, pepperoni at 50F - voluntarily discarded → person in charge to not use unit until HVAC comes out to fix it or new unit gets purchased
note	1 door undercounter freezer not in use
note	hood to be cleaned March 2026
47c	pozzles removed from stove
47c	handle damaged at stove - repaired with saran wrap
49c	exterior of cookline equipment unclean
47c	shelving damaged below flat top (cold prep)
37c	squeeze bottles unlabeled on cookline
55c	Flooring on cookline damaged / cracked
16pF	interior of batter unit unclean
10pF	handsink on far end of cookline unclean
49c	shelving on far end of cookline unclean



Person in Charge (Signature) Picasso #Recns Date 3-4-26  
 Inspector (Signature) R. Stanley Date 3/4/26



Risk Category: <u>1</u>		<b>Food Establishment Inspection Report</b>			Page 1 of <u>2</u>		
Establishment type: Permanent Temporary Mobile Other _____				Date: <u>3/11/26</u>			
Establishment <u>Manchester H.S.</u>				Time In <u>10</u> AM/PM		Time Out _____ AM/PM	
Address <u>134 Middle pkwy east</u>				LHD <u>Manchester</u>			
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op			
Permit Holder <u>B.O.E.</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	V	COS	R	
<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"/>	
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Certified Food Protection Manager for Classes 2, 3, & 4				16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Management, food employee and conditional employee; knowledge, responsibilities and reporting				18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
Proper use of restriction and exclusion				19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Written procedures for responding to vomiting and diarrheal events				20	<input checked="" 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"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
Proper eating, tasting, drinking, or tobacco products use				25	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	
No discharge from eyes, nose, and mouth				Consumer advisory provided: raw/undercooked food			
<b>Preventing Contamination by Hands</b>				<b>Highly Susceptible Population</b>			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Hands clean and properly washed				Pasteurized foods used; prohibited foods not offered			
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				<b>Food/Color Additives and Toxic Substances</b>			
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate handwashing sinks, properly supplied/accessible				27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Approved Source</b>				<b>Conformance with Approved Procedures</b>			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Food obtained from approved source				28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Food received at proper temperature				Compliance with variance/specialized process/ROP criteria/HACCP Plan			
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Food in good condition, safe, and unadulterated				<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"/>	
Required records available: molluscan shellfish identification, parasite destruction				<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		
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pasteurized eggs used where required				43	<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"/>	
Water and ice from approved source				44	<input type="checkbox"/>	<input type="checkbox"/>	
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Variance obtained for specialized processing methods				45	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Food Temperature Control</b>				46 <input type="checkbox"/> Gloves used properly			
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Proper cooling methods used; adequate equipment for temperature control				<b>Utensils and Equipment</b>			
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Plant food properly cooked for hot holding				47	<input type="checkbox"/>	<input type="checkbox"/>	
35	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Approved thawing methods used				48	<input type="checkbox"/>	<input type="checkbox"/>	
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Thermometers provided and accurate				49 <input checked="" type="checkbox"/> Non-food contact surfaces clean			
<b>Food Identification</b>				<b>Physical Facilities</b>			
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
Food properly labeled; original container				50	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Prevention of Food Contamination</b>				51 <input type="checkbox"/> Hot and cold water available; adequate pressure			
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Insects, rodents, and animals not present				52	<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"/>	
Contamination prevented during food preparation, storage & display				53	<input type="checkbox"/>	<input type="checkbox"/>	
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Personal cleanliness				54	<input type="checkbox"/>	<input type="checkbox"/>	
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	
Wiping cloths: properly used and stored				55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Washing fruits and vegetables				56 <input checked="" type="checkbox"/> Adequate ventilation and lighting; designated areas used			
<b>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</b>				Natural rubber latex gloves not used per CGS §19a-36f			
Person in Charge (Signature) <u>Awna Mazzetta</u>		Date <u>3/11/26</u>		<b>Violations documented</b>			
Person in Charge (Printed) <u>Awna Mazzetta</u>				<b>Date corrections due</b>			
Inspector (Signature) <u>Lauren Branch</u>		Date <u>3/11/26</u>		<b>#</b>			
Inspector (Printed) <u>Lauren Branch</u>				Priority Item Violations <u>7</u>			
				Priority Foundation Item Violations <u>7</u>			
				Core Item Violations <u>7</u>			
				Risk Factor/Public Health Intervention Violations <u>7</u>			
				Repeat Risk Factor/Public Health Intervention Violations <u>7</u>			
				Good Retail Practices Violations <u>7</u>			
				Requires Reinspection - check box if you intend to reinspect <u>7</u>			
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.							

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 3/11/26  
 Establishment Manchester H.S. Town Manchester

TEMPERATURE OBSERVATIONS					
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
oranges - cold	38°F	cut peaches	40°F	prep sink - h.w.	114°F
cucumbers - cold	36°F	cut cucumber	39°F	wif	0°F
Hot - chicken sandwich	156°F	Milk cooler	36°F	hand sink h.w.	110°F
Milk cooler	34°F	Milk cooler	34°F	grapes - 2 door refrigerator	41°F
Milk cooler	38°F	3 door - cheese	37°F/41°F	internal tater tots	175°F
refrigerator	37°F	hot hold - chicken	145°F	quat sanitizer spray	200ppm
egg/chicken patty	133°F/125°F	wic - strawberries	36/38°F		
↳ 2 hours then discard (logged)		hot hold unit - chicken	154°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	person in charge / CFPM: Anna - Bridget 55c ceiling tiles above prep table missing 37c squeeze bottles not labeled with orange sauce 49c wic shelves with juiceboxes unclean 49c exterior of light in wic unclean 49c gasket of wif unclean note hood due to be clean in summer 55c ceiling tiles by back windows above prep sink peeling 56c cleaning equipment stored on floor in back hallway note Follow-up on cleaning mats note kens Boom Boom sauce - Follow up on refrigeration needed ↳ discussed time as public health control for sauce ↳ must be date/time marked → then discarded if not all used no issues with pest control thermometers/alcohol wipes available temp logs ✓ no ill employees good handwashing/glove use observed very clean + organized good storage of equipment + utensils email lgrandy@manchesterct.gov once above violations get corrected.
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Person in Charge (Signature) Anna M... Date 3/11/26  
 Inspector (Signature) L. Grandy Date 3/11/26

Risk Category: <b>A</b>		<b>Food Establishment Inspection Report</b>				Page 1 of <u>2</u>			
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <u>3/5/26</u>							
Establishment <u>Manchester Middle Academy</u>				Time In <u>9:30</u> AM/PM		Time Out <u>9:45</u> AM/PM			
Address <u>65 N. School St</u>		LHD <u>Manchester</u>							
Town/City <u>Manchester</u>		Purpose of Inspection: <b>Routine</b> Pre-op							
Permit Holder <u>B.O.E</u>		Reinspection Other _____							
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>									
<small>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</small>									
<small>Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed</small>									
<small>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</small>									
<b>Supervision</b>				<b>Protection from Contamination</b>					
IN	OUT	N/A	N/O	V	COS	R	V	COS	R
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				15 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food separated and protected				P/C <input type="checkbox"/> <input type="checkbox"/>	
2 Certified Food Protection Manager for Classes 2, 3, & 4				16 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food-contact surfaces: cleaned & sanitized				P/Pf/C <input type="checkbox"/> <input type="checkbox"/>	
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting				17 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper disposition of returned, previously served, reconditioned, and unsafe food				P <input type="checkbox"/> <input type="checkbox"/>	
4 Proper use of restriction and exclusion				18 <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"/>	
5 Written procedures for responding to vomiting and diarrheal events				19 <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"/>	
6 Proper eating, tasting, drinking, or tobacco products use				20 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Proper cooling time and temperatures				P <input type="checkbox"/> <input type="checkbox"/>	
7 No discharge from eyes, nose, and mouth				21 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper hot holding temperatures				P <input type="checkbox"/> <input type="checkbox"/>	
8 Hands clean and properly washed				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"/>	
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				23 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper date marking and disposition				P/Pf <input type="checkbox"/> <input type="checkbox"/>	
10 Adequate handwashing sinks, properly supplied/accessible				24 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Time as a public health control: procedures and records				P/Pf/C <input type="checkbox"/> <input type="checkbox"/>	
11 Food obtained from approved source				25 <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"/>	
12 Food received at proper temperature				26 <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"/>	
13 Food in good condition, safe, and unadulterated				27 <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"/>	
14 Required records available: molluscan shellfish identification, parasite destruction				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"/>	
29 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Compliance with variance/specialized process/ROP criteria/HACCP Plan				P/Pf/C <input type="checkbox"/> <input type="checkbox"/>					
<b>GOOD RETAIL PRACTICES</b>									
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>									
<small>Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation</small>									
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>					
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"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Pasteurized eggs used where required				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 Water and ice from approved source				44 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Utensils/equipment/linens: properly stored, dried, & handled				Pf/C <input type="checkbox"/> <input type="checkbox"/>	
32 Variance obtained for specialized processing methods				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"/>	
33 Proper cooling methods used; adequate equipment for temperature control				46 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gloves used properly				C <input type="checkbox"/> <input type="checkbox"/>	
34 Plant food properly cooked for hot holding				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 Approved thawing methods used				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 Thermometers provided and accurate				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"/>	
37 Food properly labeled; original container				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"/>	
38 Insects, rodents, and animals not present				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 Contamination prevented during food preparation, storage & display				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 Personal cleanliness				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 Wiping cloths: properly used and stored				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 Washing fruits and vegetables				55 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physical facilities installed, maintained, and clean				P/Pf/C <input type="checkbox"/> <input type="checkbox"/>	
56 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Adequate ventilation and lighting; designated areas used				57 <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) <u>Priscilla Alvarez Velez</u>		Date <u>3/5/26</u>		Violations documented		Date corrections due		#	
Person in Charge (Printed) <u>Priscilla Alvarez Velez</u>				Priority Item Violations				1	
Inspector (Signature) <u>L. Grandy</u>		Date <u>3/5/26</u>		Priority Foundation Item Violations		<u>6/5/26</u>		2	
Inspector (Printed) <u>Lauren Grandy</u>				Core Item Violations				1	
				Risk Factor/Public Health Intervention Violations				1	
				Repeat Risk Factor/Public Health Intervention Violations				1	
				Good Retail Practices Violations				1	
				Requires Reinspection - check box if you intend to reinspect					
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.									

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 3/5/26  
 Establishment Manchester Middle Academy Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
pasta sauce - HOT	162°F	w/c		handwash h.w.	130°F
pasta sauce - HOT	177°F	tomato	40°F	quats sanitizer spray	200-300 ppm
pasta - HOT	175°F	BUTTER	39°F	prep sink	117°F
w/f	-8°F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 c
	PIC: Frank / Priscilla
note	hood cleaned → 8/26 (renew)
↓	Thermometer / alcohol wipes available
55c	Floor tiles damaged in dry storage room by drain
49c	Floor in dry storage room unclean
note	good storage / equipment / utensils
↓	no pest control issues
↓	no ill employees
	very clean + organized



Person in Charge (Signature)

*Priscilla*

Date


3/5/26

Inspector (Signature)

*L. Brandy*

Date

3/5/26

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>3/3/26</u>											
Establishment <u>Manchester one stop</u>				Time In <u>9:30</u> AM/PM		Time Out <u>10</u> AM/PM									
Address <u>116 center 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															
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				16	<input checked="" type="checkbox"/>	<input 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"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Certified Food Protection Manager for Classes 2, 3, & 4				Proper disposition of returned, previously served, reconditioned, and unsafe food				Time/Temperature Control for Safety							
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 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				19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	20	<input 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				21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<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				23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Good Hygienic Practices				Consumer Advisory											
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Proper eating, tasting, drinking, or tobacco products use				Consumer advisory provided: raw/undercooked food				Highly Susceptible Population							
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
No discharge from eyes, nose, and mouth				Pasteurized foods used; prohibited foods not offered				Food/Color Additives and Toxic Substances							
Preventing Contamination by Hands				Conformance with Approved Procedures											
8	<input 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/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Hands clean and properly washed				Compliance with variance/specialized process/ROP criteria/HACCP Plan				GOOD RETAIL PRACTICES							
9	<input 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.								
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation											
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Safe Food and Water				Proper Use of Utensils				
Adequate handwashing sinks, properly supplied/accessible				OUT				43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V	COS	R	
Approved Source				Food Temperature Control				Utensils and Equipment							
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Food obtained from approved source				33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used				45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control				Single-use/single-service articles: properly stored & used				
Food received at proper temperature				34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<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"/>	Plant food properly cooked for hot holding				Gloves used properly				
Food in good condition, safe, and unadulterated				35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment				
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used				Food and non-food contact surfaces cleanable, properly designed, constructed, and used				
Required records available: molluscan shellfish identification, parasite destruction				36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prevention of Food Contamination				Food Identification				Physical Facilities							
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container				Hot and cold water available; adequate pressure				
Insects, rodents, and animals not present				37				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Prevention of Food Contamination				Plumbing installed; proper backflow devices				
Contamination prevented during food preparation, storage & display				38				<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	Insects, rodents, and animals not present				Sewage and waste water properly disposed				
Personal cleanliness				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"/>	Contamination prevented during food preparation, storage & display				Toilet facilities: properly constructed, supplied, & clean				
Wiping cloths: properly used and stored				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"/>	Personal cleanliness				Garbage and refuse properly disposed; facilities maintained				
Washing fruits and vegetables				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"/>	Wiping cloths: properly used and stored				Physical facilities installed, maintained, and clean				
Washing fruits and vegetables				42				<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.				42				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Person in Charge (Signature) <u>Matthew Paly</u> Date <u>3/3/26</u>				Violations documented				Date corrections due		#					
Person in Charge (Printed) <u>Matthew Paly</u>				Priority Item Violations				<u>3/13/26</u>		<u>2</u>					
Inspector (Signature) <u>Lauren Grandy</u> Date <u>3/3/26</u>				Priority Foundation Item Violations				<u>3/13/26</u>		<u>2</u>					
Inspector (Printed) <u>Lauren Grandy</u>				Core Item Violations						<u>5</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 Factor/Public Health Intervention Violations						<u>1</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: 3/16/26



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>3/5/26</u>	
Establishment <u>Manchester Preschool Center</u>	Time In <u>9:00</u> AM/PM Time Out <u>9:45</u> AM/PM	
Address <u>60 Washington St.</u>	LHD <u>Manchester</u>	
Town/City <u>Manchester</u>	Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder <u>MBOE</u>	Reinspection Other _____	



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


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

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item						IN=in compliance			OUT=not in compliance			N/A=not applicable			N/O=not observed		
P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R			COS=corrected on-site during inspection			R=repeat violation							
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R				
<b>Supervision</b>																	
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Person/Alternate Person in charge present, demonstrates knowledge and performs duties																	
2	<input checked="" 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"/>														
Management, food employee and conditional employee; knowledge, responsibilities and reporting																	
4	<input checked="" 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"/>														
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"/>														
Proper eating, tasting, drinking, or tobacco products use																	
7	<input checked="" 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"/>														
Hands clean and properly washed																	
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																	
10	<input checked="" 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"/>														
Food obtained from approved source																	
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Food received at proper temperature																	
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Food in good condition, safe, and unadulterated																	
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Required records available: molluscan shellfish identification, parasite destruction																	
<b>GOOD RETAIL PRACTICES</b>																	
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>																	
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																	
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R								
<b>Safe Food and Water</b>																	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Pasteurized eggs used where required																	
31	<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"/>														
Variance obtained for specialized processing methods																	
<b>Food Temperature Control</b>																	
33	<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"/>														
Plant food properly cooked for hot holding																	
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Approved thawing methods used																	
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Thermometers provided and accurate																	
<b>Food Identification</b>																	
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Food properly labeled; original container																	
<b>Prevention of Food Contamination</b>																	
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Insects, rodents, and animals not present																	
39	<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"/>														
Personal cleanliness																	
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Wiping cloths: properly used and stored																	
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Washing fruits and vegetables																	
<b>Proper Use of Utensils</b>																	
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
In-use utensils: properly stored																	
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Utensils/equipment/linens: properly stored, dried, & handled																	
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Single-use/single-service articles: properly stored & used																	
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Gloves used properly																	
<b>Utensils and Equipment</b>																	
47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Food and non-food contact surfaces cleanable, properly designed, constructed, and used																	
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available																	
49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Non-food contact surfaces clean																	
<b>Physical Facilities</b>																	
50	<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"/>														
Plumbing installed; proper backflow devices																	
52	<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"/>														
Toilet facilities: properly constructed, supplied, & clean																	
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Garbage and refuse properly disposed; facilities maintained																	
55	<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"/>														
Adequate ventilation and lighting; designated areas used																	
Natural rubber latex gloves not used per CGS §19a-36f																	

Person in Charge (Signature) <u>Kimberly Barnett</u> Date <u>3/5/26</u> Person in Charge (Printed) <u>Kimberly Barnett</u> Inspector (Signature) <u>Katelyn Doolady</u> Date <u>3/5/26</u> Inspector (Printed) <u>Katelyn Doolady</u>			Violations documented Priority Item Violations <u>COS</u> Priority Foundation Item Violations <u>6/5/26</u> Core Item Violations <u>1</u> Risk Factor/Public Health Intervention Violations <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 type="checkbox"/>
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.			



Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>3/5/26</b>
Establishment <b>Manchester Regional Acad.</b>		Time In <b>10:45</b> AM/PM Time Out <b>11:30</b> AM/PM
Address <b>665 Wetherell St.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>MBOE</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	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"/>
<b>Employee Health</b>															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Consumer Advisory</b>			
<b>Approved Source</b>															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input 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"/>	<b>Highly Susceptible Population</b>			
<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"/>	<b>Food/Color Additives and Toxic Substances</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>
<b>GOOD RETAIL PRACTICES</b>															
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Food Temperature Control</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils and Equipment</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Food Identification</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities							
<b>Prevention of Food Contamination</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	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"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>				
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Person in Charge (Signature) _____ Date <b>3/5/26</b>				Person in Charge (Printed) <b>Patricia McCreary</b>				Violations documented							
Inspector (Signature) <b>Katelynn Doolady</b> Date <b>3/5/26</b>				Inspector (Printed) <b>Katelynn Doolady</b>				Date corrections due							
								Priority Item Violations							
								Priority Foundation Item Violations							
								Core Item Violations							
								<b>6/5/26</b>							
								Risk Factor/Public Health Intervention Violations							
								Repeat Risk Factor/Public Health Intervention Violations							
								Good Retail Practices Violations							
								<b>2</b>							
								Requires Reinspection - check box if you intend to reinspect							

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/5/26

Establishment Manchester Regional Acctown Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
handsink	87F				
hot hold - chicken	138F				
milk cooler - milk	41F				
WIC - cheese	39F				
dishmachine	7160F				
quat sani bottle	400ppm				



### 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.
	Kim - CFPM
55C	ceiling tiles damaged in certain areas. ✓ detailed cleaning of floor + wall behind cookline discussed.
44C	jumbled utensils in stainless steel drawers ↳ access all drawers
	✓ no issues w/ ice build up in freezer
	✓ Discussed de-limer - sprays daily ↳ deep clean needed over breaks. ↳ email Health Dept to verify alternate products.
	overall clean + organized

Person in Charge (Signature)


*[Handwritten Signature]*

Date 3/5/26

Inspector (Signature)

*Kathleen Donohay*

Date 3/5/26

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>3/3/26</u>																																																																																																												
Establishment <u>Mulberry St pizza</u>				Time In <u>3</u> AM/PM Time Out <u>4:30</u> AM/PM																																																																																																												
Address <u>981 Main St</u>				LHD <u>Manchester</u>																																																																																																												
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op																																																																																																												
Permit Holder <u>Bob/Panita Sulik</u>				Reinspection Other _____																																																																																																												
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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																																																																																																																
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Reinspection: 3/12/26

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/3/26

Establishment Wuberry St pizza Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
pizza cold prep		salad - cut cucumber	40F	hot water h.s.	89F
Meatball	41F	grilled chicken	40F	quat - 3 bay	200-400ppm
Meat	40F	Chest Freezer	0F	dish Machine	50-100ppm
Marinara	58F	WIC	38F		
cold prep - pasta	41F	Ham	41F	Chest Freezer - basement	0F
cut tomato	40F	Sauce (Marinara)	40F		
salmon	39F	pasta cooked	40F	hot water womens	89F
Hot - Meatballs	157F	teach in - salsa	38F		

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Description
	CFPM: Molly / panita onsite
22p	Marinara sauce at room temp from 11AM - voluntarily discarded ↳ discussed time as public health control (4 hours) - MUST be date time stamped / OR re-refrigerated (COS)
37c	squeeze bottles not labeled by pizza prep
16pF	interior pizza cold prep unclean
15p	Nesting of containers across from oven
15p	salmon / fish not covered / protected in cold prep
note	hood → September 2025 → to be cleaned March 26
15p	salt / pepper / parm cheese not protected / covered on shelf
47c	wood shelving @ next to salad cold prep chipping
47c	Frame of door missing from prep room / cookline
49c	exterior handles of cold prep not clean
55c	Floor tile missing by 3 bay sink (under table)
49c	wall behind dish machine unclean
28p	chemicals next to baked goods on shelf w/ slicer
50pF	no hot water at prep sink - plumber called ✓
49c	shelving in wic unclean / Fan cover wic unclean
47c	non commercial fridge under prep sink
✓ 56c	light not working in beer wic
note	thermometer / test strips available - chlorine needed
note	discussed basement timeline
	reinspection: 3/12/26

Person in Charge (Signature)

Dariusz Gulecki

Date 3/3/26

Inspector (Signature)

L. Honalty

Date 3/3/26

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>3/4/26</b>
Establishment: <b>Poke Don</b>		Time In: <b>11:00</b> AM/PM Time Out: <b>12:00</b> AM/PM
Address: <b>179 Deming St. Unit 12</b>		LHD: <b>Manchester</b>
Town/City: <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder: <b>Allen</b>		Reinspection Other _____

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																		
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.																		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																		
P=Priority item PF=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																		
Supervision				Protection from Contamination				Time/Temperature Control for Safety										
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R					
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>					
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected				Proper cooking time and temperatures										
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input checked="" 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				Preventing Contamination by Hands				Proper cooling time and temperatures										
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>					
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Hands clean and properly washed				Proper hot holding temperatures										
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
Proper use of restriction and exclusion				No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Proper cold holding temperatures										
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	10	<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				Adequate handwashing sinks, properly supplied/accessible				Proper date marking and disposition										
Good Hygienic Practices				Approved Source				Time as a public health control: procedures and records										
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
Proper eating, tasting, drinking, or tobacco products use				Food obtained from approved source				Consumer Advisory										
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>					
No discharge from eyes, nose, and mouth				Food received at proper temperature				Highly Susceptible Population										
Prevention of Contamination by Hands				Food in good condition, safe, and unadulterated				Pasteurized foods used; prohibited foods not offered										
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>					
Hands clean and properly washed				Required records available: molluscan shellfish identification, parasite destruction				Food/Color Additives and Toxic Substances										
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>					
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				GOOD RETAIL PRACTICES				Food Additives and Toxic Substances										
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.											
Adequate handwashing sinks, properly supplied/accessible				Safe Food and Water				Proper Use of Utensils										
Approved Source				OUT N/A N/O				V COS R										
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>					
Food obtained from approved source				Pasturized eggs used where required				In-use utensils: properly stored										
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
Food received at proper temperature				Water and ice from approved source				Utensils/equipment/linens: properly stored, dried, & handled										
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>					
Food in good condition, safe, and unadulterated				Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used										
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food Temperature Control				Gloves used properly							
Required records available: molluscan shellfish identification, parasite destruction				33				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C				<input type="checkbox"/>	<input type="checkbox"/>		
GOOD RETAIL PRACTICES				Proper cooling methods used; adequate equipment for temperature control				Utensils and Equipment										
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.				34				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47				<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				35				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safe Food and Water				36				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OUT N/A N/O				37				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
V COS R				38				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pasturized eggs used where required				39				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water and ice from approved source				40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Variance obtained for specialized processing methods				41				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food Temperature Control				42				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OUT N/A N/O				43				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
V COS R				44				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violations documented				Date corrections due		#	
Proper cooling methods used; adequate equipment for temperature control				45				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Priority Item Violations		3/14/26		1			
Plant food properly cooked for hot holding				46				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Priority Foundation Item Violations		2/14/26		2			
Approved thawing methods used				47				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Core Item Violations				9			
Thermometers provided and accurate				48				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Risk Factor/Public Health Intervention Violations				3			
Food Identification				49				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repeat Risk Factor/Public Health Intervention Violations				3			
OUT N/A N/O				50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good Retail Practices Violations				8			
V COS R				51				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Requires Reinspection - check box if you intend to reinspect				<input checked="" type="checkbox"/>			
Food properly labeled; original container				52				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.							
Prevention of Food Contamination				53				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
OUT N/A N/O				54				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
V COS R				55				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Insects, rodents, and animals not present				56				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Contamination prevented during food preparation, storage & display				57				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Personal cleanliness				58				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Wiping cloths: properly used and stored				59				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Washing fruits and vegetables				60				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/4/26

Establishment Poke Don

Town Manchester

### TEMPERATURE OBSERVATIONS


Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cold rail - front		cold prep - kitchen		handsink	85F
Shrimp	40F	eggs	40F	customer bathroom	115F
chicken	41F	chicken	39F		
slaw	40F	WIC - salmon	39F		
hot hold		shrimp	39F		
rice	162F	chicken	38F		
rice	135F				
pearls	135F				
soup	200F				

### 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.
	CFLM - Tina
10c	paper towels not in dispenser at front counter handsink
49c	dumpsink interior unclean up front
note	need to verify "commercial pearl pan" - send spec sheet
49c	floor under/around equipment unclean, especially cookline
49c	wall by cookline - FRP - unclean
49c	curtain separating kitchen + front unclean
16PF	handsink in kitchen inaccessible, filled w/ items (cos)
55C	caviting on handsink in kitchen damaged.
49c	cookline equipment, exterior, unclean
16PF	bus boy bins unclean, stored on clean shelf - (cos)
49c	WIC shelving, generally all shelving, unclean / rusty ↳ if uncleanable send plan to KPD for replacement
note	discussed proper food storage
55C	excess clutter in back storage room
	develop deep clean schedule
*	time vs. temp logs or documentation needed

Person in Charge (Signature) Atkin Bhaw  
 Inspector (Signature) Katelyn Doarby

Date 3/4/26  
 Date 3/4/26

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>5</b>																	
Establishment type: <b>Permanent</b> Temporary Mobile Other	Date: <b>3/12/26</b>	Time In <b>9:30 AM</b> PM Time Out <b>11:45 AM</b> PM																	
Establishment <b>Randy's Wooster St Pizza</b>		LHD <b>Manchester</b>																	
Address <b>285 East Center</b>		Purpose of Inspection: <b>Routine</b> <b>Pre-op</b>																	
Town/City <b>Manchester</b>		Reinspection Other																	
Permit Holder <b>Randy Price</b>	<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>																		
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.																			
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																			
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																			
<b>Supervision</b>						<b>Protection from Contamination</b>													
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"/>	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"/>	<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"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/P/C	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	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"/>	<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"/>	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"/>	<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"/>	<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"/>	<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"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>						<b>Food/Color Additives and Toxic Substances</b>													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<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"/>	<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"/>	23	<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"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessibile	P/C	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
<b>Approved Source</b>						<b>Conformance 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"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	26	<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"/>
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"/>	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"/>	<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"/>	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"/>	<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																			
<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"/>	<input type="checkbox"/>	43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	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"/>	44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	P/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"/>	45	<input checked="" 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"/>
<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"/>	<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"/>
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"/>	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	P/Pf/C	<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"/>	48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	<input checked="" 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"/>	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"/>	<input type="checkbox"/>
<b>Food Identification</b>						<b>Physical Facilities</b>													
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	Priority Item Violations	<b>3/15/26</b>		<b>5</b>						
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"/>	<input type="checkbox"/>	Priority Foundation Item Violations	<b>3/22/26</b>		<b>5</b>						
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"/>	Core Item Violations	<b>6/12/26</b>		<b>49</b>						
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"/>	Risk Factor/Public Health Intervention Violations			<b>7</b>						
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"/>	Repeat Risk Factor/Public Health Intervention Violations			<b>7</b>						
<b>Personnel</b>						<b>Good Retail Practices Violations</b>													
Permit Holder shall notify customers that a copy of the most recent inspection report is available.						<b>Requires Reinspection - check box if you intend to reinspect</b>													
Person in Charge (Signature) <i>[Signature]</i> Date <b>03/12/26</b>						Person in Charge (Printed) <b>Staci Serrao</b>													
Inspector (Signature) <i>[Signature]</i> Date <b>3/12/26</b>						Inspector (Printed) <b>Kate Lynn Doolady</b>													

\* This inspection is serving as a new owner inspection which requires the food service establishment to be brought up to code.

410 Capitol Avenue MS#11FDP Hartford, CT 06134  
1st - White: Health Department 2nd - Yellow: Owner/Operator/Person in Charge

# Food Establishment Inspection Report

LHD manchester

Inspection Report Continuation Sheet

Date 3/12/26

Establishment Randy's Wooster St. Pizza Town Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
handsink	117F	pizza- shred cheese	49		
cold prep, by swing w/ tomatoes	37F	chx sausage	48		
cucumbers	38F	chx taco meat	46		
	39	shred. cheese	44		
pizza- mashed pot.	46	pepsi cooler			
ricotta	46	ham	41		
sausage	48	bbq chx	41		
shredded cheese	48	sliced tomato	40		

### 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	Remove soda gun lines + ice weel @ bar
49C	Bar Keg cooler, unclean
52P	Drain line on keg cooler at bar not connected, must be connected to indirect drain
47C	Basket on keg cooler unsecure
49C	Flour / under equipment at bar unclean
55C	tap system, drip tray unclean. caulking unclean
note	Handsink by kitchen entrance draining slowly
23PF	datemarking required for all food held over 24 hours
49C	ceiling tiles unclean
47C	pizza cold prep station, right hand lid missing screw ↳ all lids need to be repaired. evaluate lid for damage
22P	pizza cold prep not holding temp. all TCS foods at 44-49°F see temps above - voluntarily discarded
37C	unlabeled squeeze bottles / spices by pizza station (CW)
47C	pepsi cooler, not approved for unpackage food (CW)
10PF	no paper towels at pizza station handsink + kitchen entrance handsink (CW)
55C	seal core - FRP juncture in kitchen (Floor), throughout
49C	window by pizza ovens, general area unclean
49C	flour and wall behind cookline equipment unclean ↳ including gas line

Person in Charge (Signature)	Date <u>03/12/26</u>
Inspector (Signature) <u>Kathlynn Dostady</u>	Date <u>3/12/26</u>

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/12/26

Establishment Randy's Wooster St. Pizza Town Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cookline drawers		reach-in freezer	frozen		
chx wings	39 F	customer bathroom	110 F		
cold prep cookline		bathroom hand sink	112 F		
cheese	39 F				
tomatoes	37 F				
feta	38 F				
meatball	40 F				
tuna salad	40 F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Observations and Corrective Actions
49C	<del>inter</del> cookline drawers, interior of unit unclean - (COS)
43C	scoop stored in peanut butter - single use - discarded
39C	PB - allergen, comingled w/ cold prep food - (COS) ↳ moved to downstairs
-	tuna salad not date marked - discussed
✓	thin probe, available - calibrated
10C	soap + paper towels must be wall mounted by prep sink
49C	prep sink drain, unclean (under sink)
37C	unlabeled granulars / powders on shelf by fryers (COS)
47C	reach-in freezer door interior popping out / unsecure
*	send SOP / policy for date-marking
49C	handles / exterior on reach-in freezer unclean
36C	thermometers needed inside freezer units on cookline
47C	craftsman cabinet, not NSF / equivalent (COS)
54C	covered trash needed in customer bathroom
52P	dump sink by basement not hooked up - remove (COS)
55C	stairwell walls, damaged + not cleanable - epoxy paint
55C	stairwell treads uncleanable, repair
28P	unlabeled spray bottle w/ unknown chemical by dishwasher
44C	dish racks stored on floor by dishwasher
55C	ceiling above dishwasher damaged, must be flush

Person in Charge (Signature)

Inspector (Signature) Katelynn Doolady

Date 03/12/26  
Date 3/12/26

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 3/12/26

Establishment Rendy's Wooster St. Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
basement 3-bay sink / surface San	78F 0ppm	WIF	7F		
WIC					
diced tomatoes	37				
marinara	36				
shredded cheese	37				
pizza sauce					

### 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
47C	galaxy microwave, not NSF - to be removed
55C	trim / azac on FRP needed @ ceiling, wall juncture in basement.
56C	comingled tools w/ food service items - (COS)
51P	prep sink in basement requires indirect drain
47C	hamilton beach food processor not NSF
	- discussed off ground storage, milk crates not approved
45C	Re-use of "red hot" and alike containers not approved
47C	NOT - NSF plastic container w/ corn meal
55C	Prep-area by meatslicer must be w/ in FRP'd area
49C	interior of v/c prep table (not in use) unclean
55C	ceiling tiles above 3-bay in basement not-washable
55C	water stained ceiling tiles in basement storage area to be replaced. water damage in closet
54C	basement bathroom trash can, uncovered
50PF	3-bay in basement @ 78F, must be min 118F
48PF	3-bay sanitizer not dispensing - Oppm
10C	no handwash sign in basement bathroom
56C	ventilation not functioning in basement bathroom.
47C	shelving in WIC unclean / rusty - if not cleanable must be replaced.
39C	legs stored on floor in WIC

Person in Charge (Signature)

Date 03/12/26

Inspector (Signature) Katelyn Dostard

Date 3/12/26

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 3/12/26  
 Establishment Randy's Wooster St. Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC Chx tenders	36				
WIC Sausage	35				
dishmachine	71/60				



### VIOLATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
* 47C	Temp logs for cooling recommended. send SOP for cooling
47C	WIF shelving not NSF
note	Discussed dedicated area for raw chicken
47C	dishmachine - to be fully secured to wall, wood support not approved.
51P	hose bib vacuum breaker required on mop sink
47C	ice machine cover missing
51C	standing water in indirect drain by ice machine
16PF	ice machine damaged, reach out to manufacturer - mold
55C	mop hook to hang to dry needed, broom storage
56C	lightbulbs in pizza box storage room not shielded ↳ discussed shatterproof bulbs
39C	storage of pizza boxes need to be 6" off floor
55C	excess clutter   previous owners belongings to be removed ↳ all unnecessary items required to be removed
55C	seal holes in ceiling   vent covers in pizza box room Decide on sanitizer type - provide test strips
	Reach out to all Depts for official approvals, including F.O.G requirements.
*	Submit time table for corrections prior to Health Dept sign off/approval New owner proposing to take over April 1, 2026.

Person in Charge (Signature) [Signature] Date 03/12/26  
 Inspector (Signature) Natchyn D. [Signature] Date 3/12/26

Risk Category: <u>3</u>		<b>Food Establishment Inspection Report</b>			Page 1 of <u>1</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other _____				Date: <u>3/3/26</u>		
Establishment <u>Red Robin</u>				Time In <u>11</u> AM/PM Time Out <u>12</u> AM/PM		
Address <u>360 Buckland Hills Dr.</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						
<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
Supervision				V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
2 Certified Food Protection Manager for Classes 2, 3, & 4						
Employee Health				V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
4 Proper use of restriction and exclusion						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
5 Written procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices				V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
6 Proper eating, tasting, drinking, or tobacco products use						
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
7 No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands				V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
8 Hands clean and properly washed						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
10 Adequate handwashing sinks, properly supplied/accessibile						
Approved Source				V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
11 Food obtained from approved source						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
12 Food received at proper temperature						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
13 Food in good condition, safe, and unadulterated						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
14 Required records available: molluscan shellfish identification, parasite destruction						
GOOD RETAIL PRACTICES						
<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	
Safe Food and Water				V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
30 Pasteurized eggs used where required						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
31 Water and ice from approved source						
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
32 Variance obtained for specialized processing methods						
Food Temperature Control				V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
33 Proper cooling methods used; adequate equipment for temperature control						
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
34 Plant food properly cooked for hot holding						
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
35 Approved thawing methods used						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
36 Thermometers provided and accurate						
Food Identification				V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
37 Food properly labeled; original container						
Prevention of Food Contamination				V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
38 Insects, rodents, and animals not present						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
39 Contamination prevented during food preparation, storage & display						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
40 Personal cleanliness						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
41 Wiping cloths: properly used and stored						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
42 Washing fruits and vegetables						
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>3/3/26</u>				Person in Charge (Printed) <u>MICK DALTERIO</u>		
Inspector (Signature) <u>[Signature]</u> Date <u>3/3/26</u>				Inspector (Printed) <u>LAUREN STADON</u>		
Violations documented		Date corrections due		#		
Priority Item Violations		<u>3/6/26</u>		<u>1</u>		
Priority Foundation Item Violations		<u>3/13/26</u>		<u>3</u>		
Core Item Violations		<u>6/3/26</u>		<u>1A</u>		
Risk Factor/Public Health Intervention Violations				<u>3</u>		
Repeat Risk Factor/Public Health Intervention Violations						
Good Retail Practices Violations				<u>15</u>		
Requires Reinspection - check box if you intend to reinspect				<input checked="" type="checkbox"/>		
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.						

reinspection: 3/16/26

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/3/26

Establishment Red Robin

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cookline: raw burger	40F	door Freezer	4F	hand sink h.w.	103F
raw burger	41F	internal burger	159F	hand sink h.w.	93F
cheese	39F	WIC-cod	40F	prep sink h.w	110F
am. cheese	38F	raw burger	39F	dish machine	0ppm
onions	40F	raw chicken	32F	w/m	700-
cut tomato	39F	Baked good cooler	37F	sink/surface sanitizer	185ppm
coleslaw	38F	reach in freezer	0F	Beer cooler	38F
cut tomato	37F	Hard boiled egg	38F	WIF	0F

### OBSERVATIONS AND CORRECTIVE ACTIONS


Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CFPM on site
49c	gaskets throughout unclean
16pF	broiler interior unclean
55c	seal behind grill top (damaged)
49c	exterior of fryers (sides) unclean
note	hood cleaned - Jan 2026 → Next is March 2026
49c	shelving with microwaves unclean
15p	raw chicken / flour at batter station not covered/protected
39c	lemons in far handwash sink (no dumping in hand sink)
55c	grout is low in areas on cookline / prep area / dish area
56c	cracked light shield in WIF
49c	wall/ceiling by soda station unclean
44c	dish racks stored on floor by dish machine
47c	duct tape around pipe by dish machine wash area
49c	exterior of dish machine unclean
49c	undercounter shelving at bar unclean
43c	scoop stored in ice at bar
16pF	interior of cold prep unit at bar unclean
49c	gaskets at bar area unclean
note	thermometer / test strips available
note	overall clean + organized
48pF	dish machine at 0ppm - pic to call ecolab this day
	reinspection - 3/16/26

Person in Charge (Signature) [Signature]

Date 3/3/26

Inspector (Signature) [Signature]

Date 3/3/26

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>3/5/26</b>											
Establishment <b>Saint Bridget Parochial</b>				Time In <b>10:00</b> AM/PM		Time Out <b>10:30</b> AM/PM									
Address <b>74 Main St</b>				LHD <b>Manchester</b>											
Town/City <b>Manchester</b>				Purpose of Inspection: <b>Routine</b> Pre-op											
Permit Holder <b>MBOE</b>				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															
<b>Supervision</b>				<b>Protection from Contamination</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"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>											
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input checked="" 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"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input checked="" 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"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input checked="" 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"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Population</b>							
<b>Preventing Contamination by Hands</b>				<b>Food/Color Additives and Toxic Substances</b>											
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>	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"/>
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"/>	<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"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	29	<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"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>GOOD RETAIL PRACTICES</b>							
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>							
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"/>	Mark OUT if numbered item is not in compliance    V=violation type    Mark in appropriate box for COS and/or R    COS=corrected on-site during inspection    R=repeat violation							
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>											
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	V	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Temperature Control</b>				<b>Utensils and Equipment</b>											
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>							
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Identification</b>				<b>Prevention of Food Contamination</b>											
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Violations documented</b>							
Permit Holder shall notify customers that a copy of the most recent inspection report is available.								<b>Violations documented</b>		<b>Date corrections due</b>		<b>#</b>			
Person in Charge (Signature) <i>Jennifer Marrero</i>		Date <b>3/5/26</b>		Priority Item Violations											
Person in Charge (Printed) <b>Jennifer Marrero</b>				Priority Foundation Item Violations											
Inspector (Signature) <i>Katelynn Doolady</i>		Date <b>3/5/26</b>		Core Item Violations											
Inspector (Printed) <b>Katelynn Doolady</b>				Risk Factor/Public Health Intervention Violations											
				Repeat Risk Factor/Public Health Intervention Violations											
				Good Retail Practices Violations											
				Requires Reinspection - check box if you intend to reinspect											
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.															

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/5/26

Establishment Saint Bridget Parochial Town Manchester


### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
handsink	87F				
2-bay hot	110F				
quat sani bottle	200ppm				
reach-in chiller	39F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	Jennifer - CFPM
	range stove not in use, tagged by Fire ↳ if not going to repair - submit plan for replace / remove
	Damaged cabinets, no longer smooth + easily cleanable ↳ health dept to follow up regarding requirements for upgrading.
49C	Interior of cabinets unclean, especially under prep sink
✓	meals prepared @ MMA and transferred to St Bridget. ↳ hot hold temps. recorded.

Person in Charge (Signature) <u>[Signature]</u>	Date <u>3/5/26</u>
Inspector (Signature) <u>Natalynn Doolady</u>	Date <u>3/5/26</u>

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 _____			
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>							
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>							
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed							
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation							
Supervision				Protection from Contamination			
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health				Time/Temperature Control for Safety			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices				Consumer Advisory			
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"/>
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"/>
Preventing Contamination by Hands				Highly Susceptible Population			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source				Food/Color Additives and Toxic Substances			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/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"/>
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"/>
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"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<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"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<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"/>
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<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							
Safe Food and Water				Proper Use of Utensils			
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification				Utensils and Equipment			
37	<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				Physical Facilities			
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	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"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<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"/>
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"/>
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"/>
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<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"/>
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"/>
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<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"/>
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"/>
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>
	<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>[Signature]</i>		Date <b>3-18-26</b>		Violations documented		Date corrections due	
Person in Charge (Printed) <b>Matt Hufford</b>				Priority Item Violations		CGS	
Inspector (Signature) <i>[Signature]</i>		Date <b>3/18/26</b>		Priority Foundation Item Violations		<b>3/28/26</b>	
Inspector (Printed) <b>Katelyn Doolady</b>				Core Item Violations		<b>6/18/26</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 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"/>	

# 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	95	seafood - fish	38 F	quat - deli	400pm
w/c - deli cheese	40	shrimp	36 F	seafood	400pm
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>
* 49C	cooling logs not on file, need to implement again
16PF	ceiling vent by fryer dusty, wall over handsink unclean
	deli case display sliding door tracks + lower shelf unclean. Discussed frequency w/ PIC
55C	receding grout in back prep area
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 (1) handsink @ 443 (2) handsink 50F
* 85	women's bathroom handsink @ 85 ✓ okay
	<u>Produce</u>
55C	cove base (baseboard) behind ice machine not secured, water pooling
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)

*[Signature]*

Date

3/18/26

# 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	126F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Observations and Corrective Actions
note	Grocery freezer - monitor ice build up.
55C	Dairy cooler - cardboard wall protector still present ↳ resolve in 30 days.
55C	WIF - Dairy cooler side exterior wall damaged ↳ ice build up, busting through wall
49C	Dairy WIF drain very unclean
	<u>Bakery</u>
49C	lime build up around 3-bay, evaluate all depts. dishmachine - > 160F
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 85F - max 115F
*	email <a href="mailto:kdoolady@manchesterct.gov">kdoolady@manchesterct.gov</a> w/ timeline for corrective action. send photos or documentation for "PF" violations by 3/28/26.
Person in Charge (Signature)	Date <u>3-18-26</u>
Inspector (Signature) <u>Kathlynn Doolady</u>	Date <u>3/18/26</u>



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>3/6/26</u>		Time In <u>12:00</u> AM/PM Time Out <u>1:00</u> AM/PM										
Establishment <u>SUMC</u>			LHD <u>Manchester</u>										
Address <u>1226 Main St.</u>			Purpose of Inspection: <u>Routine</u> Pre-op										
Town/City <u>Manchester</u>			Reinspection Other										
Permit Holder <u>Don Wilby</u>													
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>													
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>													
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed													
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
<b>Supervision</b>			<b>Protection from Contamination</b>										
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>
					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"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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>										
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Consumer Advisory</b>			<b>Highly Susceptible Population</b>		25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food			Pasteurized foods used; prohibited foods not offered		26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>			<b>Conformance with Approved Procedures</b>		27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used			Compliance with variance/specialized process/ROP criteria/HACCP Plan		28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used					29	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>GOOD RETAIL PRACTICES</b>													
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>													
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
<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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	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 type="checkbox"/>	<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"/>
40	<input type="checkbox"/>	<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"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	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.													
Person in Charge (Signature) <u>Donald Wilby</u> Date <u>3/6/26</u>			Violations documented										
Person in Charge (Printed) <u>Donald Wilby</u>			Date corrections due										
Inspector (Signature) <u>Katelynn Doolady</u> Date <u>3/6/26</u>			#										
Inspector (Printed) <u>Katelynn Doolady</u>			Priority Item Violations										
			Priority Foundation Item Violations										
			Core Item Violations										
			Risk Factor/Public Health Intervention Violations										
			Repeat Risk Factor/Public Health Intervention Violations										
			Good Retail Practices Violations										
			Requires Reinspection - check box if you intend to reinspect										
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.													

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/6/26

Establishment SUMC

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
butte	41F				
sanitizer bottle	100ppm				


### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	Discussed bleach sanitizer. ↳ no scented allowed ↳ 50 - 100 ppm
	No issues w/ pests. Inspected 1x a month.
	monitor 2-door reach in. Max temp 41F
49c	interior of freezer unclean
	Discussed creamer for coffee. Discard leftovers.
	Overall clean + organized!

Person in Charge (Signature)	<u>Donald Willey</u>	Date	<u>3/6/26</u>
Inspector (Signature)	<u>Katelynn Doolady</u>	Date	<u>3/6/26</u>

# 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>3/3/26</u>	
Establishment <u>Sweet Frog</u>	Time In <u>2:30</u> AM/PM Time Out <u>3</u> AM/PM	
Address <u>1524 Pleasant Valley Rd Unit E</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				V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties						
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4						
Employee Health				V	COS	R
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<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"/>
Proper use of restriction and exclusion						
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices				V	COS	R
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<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"/>
No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands				V	COS	R
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed						
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed						
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessibile						
Approved Source				V	COS	R
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source						
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated						
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction						

### 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
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>
Pasteurized eggs used where required					
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Water and ice from approved source					
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Variance obtained for specialized processing methods					
Food Temperature Control					
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control					
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>
Plant food properly cooked for hot holding					
35	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>
Approved thawing methods used					
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Thermometers provided and accurate					
Food Identification					
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<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"/>
Insects, rodents, and animals not present					
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display					
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Personal cleanliness					
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<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"/>
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>Sarah Blais</u> Date <u>3/3/26</u>	Violations documented
Person in Charge (Printed) <u>Sarah Blais</u>	Date corrections due
Inspector (Signature) <u>K. Grandy</u> Date <u>3/3/26</u>	#
Inspector (Printed) <u>Lauren Grandy</u>	Priority Item Violations
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.	Priority Foundation Item Violations <u>3/13/26</u>
	Core Item Violations <u>6/13/26</u>
	Risk Factor/Public Health Intervention Violations <u>2</u>
	Repeat Risk Factor/Public Health Intervention Violations <u>2</u>
	Good Retail Practices Violations <u>4</u>
	Requires Reinspection - check box if you intend to reinspect





# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/17/26

Establishment The Pearl

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Bay Marie		Bay Marie		handsink - h.w.	91F
Mashed potato	41F	sliced cucumber	55F	handsink - h.w.	112F
pico de gallo	39F	raw chicken	37F	dish machine	50-100ppm
chicken tenders	40F	corned beef	41F	dish machine Bar	50-100ppm
PFC Fried Chicken	41F	Reach in - Ricotta	39F	handsink - h.w. Bar	112F
Fish n chips	46F	Mashed potato	39F	restroom h.w.	70.4F
Chili	45F	undercounter - Beer	36F	restroom women's	78.5F
Mashed potato	46F	undercounter - Bar	34F	undercounter Bar	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.
	sterling - CFPM on site
10c	small trash required at handwash sink
note	date marking - day made/prepped - kept for 6 day
note	discussed cooling logs for food being cooked/cooled
47c	no handles on 2 door Bay Marie on cookline
47c	gaskets damaged on 2 door bay marie
16pF	Flex-seal used on interior of 2 door bay marie -
47c	Bay Marie - top holding temps 49F - 56F - okay to use ice temporarily ↳ reach out to HVAC for permanent fix
47c	"Husky" tools used - Food grade equipment only (commercial NSF)
note	discussed equipment being out of handsink area
44c	handles of equipment / utensils intermingled - to go same way
15p	raw eggs stored over cooked potatoes in reach in cooler
47c	Non-commercial blender to be used - ordered new one
note	Test strips / Thermometer / alcohol wipes available
43c	dish racks stored on floor - (cos)
note	discussed shelving under prep table in kitchen
37c	spices / granulars not labeled in dry storage by bar area (cos)
15p	hollow stirrer at bar not protected
47c	long neck bottles for lemon juice - discussed squeeze bottles
16pF	holders for coke soda gun at bar unclean
54c	oil bin exterior by trash unclean / trash bins uncovered / trash on ground
41c	holder required for dirty cloths / towels (cos)
Person in Charge (Signature)	<u>Tom Fawell</u>
	Date <u>3/17/26</u>
Inspector (Signature)	<u>R. Stanley</u>
	Date <u>3/17/26</u>





Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>3</b>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <b>3/24/26</b>
Establishment <b>Urban Air</b>		Time In <b>4:30 AM/PM</b> Time Out <b>5:45 AM/PM</b>
Address <b>220 Hale Rd</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Yasar</b>		Reinspection Other _____



Working Connecticut Health  
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					
IN	OUT	N/A	N/O	V	COS	R	V	COS	R
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certified Food Protection Manager for Classes 2, 3, & 4				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health				Time/Temperature Control for Safety					
<input checked="" type="checkbox"/>	<input checked="" 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"/>
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Proper use of restriction and exclusion				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Written procedures for responding to vomiting and diarrheal events				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices				Consumer Advisory					
<input checked="" type="checkbox"/>	<input checked="" 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"/>
6 Proper eating, tasting, drinking, or tobacco products use				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 No discharge from eyes, nose, and mouth				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands				Highly Susceptible Population					
<input checked="" type="checkbox"/>	<input checked="" 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"/>
8 Hands clean and properly washed				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Adequate handwashing sinks, properly supplied/accessibile				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source				Food/Color Additives and Toxic Substances					
<input checked="" type="checkbox"/>	<input checked="" 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"/>
11 Food obtained from approved source				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Food received at proper temperature				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Food in good condition, safe, and unadulterated				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Required records available: molluscan shellfish identification, parasite destruction				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### GOOD RETAIL PRACTICES

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

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

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"/>	<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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 Water and ice from approved source				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 Variance obtained for specialized processing methods				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control				Utensils and Equipment					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 Proper cooling methods used; adequate equipment for temperature control				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 Plant food properly cooked for hot holding				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 Approved thawing methods used				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 Thermometers provided and accurate				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification				Physical Facilities					
<input checked="" type="checkbox"/>	<input checked="" 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"/>
37 Food properly labeled; original container				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination				<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"/>
38 Insects, rodents, and animals not present				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39 Contamination prevented during food preparation, storage & display				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 Personal cleanliness				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 Wiping cloths: properly used and stored				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42 Washing fruits and vegetables				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Person in Charge (Signature) <b>[Signature]</b> Date <b>3/24/26</b>	Person in Charge (Printed) <b>John Macon</b>
Inspector (Signature) <b>[Signature]</b> Date <b>3/24/26</b>	Inspector (Printed) <b>Katelynn Doslady</b>

Violations documented	Date corrections due	#
Priority Item Violations		1
Priority Foundation Item Violations	<b>3/31/26</b>	6
Core Item Violations	<b>4/24/26</b>	13
Risk Factor/Public Health Intervention Violations		6
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		18
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 3/24/26

Establishment Urban Air Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
handsink	97F	WIF	SF		
3-bay hotwater	110F				
ban marie					
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	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	grease trap interior unclean, verify function
2C	no CFPM on site, PIC not knowledgeable <b>(1PF)</b>
16PF	ice machine interior very unclean. - turned off to clean
16PF	ice scoop holder unclean
49C	wall behind pizza oven / prep tables unclean
15K 167C	salt + unlabeled brown powder, unprotected <b>(COS)</b>
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
47C	gaskets damaged on v/c freezer
49C	v/c freezer interior unclean
39C	food boxes stored on floor in WIF
39C	metal rack by WIF not 6" off floor - raise bottom shelf
55C	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



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>																																																																																																																																																																																																																																																																																																																															
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Good Hygienic Practices</b>																																																																																																																																																																																																																																																																																																																																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Preventing Contamination by Hands</b>																																																																																																																																																																																																																																																																																																																																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Approved Source</b>																																																																																																																																																																																																																																																																																																																																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input 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"/>																																																																																																																																																																																																																																																																																																																										
<b>Time/Temperature Control for Safety</b>																																																																																																																																																																																																																																																																																																																																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input 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"/>																																																																																																																																																																																																																																																																																																																										
<b>Consumer Advisory</b>																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Highly Susceptible Population</b>																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Food/Color Additives and Toxic Substances</b>																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Conformance with Approved Procedures</b>																																																																																																																																																																																																																																																																																																																																	
<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>																																																																																																																																																																																																																																																																																																																																	
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>																																																																																																																																																																																																																																																																																																																																	
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																																																																																																																																																																																																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Safe Food and Water</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Pasteurized eggs used where required</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Water and ice from approved source</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Variance obtained for specialized processing methods</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="7" style="text-align: center;"><b>Food Temperature Control</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper cooling methods used; adequate equipment for temperature control</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Plant food properly cooked for hot holding</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Approved thawing methods used</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Thermometers provided and accurate</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="7" style="text-align: center;"><b>Food Identification</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food properly labeled; original container</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="7" style="text-align: center;"><b>Prevention of Food Contamination</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Insects, rodents, and animals not present</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Contamination prevented during food preparation, storage &amp; display</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Personal cleanliness</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Wiping cloths: properly used and stored</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Washing fruits and vegetables</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	OUT	N/A	N/O	Safe Food and Water	V	COS	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food Temperature Control</b>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food Identification</b>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Prevention of Food Contamination</b>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>OUT</th> <th>Proper Use of Utensils</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>In-use utensils: properly stored</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Utensils/equipment/linens: properly stored, dried, &amp; handled</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Single-use/single-service articles: properly stored &amp; used</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Gloves used properly</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="5" style="text-align: center;"><b>Utensils and Equipment</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Non-food contact surfaces clean</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="5" style="text-align: center;"><b>Physical Facilities</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hot and cold water available; adequate pressure</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Plumbing installed; proper backflow devices</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sewage and waste water properly disposed</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet facilities: properly constructed, supplied, &amp; clean</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Garbage and refuse properly disposed; facilities maintained</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Physical facilities installed, maintained, and clean</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Adequate ventilation and lighting; designated areas used</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Natural rubber latex gloves not used per CGS §19a-36f</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	OUT	Proper Use of Utensils	V	COS	R	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils and Equipment</b>					<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>					<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input 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; 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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
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<b>Prevention of Food Contamination</b>																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
OUT	Proper Use of Utensils	V	COS	R																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<b>Utensils and Equipment</b>																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<b>Physical Facilities</b>																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input 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		<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>Jacky</i> Date <b>3-3-26</b> Person in Charge (Printed) <b>JACKY</b> <b>3-3-26</b> Inspector (Signature) <i>Katelynn Doolady</i> Date <b>3/3/26</b> Inspector (Printed) <b>Katelynn Doolady</b>	<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><b>1</b></td> </tr> <tr> <td>Core Item Violations</td> <td><b>6/3/26</b></td> <td><b>2</b></td> </tr> <tr> <td>Risk Factor/Public Health Intervention Violations</td> <td></td> <td></td> </tr> <tr> <td>Repeat Risk Factor/Public Health Intervention Violations</td> <td></td> <td></td> </tr> <tr> <td>Good Retail Practices Violations</td> <td></td> <td><b>2</b></td> </tr> <tr> <td colspan="3">Requires Reinspection - check box if you intend to reinspect</td> </tr> </tbody> </table>		Violations documented	Date corrections due	#	Priority Item Violations			Priority Foundation Item Violations		<b>1</b>	Core Item Violations	<b>6/3/26</b>	<b>2</b>	Risk Factor/Public Health Intervention Violations			Repeat Risk Factor/Public Health Intervention Violations			Good Retail Practices Violations		<b>2</b>	Requires Reinspection - check box if you intend to reinspect																																																																																																																																																																																																																																																																																																									
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Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.																																																																																																																																																																																																																																																																																																																																	

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/3/26

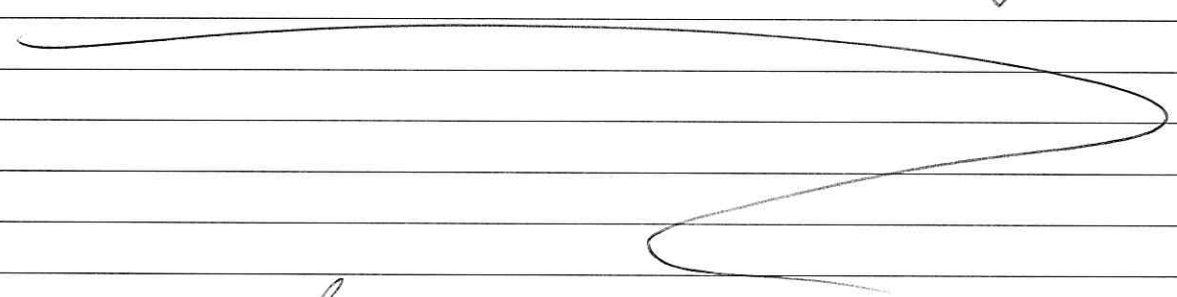
Establishment Wendy's Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
hot hold chili	178°F	hot hold nugget	171°F	handsink	106°F
WIC - cheese burger	40°F 37°F	frosty machete	30°F	3-bay sanitizer	400ppm
front hot hold		reach in freezer	5°F		
chili	168°F				
burger cold unit	37°F				
cold rail - tomato	40°F				
hot hold chicken	135°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.
	Manny - Jacky CFPM on site
49C	WIF outside, floor unclean - Ecolab - 1x a month, no issues noted by Pest control - no longer serving breakfast. Open at 10am - middle cold rail not in use, middle fryer not in use ↳ work orders in place for both
49C	w/c of cold rail, not in use, unclean - chili hot hold by frosty - not to be used for food ↳ plan to level countertop - discussed burger to chili process ↳ once no longer to be sold for burgers, hot held until bagged in chili bags → cooled in freezer - hood cleaning performed 2/19/26, good for 3 months.
	- PIC very knowledgeable, overall clean and organized!
	

Person in Charge (Signature)

*[Handwritten Signature]*

Date

3-3-26

Inspector (Signature)


*[Handwritten Signature: Kathleen Donohady]*

Date

3/3/26

# Connecticut Department of Public Health

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>3/3/26</u>		
Establishment <u>Wendy's - Buckland St</u>			Time In <u>10</u> <u>AM</u> /PM Time Out <u>11</u> <u>AM</u> /PM		
Address <u>105 Buckland St</u>			LHD <u>Manchester</u>		
Town/City <u>Manchester</u>			Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder _____			Reinspection _____ Other _____		



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
<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"/>				

GOOD RETAIL PRACTICES													
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.													
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	N/A	N/O	Proper Use of Utensils	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input 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"/>	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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment			
<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 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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities				<input checked="" 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"/>	Violations documented				<input checked="" 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"/>	Date corrections due				<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"/>	#				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Person in Charge (Signature) <u>Carlos [Signature]</u> Date <u>03/03/26</u>		Priority Item Violations	
Person in Charge (Printed) <u>Carlos [Printed]</u>		Priority Foundation Item Violations	<u>3/13/26</u>
Inspector (Signature) <u>L. Grandy [Signature]</u> Date <u>3/3/26</u>		Core Item Violations	<u>6/3/26</u>
Inspector (Printed) <u>Lauren Grandy</u>		Risk Factor/Public Health Intervention 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.		Repeat Risk Factor/Public Health Intervention Violations	
		Good Retail Practices Violations	<u>4</u>
		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>3/2/26</u>		Time In <u>4:00</u> AM/PM Time Out <u>5:15</u> AM/PM																																	
Establishment <u>Dunkin</u>			LHD <u>Manchester</u>																																	
Address <u>318 Adams St.</u>			Purpose of Inspection: Routine <input type="checkbox"/> <b>Pre-op</b> <input checked="" type="checkbox"/>																																	
Town/City <u>Manchester</u>			Reinspection Other _____																																	
Permit Holder <u>Cary Gagon</u>	<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>																																			
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.																																				
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																																				
P=Priority item PF=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																				
IN	OUT	N/A	N/O	V	COS	R	<b>Supervision</b>			V	COS	R																								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	<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"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>																
<b>Employee Health</b>					<b>Protection from Contamination</b>					<b>Time/Temperature Control for Safety</b>																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Good Hygienic Practices</b>					<b>Consumer Advisory</b>					<b>Highly Susceptible Population</b>																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	19	<input type="checkbox"/>	<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"/>			
<b>Preventing Contamination by Hands</b>					<b>Food/Color Additives and Toxic Substances</b>					<b>Conformance with Approved Procedures</b>																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Approved Source</b>					<b>Physical Facilities</b>																															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input 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"/>			
<b>GOOD RETAIL PRACTICES</b>					<b>Safe Food and Water</b>					<b>Proper Use of Utensils</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					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	OUT	V	COS	R	OUT	V	COS	R																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils and Equipment</b>											
<b>Food Temperature Control</b>					<b>Food Identification</b>					<b>Physical Facilities</b>																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	<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"/>	51	<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	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"/>	34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52	<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	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"/>	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53	<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	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"/>	36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Prevention of Food Contamination</b>					<b>Personnel Hygiene</b>					<b>Physical Facilities</b>																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56	<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	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"/>	39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56	<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"/>	56	<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	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"/>	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56	<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"/>	<b>Violations documented</b>											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56	<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"/>	Priority Item Violations											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Priority Foundation Item Violations											
<b>Personnel Hygiene</b>					<b>Violations Summary</b>					<b>Date corrections due</b>																										
Permit Holder shall notify customers that a copy of the most recent inspection report is available.					Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation					Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																										
<b>Personnel Hygiene</b>					<b>Violations Summary</b>					<b>Date corrections due</b>																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Core Item Violations					4/2/26						Risk Factor/Public Health Intervention Violations											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repeat Risk Factor/Public Health Intervention Violations												Good Retail Practices Violations										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Requires Reinspection - check box if you intend to reinspect																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
<b>Personnel Hygiene</b>																																				

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/2/26

Establishment Dunkin' - 310 Adams St Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
1 door under counter cooler	40°F	egg patty	25°F		
cream dispenser	34°F	cream	40°F		
water temp @ h/w	113°F	walk in freezer	5°F		
tap system	35°F	Reach in cooler VC back	31°F		
sanitizer @ 3 bay sink	200 ppm quat	Dunkin Pepsi cooler	41°F		
walk in cooler	39°F	Cold drawers @ drive thro	38°F / 36°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
	Pre-op inspection conducted after partial renovation
Note:	CFPM on site: Summer Smith on site
47	90° angle at donut case, provide covered edge @ floor/wall junction <span style="color: red; float: right;">corrected 3/11/26</span>
47	Open <sup>unused</sup> floor sink under donut case, provide cover to prevent <sup>accumulation</sup> of crumbs/trash <span style="color: red; float: right;">↑</span>
Note:	indirect drain on trough drains at coffee station behind front counter
Note:	Lockers on site
Note:	mops hung to dry
Note:	New handwash sink installed w/ soap + paper towels mounted above
45	Single service cups stored next to Dawn dishwashing detergent - COS
Note:	Blender rinse sink w/ indirect drain
*	Send photos of correction via email to: <a href="mailto:Kdubanowski@manchestertown.gov">Kdubanowski@manchestertown.gov</a> O.K. to Open per Health Dept. check w/ Bldg. / Fire and any other Town Dept's w/ jurisdiction
	/

Person in Charge (Signature)	Date <u>3/2/26</u>
Inspector (Signature)	Date <u>3/2/26</u>

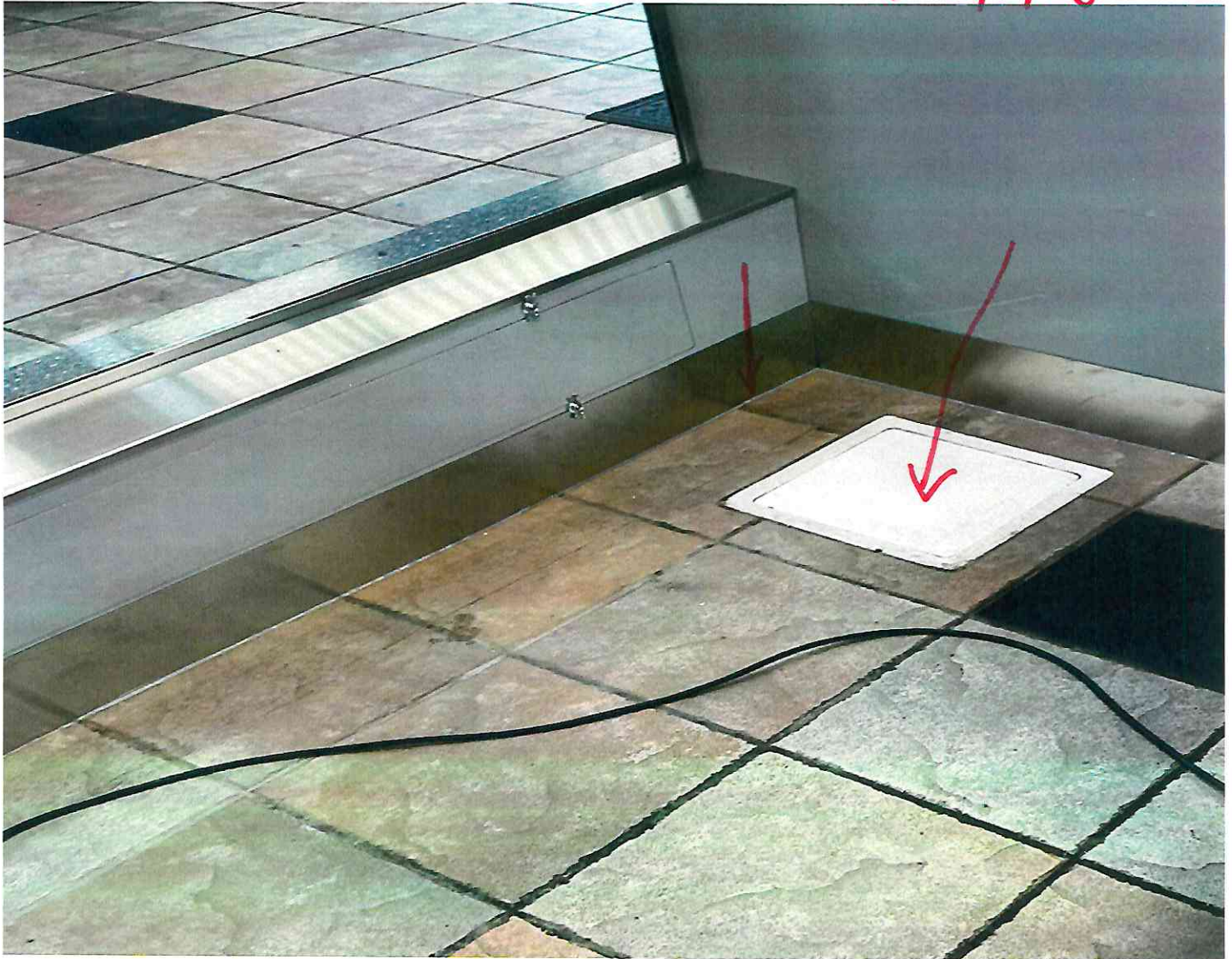
RE: Dunkin' Renovation-318 Adams Street

From Anja Skehan <askehan@carygagnon.com>  
Date Wed 3/11/2026 9:57 AM  
To Kim Dubanoski <kdubanoski@manchesterct.gov>

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

Corrections  
done for inspection  
of 3/2/26

Hi Kim,  
Great seeing you last week.  
Attached are the pictures of cove base coverage in donut case along with the drain cover.



Many thanks,

Anja


\*\*\*\*\*

Anja Skehan, Administrative Director  
Dunkin' Donuts - Cary Gagnon  
860-666-1890 [ASkehan@carygagnon.com](mailto:ASkehan@carygagnon.com)

From: Kim Dubanoski <[kdubanoski@manchesterct.gov](mailto:kdubanoski@manchesterct.gov)>  
Sent: Tuesday, March 3, 2026 8:59 AM

# Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <b>3</b>		<b>Food Establishment Inspection Report</b>			Page 1 of <u>2</u>			
Establishment type: <b>Permanent</b> Temporary Mobile Other _____				Date: <u>3/23/26</u>				
Establishment <u>Shogun X sushi</u>				Time In <u>2</u> AM/PM		Time Out <u>2:45</u> AM/PM		
Address <u>1483 Pleasant Valley Rd</u>				LHD <u>Manchester</u>				
Town/City <u>Manchester</u>				Purpose of Inspection: Routine <input type="checkbox"/> <b>Pre-op</b> <input checked="" type="checkbox"/>				
Permit Holder <u>min zheng</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								
Supervision				Protection from Contamination				
IN	OUT	N/A	N/O	V	COS	R		
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<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"/>	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"/>	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"/>	Proper use of restriction and exclusion	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Food separated and protected	
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	
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	
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	
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Proper hot holding temperatures	
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Proper cold holding temperatures	
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	
Good Hygienic Practices				Consumer Advisory				
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	No discharge from eyes, nose, and mouth	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Hands clean and properly washed	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Food obtained from approved source	
12	<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"/>	Food in good condition, safe, and unadulterated	
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	
Preventing Contamination by Hands				Highly Susceptible Population				
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Hands clean and properly washed	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	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"/>			<input type="checkbox"/>	Food obtained from approved source	
12	<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"/>	Food in good condition, safe, and unadulterated	
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Food additives: approved and properly used	
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Toxic substances properly identified, stored & used	
GOOD RETAIL PRACTICES				Conformance with Approved Procedures				
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>								
Mark OUT if numbered item is not in compliance    V=violation type    Mark in appropriate box for COS and/or R    COS=corrected on-site during inspection    R=repeat violation								
Safe Food and Water				Proper Use of Utensils				
OUT	N/A	N/O		V	COS	R		
30	<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"/>	Water and ice from approved source	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Variance obtained for specialized processing methods	
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	In-use utensils: properly stored	
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Gloves used properly	
Food Temperature Control				Utensils and Equipment				
33	<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"/>	Plant food properly cooked for hot holding	
35	<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"/>	Thermometers provided and accurate	
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	
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	
49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Non-food contact surfaces clean	
Food Identification				Physical Facilities				
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Food properly labeled; original container	
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Hot and cold water available; adequate pressure	
Prevention of Food Contamination				51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Insects, rodents, and animals not present	
39	<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"/>	Personal cleanliness	
41	<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"/>	Washing fruits and vegetables	
52	<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"/>	Toilet facilities: properly constructed, supplied, & clean	
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	
55	<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"/>	Adequate ventilation and lighting; designated areas used	
<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f								
Person in Charge (Signature) _____		Date <u>3/23/26</u>		Violations documented		Date corrections due		
Person in Charge (Printed) <u>Xiaofeng You</u>				Priority Item Violations		=		
Inspector (Signature) <u>L. Grandy</u>		Date <u>3/23/26</u>		Priority Foundation Item Violations		=		
Inspector (Printed) <u>Lauren Grandy</u>				Core Item Violations		<u>prior to opening</u>		
				Risk Factor/Public Health Intervention Violations		=		
				Repeat Risk Factor/Public Health Intervention Violations		=		
				Good Retail Practices Violations		=		
				Requires Reinspection - check box if you intend to reinspect		<input type="checkbox"/>		
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.								



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>2/4/26</b>
Establishment <b>Between Rounds</b>		Time In <b>10:00</b> (AM/PM) Time Out <b>11:30</b> (AM/PM)
Address <b>1540A Pleasant Valley Rd.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>AJAY</b>		Reinspection <b>2/20</b> 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	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
				Proper eating, tasting, drinking, or tobacco products use			P/C														
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
				No discharge from eyes, nose, and mouth			C														
<b>Preventing Contamination by Hands</b>																					
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
				Hands clean and properly washed			P/Pf														
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
				No bare hand contact with RTE food or a pre-approved alternative procedure properly followed			P/Pf/C														
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
				Adequate handwashing sinks, properly supplied/accessible			Pf/C														
<b>Approved Source</b>																					
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
				Food obtained from approved source			P/Pf/C														
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
				Food received at proper temperature			P/Pf														
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
				Food in good condition, safe, and unadulterated			P/Pf														
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																		
				Required records available: molluscan shellfish identification, parasite destruction			P/Pf/C														

**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	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																	
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
				Water and ice from approved source			P/Pf/C																	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
				Variance obtained for specialized processing methods			Pf																	
<b>Food Temperature Control</b>																								
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
				Proper cooling methods used; adequate equipment for temperature control			Pf/C																	
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
				Plant food properly cooked for hot holding			Pf																	
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
				Approved thawing methods used			Pf/C																	
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
				Thermometers provided and accurate			Pf/C																	
<b>Food Identification</b>																								
37	<input checked="" 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																	

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

Person in Charge (Signature) <i>Gwen Thomas</i>	Date <b>2/4/26</b>
Person in Charge (Printed) <b>Gwen Thomas</b>	Date <b>2/4/26</b>
Inspector (Signature) <i>Katelyn Doolady</i>	Date <b>2/4/26</b>
Inspector (Printed) <b>Katelyn Doolady</b>	

<b>Proper Use of Utensils</b>												
OUT	N/A	N/O	V COS R									
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
				In-use utensils: properly stored			C					
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
				Utensils/equipment/linens: properly stored, dried, & handled			P/C					
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
				Single-use/single-service articles: properly stored & used			P/C					
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
				Gloves used properly			C					
<b>Utensils and Equipment</b>												
47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
				Food and non-food contact surfaces cleanable, properly designed, constructed, and used			P/Pf/C					
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			Pf/C					
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
				Non-food contact surfaces clean			C					
<b>Physical Facilities</b>												
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
				Hot and cold water available; adequate pressure			Pf					
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
				Plumbing installed; proper backflow devices			P/Pf/C					
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
				Sewage and waste water properly disposed			P/Pf/C					
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
				Toilet facilities: properly constructed, supplied, & clean			Pf/C					
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
				Garbage and refuse properly disposed; facilities maintained			C					
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
				Physical facilities installed, maintained, and clean			P/Pf/C					
56	<input checked="" 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								

Violations documented	Date corrections due	#
Priority Item Violations		1
Priority Foundation Item Violations	2/14/26	2
Core Item Violations	3/16/26	7
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		<input checked="" type="checkbox"/>

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

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 2/4/26  
 Establishment Between Rands Town Manchester Reinspection 2/20/26  
3/6/26

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC - Iox	36 F	v/c cooler turkey	39 F	handsink	106 F
cheese	39 F	swiss	41 F	quat bucket	150 ppm
Sausage	40 F			3-bay hot	116 F
cold prep unit				customer bathroom	85 F
tomato	38				
Sausage	36				
cream cheese	41				

### 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
	wendy - CFPM on site
✓ 16PF	ice machine interior unclean
✓ 37C	unlabeled spray bottle on shelf by ice machine
✓ 44C	wet nesting of containers above 3-bay
✓ 44C	walls by bread proofer unclean
SSC	organization needed throughout, remove unused equipment
* note	new meat slicer - send spec sheet
✓ 49C	interior of cabinets unclean, deep clean required
✓ 16PF	bread slicer unclean
✓ 56C	designate employee storage, including water bottles etc.
✓ 49C	exterior of toppings containers unclean
note	discussed employee breaks/eating location
note	discussed glove use + handwashing. wash hands in between tasks, and when changing gloves
✓ 10PF	need papertowels for dispenser
	Recommended schedule for deep cleaning. Manager verification
	Discussed sanitizer buckets and when to change solution
	↳ max every 4 hours or as needed.
	↪ email proof of items not corrected by deadline. see circled
	Core violations to be corrected w/ in 30 days. Reinspection to follow. email required by 3/10/26
	Priority Foundation (PF) violations to be corrected in 10 days.

Person in Charge (Signature) Queen Thomas Date 2/4/26  
 Inspector (Signature) Katelynn Doolady Date 2/4/26

**email sent 3/10/26**

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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 2/17/26

Establishment Cafe Aura Time In 9:00 AM/PM Time Out 5:30 AM/PM

Address 45 East Center St. LHD Manchester

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

Permit Holder Geno Aurierma Reinspection 3/3 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	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"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>								<b>Time/Temperature Control for Safety</b>							
<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Population</b>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<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 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"/>	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>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<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 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"/>
<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"/>				
<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"/>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**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 checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Temperature Control</b>							<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 checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input checked="" 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"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>				
<b>Food Identification</b>							<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"/>	Food properly labeled; original container	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"/>
<b>Prevention of Food Contamination</b>							<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"/>	Insects, rodents, and animals not present	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"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f	C	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge (Signature) \_\_\_\_\_ Date 2/17/26

Person in Charge (Printed) Savanna Meltzer

Inspector (Signature) Katelyn Doolady Date 2/17/26

Inspector (Printed) Katelyn Doolady

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations	<u>2/27/26</u>	<u>2</u>
Core Item Violations	<u>5/17/26</u>	<u>8</u>
Risk Factor/Public Health Intervention Violations		<u>3</u>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>7</u>
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/17/26

Establishment Cafe Aura

Town Manchester

PF reinspection 3/3/26

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC - black cod	41 F	soup	142 F	handsink	96 F
meatball	41 F	marinara	138 F	dishmachine	7160 F
gnocchi	41 F	salad cold prep - tom	40 F	sanitizer bucket (quat)	200ppm
cooling broth	130 F	Pizza cold prep - mozz	40 F	bar dishmachine	100ppm
cooling - potatoes	40 F	2-door dessert reach in	40 F	customer bathroom	85 F
calamari	39 F	downstairs coolingline			
shrimp	40 F	butter	41 F		
hot hold broth	160 F	produce WIC - ambient	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
	Nicola - CFPM on site <span style="color: red;">- discussed plan w/ Todd</span>
47c	rusted shelving in WIC upstairs, main kitchen
note:	discussed cooling requirements - 135-70 in 2hrs 70-41 in 4 hrs.
SSC	cracked / damaged tiles throughout, especially WIC ↳ back cooler w/ beer
note	new broiler on site - need spec sheet. send email <span style="color: red;">received. ✓</span>
✓	good labeling + date marking
SSC	holes in FRP by ice machine
✓ 10PF	handsink by warewash not operational, repair immediately
44c	dish racks stored on floor (COS)
note	evaluate FRP - remove paint or replace
15c	food/pasta uncovered in 2-door reach in
note	Discussed covering food promptly after cooling.
SSC	floor under equipment generally unclean
SSC	3-bay / back room - fill holes, repair cove, trim out mop sink
✓ 16PF	upstairs bar - soda gun nozzles + holders unclean
note	discussed downstairs bar ice machine cleaning schedule
49c	basement produce / dessert WIC, fan cover + shelving unclean
	<b>Discussed report in total w/ Todd.</b>
*	Detailed deep cleaning required. Create schedule
	Ice wands / ice bath needed for cooling deeper pans.
	↳ cooling logs recommended.
	to be purchased




Person in Charge (Signature)

Date 2/17/26

Inspector (Signature) Katelynn Doolody

Date 2/17/26

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>3/16/26</b>	Time In <b>1:30 AM/PM</b> Time Out <b>3:30 AM/PM</b>																			
Establishment <b>Casa Mezcal</b>	 <p>Connecticut Department of Public Health</p>	LHD <b>Manchester</b>																			
Address <b>867 Main St.</b>		Purpose of Inspection: <b>Routine</b> Pre-op																			
Town/City <b>Manchester</b>		Reinspection <b>5/27</b> Other <b>30-Day</b>																			
Permit Holder <b>Eliezer Torres</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	Supervision			V	COS	R	Protection from Contamination											
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee Health		<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"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good Hygienic Practices		<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" 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"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	<input checked="" 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"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preventing Contamination by Hands		<input type="checkbox"/>	<input type="checkbox"/>	24	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Source		<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	29	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" 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"/>	<b>GOOD RETAIL PRACTICES</b>							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" 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"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	V	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOOD RETAIL PRACTICES		<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"/>	20	<input checked="" 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"/>	32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe Food and Water		<input type="checkbox"/>	<input type="checkbox"/>	33	<input checked="" 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"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<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"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" 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"/>	35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	24	<input checked="" 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"/>	36	<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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Temperature Control		<input type="checkbox"/>	<input type="checkbox"/>	37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" 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"/>	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"/>	28	<input checked="" 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"/>	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"/>	29	<input checked="" 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"/>	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"/>	30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	31	<input checked="" 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"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Identification		<input type="checkbox"/>	<input type="checkbox"/>	44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33	<input checked="" 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"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prevention of Food Contamination		<input type="checkbox"/>	<input type="checkbox"/>	46	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35	<input checked="" 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"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36	<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"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38	<input checked="" 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"/>	50	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39	<input checked="" 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"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violations documented			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40	<input checked="" 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"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date corrections due			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person in Charge (Signature) <i>[Signature]</i> Date <b>March 16, 2026</b>		<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Priority Item Violations		<b>3/19/26</b>	<b>2</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person in Charge (Printed) <b>Univier Baw Torres</b>		<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Priority Foundation Item Violations		<b>3/26/26</b>	<b>7</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspector (Signature) <i>[Signature]</i> Date <b>3/16/26</b>		<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Core Item Violations		<b>4/16/26</b>	<b>11</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspector (Printed) <b>Katelyn Doolady</b>		<input type="checkbox"/>	<input type="checkbox"/>	56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Risk Factor/Public Health Intervention Violations			<b>7</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.		<input type="checkbox"/>	<input type="checkbox"/>	57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repeat Risk Factor/Public Health Intervention Violations			<b>7</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	58	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good Retail Practices Violations			<b>13</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	59	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Requires Reinspection - check box if you intend to reinspect			<input checked="" type="checkbox"/>

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/16/26

Establishment Casa Mezcal

Town Manchester

rei - 3/27

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
handsink	141F	bain marie		- pico de gallo	48F
hot hold beans	160F	pico	44F	birra	51F
yellow rice	163	coleslaw	42F		
v/c cooler shrimp	46	cold prep - continental			
beef	48	cream cheese	36F		
fish	46	reach in fridge			
pork	49	empanada	52		
chicken	50	cheese	49		

### 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
	Miriam - CFPM
✓ 10PF	handsink not accessible by reach in refrigeration ↳ blocked by trash
✓ 16PF	no paper towels at handsinks, multiple
✓ 49C	floor drain by cookline handsink unclean
✓ 44C	improper storage of knives
✓ note	discussed damaged utensils, if damaged replace
✓ 49C	floors unclean
✓ 35PF	ROP fish, completely thawed still in package <span style="color: red;">discussed</span>
47C	v/c cooler on cookline at 50°F ambient <span style="color: red;">- got serviced</span>
22P	chicken @ 50°F, pork @ 49°F, fish @ 46°F, beef @ 48°F ↳ voluntarily discarded.
✓ 37C	unlabeled squeeze bottles and spray bottle
✓ 49C	cookline equipment generally unclean
✓ 45C	tongs stored on own handles
✓ 10PF	sanitizer bucket @ 0ppm - <span style="color: red;">200ppm</span> <span style="color: red;">removed + replaced</span>
✓ 47C	bain marie temp was turned up today per PIC due to freezing. Now temps too high. monitor temps.
✓ 38C	personal cell phone on prep table (x2)
✓ 16PF	prep sink unclean
✓ 15C	food uncovered in 3-door reach in freezer
✓ note	milk crates not approved for shelving. <span style="color: red;">not for TCS foods.</span>
✓ 22P	reach in unit top foods ranging from 48-52°F

Person in Charge (Signature)   
Inspector (Signature) Kathryn Doolady

Date March 16, 2026  
Date 3/16/26

# Food Establishment Inspection Report

LHD manchester Inspection Report Continuation Sheet Date 3/16/26  
 Establishment Casa Mezcal Town Manchester rei-3/27

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
flann	55	salsa roja	51		
cream cheese	44	bar handsink	86F		
queso	49				
butter	49				
american cheese (3)	48/49				
pepper jack	52				
corn	60				
tinga chx	48F				

### 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
	- voluntarily discarded - see page 2
33PF	Birria not approved for cooling, voluntarily discarded
✓ 51C	mop sink faucet damaged
✓ 16PF	sanitizer at 3-bay 0ppm
note	PIC to send spec sheets for any new equipment
	Discussed need for increased cleaning.
	Temperature logs required.
	No cooling allowed, except for approved items
	↳ pozole approved w/ ice wand like bath
	↳ no meats or other items to be cooled.
✓	Retraining of staff required.
	P - 3 days, PF - 10 days, C - 30 days
	↳ violation correction timeline. Reinspection to follow.
*	send cooling SOPs by Monday 3/30/26.
	latex gloves on prep table - not allowed per CGS.
	reach in - no TCS food storage.


Person in Charge (Signature)

Date 3/16/26

Inspector (Signature) Katelynn Doolady

Date 3/16/26

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>3/23/26</b>	
Establishment <b>Hibachi Buffet</b>	Time In <b>11</b> AM/PM Time Out <b>12:45</b> AM/PM	
Address <b>Slater St.</b>	LHD <b>Manchester</b> <span style="color:red">reinspection</span>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op <b>3/26/26</b>	
Permit Holder <b>CFPM: Ivan</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	R
<b>Supervision</b>											
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input checked="" 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"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4											
<b>Employee Health</b>											
3	<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"/>
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"/>	<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"/>		Pf	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/C	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth											
<b>Preventing Contamination by Hands</b>											
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf	<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"/>		P/Pf/C	<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"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible											
<b>Approved Source</b>											
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source											
12	<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"/>
Food received at proper temperature											
13	<input checked="" type="checkbox"/>	<input checked="" 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"/>
Food in good condition, safe, and unadulterated											
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction - Follow up											
<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used											
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate											
<b>Food Identification</b>											
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container											
<b>Prevention of Food Contamination</b>											
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>		P/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											
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"/>	<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"/>	<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"/>	<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>Ivan Chen</i> Date <b>03.23.26</b>						Person in Charge (Printed) <b>Ivan Chen</b>					
Inspector (Signature) <i>Lauren Brandy</i> Date <b>3/23/26</b>						Inspector (Printed) <b>Lauren Brandy</b>					

Violations documented	Date corrections due	#
Priority Item Violations	<b>3/26/26</b>	<b>3</b>
Priority Foundation Item Violations	<b>4/3/26</b>	<b>2</b>
Core Item Violations	<b>6/23/26</b>	<b>20</b>
Risk Factor/Public Health Intervention Violations		<b>4</b>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<b>21</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: 3/26/26

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 3/23/26  
 Establishment Hibachi Buffet Town Manchester 3/26/26

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
5VHAT- Mussels	41F	Mussels	39F	hand sink - h.w.	100F/120F
orange slice	41F	Mac + cheese	39F	Bleach bucket	50 ppm
hibachi chicken	139F	cooked Ham	39F	Bleach 3 bay	50-100 ppm
noodles	140F	wic		wif	off top
Fried rice	149F	4 raw chicken	39F/40F		
cooked cod	151F	4 cod fish	39F	reach in	
orange chicken	169F	wic - clam	39F/40F	raw chicken	39F
crab ragoon	164F	zucchini	40F	egg rolls	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	Temp
	CFPM: ivan / ivan	
54c	trash observed around property	
56c	mops "drying" outside by dumpster	
note	time as public health control for sushi.	
39c	whole snapper/corn stored in frozen ice cream container (cas)	
39c	employee food stored in cone container (cas) - no TCS Food	
47c	Husky tool used at front hibachi grill area	
23pF	no date marking/labeling in front chest freezer	
36pF	thin probe thermometer required for front hibachi area	
55c	Floor drains unclean throughout	
54c	oil rendering container unclean outdoors - move container	
37c	squeeze bottles unlabeled throughout	
55c	Floors throughout unclean / greasy	
19a-36F	Latex gloves observed on dry storage shelf	
47c	Ninja mixer not commercial NSF/equivalent	
47p	damaged knives on shelves - to be removed	
56c	Light shield needed in produce wic - ordered today	
47c	reach in cooler gasket damaged - reach out / order	
15p	Raw shrimp/seafood stored above cut potatoes in produce wic	
47c	Fan covers unclean in produce wic	
15p	crab ragoons below raw meat in wif - hierarchy in wic/wif	
55c	washable ceiling tiles to be placed in dry storage room and in hallway	

Temps: seawood salad 41F  
 beans sprouts 39F  
 cut pineapple 39F

Person in Charge (Signature) [Signature] Date 03.23.26  
 Inspector (Signature) [Signature] Date 3/23/26

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/23/26

Establishment Hibachi Buffet

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
reach in - rice	41F				
reach in - raw chicken	39F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
✓ 49c	Shelving throughout unclean (dry storage / rice room)
✓ 47c	cutting boards heavily gauged - must be replaced with commercial NSF/equivalent
✓ 47c	Large pans used to cook rice - unable to fit - must be removed spices on cookline unclean
✓ 13p	person in charge put same spoon in beef + shrimp - pic voluntarily discarded shrimp + beef - <u>COS</u>
✓ 47c	Tin foil to be removed on shelf
note	discussed employee storage outside area by p.o.s. for extra storage
✓ 53c	restroom women (left sink) at 49/50F - must reach 85F - 115F minimum <u>96F</u>
✓ 53c	no <u>covered</u> trash in womens bathroom
✓ note	Health Dept to follow up with Mussey/udam ✓
<u>note</u>	water/sewer - no grease signs in all sinks - <u>signs ordered</u> - discussed soy sauce containers used to empty grease - do not w/r/s - only use for oil/grease in containers and label them. Discussed wiping with towels/paper towels to keep clean. - Buffet06047@gmail.com

Person in Charge (Signature) [Signature]

Inspector (Signature) [Signature]

Date 03.23.26  
Date 3/23/26

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>3/4/26</b>	
Establishment <b>Maggie McFlins</b>	Time In <b>10:45</b> AM/PM	Time Out _____ AM/PM
Address <b>194 Buckland Hills Dr. #1023</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder _____	Reinspection <b>Other</b> <b>reinspection 3/16/26</b>	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	<input type="checkbox"/>	<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 reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper 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 cooling time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	<input type="checkbox"/>	<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"/>	Time as a public health control: procedures and records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Consumer Advisory			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	P/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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<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"/>	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" 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"/>
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 checked="" type="checkbox"/>	In-use utensils: properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Food Temperature Control															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	Utensils and Equipment							
<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"/>	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 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Food Identification															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Prevention of Food Contamination															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	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	<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"/>	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Person in Charge (Signature) _____ Date <b>3-4-26</b>	Violations documented		Date corrections due		#										
Person in Charge (Printed) <b>Alice Vignone</b>	Priority Item Violations		C.O.S.		1										
Inspector (Signature) _____ Date <b>3/4/26</b>	Priority Foundation Item Violations		3/14/26		1										
Inspector (Printed) <b>Lauren Grandy</b>	Core Item Violations		6/14/26		17										
	Risk Factor/Public Health Intervention Violations				6										
	Repeat Risk Factor/Public Health Intervention Violations														
	Good Retail Practices Violations				16										
	Requires Reinspection - check box if you intend to reinspect				<input checked="" type="checkbox"/>										

reinspection: 3/16/26

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/4/26

Establishment Maggie McFlys

Town Manchester

reinspection 3/16/26

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Bay Marie - pico / raw chicken	38F / 34F	Hot hold - French onion Marinara <sup>soup</sup>	180F / 118F	handsink hot water	110F
undercounter shrimp	36F / 36F	Bay Marie - chicken cut tomato wing	38F	3 bay h.w.	125F
raw chicken	36F			AVAT sanitizer 200-ppm	
shelving - noodles	41F			handsink	111F
raw chicken	41F	WIF	6F		
Tortellini	40F	salad - cucumber	40F	Mango	38F
2 door undercounter freezer	-5F	pizza prep - sausage	38F	cut tomato	39F

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

- CFPM: kiara on site
- ✓ 10pF no soap/paper towels at handwash sink
- ✓ 49c walls by soda system unclear
- ✓ 49c shelves in warewash area unclear
- ✓ 49c mats in ware wash area unclear - replaced mats weekly - Falvey's
- ✓ 10c no dumping food in handwash sink by 3 bay
- ✓ 55c Cove base damaged (corner of ware wash/dry storage) - continue to fix
- ✓ 27p ~~on~~ cold prep unit not functioning correctly on top of bay Marie. tomatoes, turkey, pepperoni at 50F - voluntarily discarded  
 → person in charge to not use unit until HVAC comes out to fix it or new unit gets purchased \*purchased new\* 3/16/26
- note 1 door undercounter freezer not in use
- note hood to be cleaned March 2026
- ✓ 47c pozzles removed from stove
- ✓ 47c handle damaged at stove - repaired with saran wrap to be fixed
- ✓ 49c exterior of cookline equipment unclear
- ✓ 47c shelving damaged below flat top (cold prep) - removed/replaced w/ prep table
- ✓ 37c squeeze bottles unlabeled on cookline
- ✓ 55c Flooring on cookline damaged/cracked - grout completed
- ✓ 16pF interior of batter unit unclear
- ✓ 10pF handsink on far end of cookline unclear
- ✓ 49c shelving on far end of cookline unclear



Person in Charge (Signature) Picasso (Rec'd)  
 Inspector (Signature) Mandy

Date 3-4-26  
 Date 3/4/26

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 3/4/26  
 Establishment Maggie McHys Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIE	36F	cooked potato	210F	hot water - bar h.s.	91F
Burger cooked	38F	yellow rice	182F	hot water - baked ins.	97F
pico de gallo	38F			restroom h.w.	90F
Bakery area		WIC			
Tiramisu	39F	corned beef	37F	quat bucket	200-400 ppm
		quac	38F		
		cooling - white cheddar w/ ice wand @	77F		cooked an hour ago

### 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
✓ 49C	caulking behind prep sink unclean
✓ 10PF	no paper towels at hand sinks (cas)
✓ 47C	shelving handle under tap broken
✓ 37C	unlabeled drinks in containers at bar (sangria?)
✓ 49C	interior of syrup cold prep at bar not clean
✓ 49C	gaskets of bakery case not clean
	Food thermometer ✓
	Test strips ✓
	no issues w/ pest control
	no ill employees
	pipe leaking by 3 bay sink to be fixed

Person in Charge (Signature) Ricardo Recinos Date 3-4-26  
 Inspector (Signature) L. Somay Date 3/4/26

# Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

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>3/3/26</u> <u>3/16/26</u> <u>reinspection</u>
Establishment <u>Manchester one stop</u>		Time In <u>9:30</u> AM/PM Time Out <u>10</u> AM/PM
Address <u>116 center st</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder		Reinspection Other



Keeping Connecticut Healthy  
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					
IN	OUT	N/A	N/O	V	COS	R	V	COS	R
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				15 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food separated and protected P/C <input type="checkbox"/>					
2 Certified Food Protection Manager for Classes 2, 3, & 4				16 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food-contact surfaces: cleaned & sanitized P/Pf/C <input type="checkbox"/>					
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting				17 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper disposition of returned, previously served, reconditioned, and unsafe food P <input type="checkbox"/>					
4 Proper use of restriction and exclusion				18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cooking time and temperatures P/Pf/C <input type="checkbox"/>					
5 Written procedures for responding to vomiting and diarrheal events				19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper reheating procedures for hot holding P <input type="checkbox"/>					
6 Proper eating, tasting, drinking, or tobacco products use				20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cooling time and temperatures P <input type="checkbox"/>					
7 No discharge from eyes, nose, and mouth				21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper hot holding temperatures P <input type="checkbox"/>					
8 Hands clean and properly washed				22 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cold holding temperatures P <input type="checkbox"/>					
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				23 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper date marking and disposition P/Pf <input type="checkbox"/>					
10 Adequate handwashing sinks, properly supplied/accessibile				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"/>					
11 Food obtained from approved source				25 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/>					
12 Food received at proper temperature				26 <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"/>					
13 Food in good condition, safe, and unadulterated				27 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food additives: approved and properly used P <input type="checkbox"/>					
14 Required records available: molluscan shellfish identification, parasite destruction				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"/>					
29 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

Safe Food and Water				Proper Use of Utensils					
OUT	N/A	N/O	V	COS	R	V	COS	R	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30 Pasteurized eggs used where required				43 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> In-use utensils: properly stored C <input type="checkbox"/>					
31 Water and ice from approved source				44 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="checkbox"/>					
32 Variance obtained for specialized processing methods				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"/>					
33 Proper cooling methods used; adequate equipment for temperature control				46 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gloves used properly C <input type="checkbox"/>					
34 Plant food properly cooked for hot holding				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 P/Pf/C <input type="checkbox"/>					
35 Approved thawing methods used				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"/>					
36 Thermometers provided and accurate				49 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-food contact surfaces clean C <input type="checkbox"/>					
37 Food properly labeled; original container				50 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hot and cold water available; adequate pressure Pf <input type="checkbox"/>					
38 Insects, rodents, and animals not present				51 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/>					
39 Contamination prevented during food preparation, storage & display				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"/>					
40 Personal cleanliness				53 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/>					
41 Wiping cloths: properly used and stored				54 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/>					
42 Washing fruits and vegetables				55 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/>					
56 Adequate ventilation and lighting; designated areas used				C <input type="checkbox"/>					
57 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) <u>Matthew Paly</u> Date <u>3/3/26</u>	Violations documented
Person in Charge (Printed) <u>Matthew Paly</u>	Date corrections due
Inspector (Signature) <u>Lauren Grandu</u> Date <u>3/3/26</u>	#
Inspector (Printed) <u>Lauren Grandu</u>	Priority Item Violations <u>1</u>
	Priority Foundation Item Violations <u>3/13/26</u>
	Core Item Violations <u>2</u>
	Risk Factor/Public Health Intervention Violations <u>1</u>
	Repeat Risk Factor/Public Health Intervention Violations
	Good Retail Practices Violations <u>6</u>
	Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>

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

reinspection: 3/16/26

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 3/3/26  
 Establishment Manchester One Stop Town Manchester

### TEMPERATURE OBSERVATIONS


Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
wic	38F/39F			hot water	117F/111F
dippin dot	0F/0F			3 bay quat	150-200 ppm
good humor	0F/0F				
Milk dispenser-Milk	41F/40F			hot water - h.s.	97F

### 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.
	person in charge: Matthew
✓ 10pf	hand sink not accessible in 3 bay room
✓ 44pf	coffee cambro on floor under 3 bay
✓ 47c	cardboard used on liner in floor of 3 bay
✓ 55c	declutter 3 bay room
✓ note	Test strips available
✓ note	no quat bucket made at time of visit
49c	wic gasket unclean
✓ 55c	declutter wic (boxes)
✓ note	prepackaged food, coffee, milk, cheese, prepackaged breakfast goods
✓ note	2 door cooler not in use at this time - still not in use <sup>wrapped apples</sup>
✓ note	For real milkshake machine not in use
✓ 49c	gasket of good humor ice cream unclean
36c	thermometer needed in sandwich refrigeration unit
	new manager: Moe - 203-843-3079 → dumpsters
	will call regarding thermometer for cold case. clean outer area by dumpsters. will follow-up next Monday 3/23/26.
	re inspection 3/16/26

Person in Charge (Signature) Matthew P. [Signature] Date 3/3/26  
 Inspector (Signature) A. [Signature] Date 3/3/26

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>3/3/26</u>								
Establishment <u>Mulberry St pizza</u>				Time In <u>3</u> AM/PM Time Out <u>4:30</u> AM/PM							
Address <u>981 Main St</u>				LHD <u>Manchester</u>							
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op							
Permit Holder <u>Bob/Danita Sulik</u>				Reinspection Other <u>Reinspection 3/12/26</u>							
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>											
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>											
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed											
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation											
<b>Supervision</b>			<b>Protection from Contamination</b>								
IN	OUT	N/A/N/O	V	COS	R	IN	OUT	N/A/N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Pf	<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				P/C	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		C	<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				P/Pf/C	<input type="checkbox"/>
<b>Employee Health</b>			<b>Time/Temperature Control for Safety</b>								
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting						Proper cooking time and temperatures				P/Pf/C	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Proper use of restriction and exclusion						Proper reheating procedures for hot holding				P	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events						Proper cooling time and temperatures				P	<input type="checkbox"/>
<b>Good Hygienic Practices</b>			<b>Food/Color Additives and Toxic Substances</b>								
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/C	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use						Proper hot holding temperatures				P	<input type="checkbox"/>
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>		C	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
No discharge from eyes, nose, and mouth						Proper cold holding temperatures				P	<input checked="" type="checkbox"/>
<b>Preventing Contamination by Hands</b>			<b>Consumer Advisory</b>								
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Hands clean and properly washed						Proper date marking and disposition				P/Pf	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	24	<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						Time as a public health control: procedures and records				P/Pf/C	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<b>Highly Susceptible Population</b>			<b>Food/Color Additives and Toxic Substances</b>		
Adequate handwashing sinks, properly supplied/accessible						25	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<b>Approved Source</b>			<b>Compliance with Approved Procedures</b>								
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Food obtained from approved source						Pasteurized foods used; prohibited foods not offered				P/C	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>			<b>Compliance with Approved Procedures</b>		
Food received at proper temperature						27	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	Food additives: approved and properly used				P	<input type="checkbox"/>
Food in good condition, safe, and unadulterated						28	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	Toxic substances properly identified, stored & used				P/Pf/C	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction						<b>Compliance with Approved Procedures</b>			<b>Compliance with Approved Procedures</b>		
						29	<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"/>
<b>GOOD RETAIL PRACTICES</b>											
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>											
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation											
<b>Safe Food and Water</b>			<b>Proper Use of Utensils</b>								
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R		
30	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	43	<input type="checkbox"/>		<input type="checkbox"/>		
Pasteurized eggs used where required						In-use utensils: properly stored				C	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	44	<input type="checkbox"/>		<input type="checkbox"/>		
Water and ice from approved source						Utensils/equipment/linens: properly stored, dried, & handled				Pf/C	<input type="checkbox"/>
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pf	<input type="checkbox"/>	45	<input type="checkbox"/>		<input type="checkbox"/>		
Variance obtained for specialized processing methods						Single-use/single-service articles: properly stored & used				P/C	<input type="checkbox"/>
<b>Food Temperature Control</b>			<b>Utensils and Equipment</b>								
33	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	46	<input type="checkbox"/>		<input type="checkbox"/>		
Proper cooling methods used; adequate equipment for temperature control						Gloves used properly				C	<input type="checkbox"/>
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pf	<input type="checkbox"/>	<b>Physical Facilities</b>			<b>Physical Facilities</b>		
Plant food properly cooked for hot holding						47	<input checked="" type="checkbox"/>		<input type="checkbox"/>		
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pf/C	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used				P/Pf/C	<input type="checkbox"/>
Approved thawing methods used						48	<input type="checkbox"/>		<input type="checkbox"/>		
36	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				Pf/C	<input type="checkbox"/>
Thermometers provided and accurate						49	<input checked="" type="checkbox"/>		<input type="checkbox"/>		
<b>Food Identification</b>			<b>Prevention of Food Contamination</b>			Non-food contact surfaces clean				C	<input type="checkbox"/>
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<b>Physical Facilities</b>			<b>Physical Facilities</b>		
Food properly labeled; original container						50	<input checked="" type="checkbox"/>		<input type="checkbox"/>		
<b>Prevention of Food Contamination</b>			<b>Physical Facilities</b>			Hot and cold water available; adequate pressure				Pf	<input type="checkbox"/>
38	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	51	<input type="checkbox"/>		<input type="checkbox"/>		
Insects, rodents, and animals not present						Plumbing installed; proper backflow devices				P/Pf/C	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	52	<input type="checkbox"/>		<input type="checkbox"/>		
Contamination prevented during food preparation, storage & display						Sewage and waste water properly disposed				P/Pf/C	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	53	<input type="checkbox"/>		<input type="checkbox"/>		
Personal cleanliness						Toilet facilities: properly constructed, supplied, & clean				Pf/C	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	54	<input type="checkbox"/>		<input type="checkbox"/>		
Wiping cloths: properly used and stored						Garbage and refuse properly disposed; facilities maintained				C	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Washing fruits and vegetables						Physical facilities installed, maintained, and clean				P/Pf/C	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.						56	<input checked="" type="checkbox"/>		<input type="checkbox"/>		
						Adequate ventilation and lighting; designated areas used				C	<input type="checkbox"/>
						Natural rubber latex gloves not used per CGS §19a-36f					<input type="checkbox"/>
Person in Charge (Signature) <u>D Sulik</u> Date <u>3/3/26</u>			Violations documented			Date corrections due			#		
Person in Charge (Printed) <u>Danita C Sulik</u>			Priority Item Violations			<u>3/6/26</u>			<u>5</u>		
Inspector (Signature) <u>L. Kinnear</u> Date <u>3/3/26</u>			Priority Foundation Item Violations			<u>3/13/26</u>			<u>3</u>		
Inspector (Printed) <u>Lauren Kinnear</u>			Core Item Violations			<u>6/3/26</u>			<u>9</u>		
			Risk Factor/Public Health Intervention Violations						<u>6</u>		
			Repeat Risk Factor/Public Health Intervention Violations						<u>10</u>		
			Good Retail Practices Violations						<u>10</u>		
			Requires Reinspection - check box if you intend to reinspect								
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.											

Reinspection: 3/12/26

# Food Establishment Inspection Report

LHD manchester

Inspection Report Continuation Sheet

Date 3/3/26

Establishment umberry St pizza Town Manchester

reinspection 3/18/26

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
pizza cold prep		salad - cut cucumber	40F	hot water h.s.	89F/95F
Meatball	41F	grilled chicken	40F	quat-3 bay	200-400ppm
Meat	40F	Chest Freezer	0F	dish Machine	50-100ppm
Marinara	58F/43F	wic	38F		
cold prep - pasta	41F	Ham /Mango	41F/30F	Chest Freezer -basement	0F
cut tomato	40F/40F	sauce (marinara)	40F		
salmon/	39F/40F	pasta cooked	40F/40F	hot water womens	89F
Hot-Meatballs	157F	teach in - salsa	38F		

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

- | Item Number | Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.                            |
|-------------|---|
|             | CFPM: molly /panita onsite  |
| ✓ 22p       | marinara sauce at room temp from 11AM - voluntarily discarded<br>↳ discussed time as public health control (4 hours) - must be date time stamped / or re-riigerated (cos) |
| ✓ 37c       | squeeze bottles not labeled by pizza prep   |
| ✓ 16pF      | interior pizza cold prep unclean  |
| ✓ 15p       | Nesting of containers across from oven  |
| ✓ 15p       | salmon/fish not covered/protected in cold prep  |
| ✓ note      | hood → september 2025 → to be cleaned March 26  |
| ✓ 15p       | salt/pepper/parm cheese not protected/covered on shelf  |
| ✓ 47c       | wood shelving @ next to salad cold prep chipping  |
| ✓ 47c       | Frame of door missing from prep room/cookline - <span style="color: red;">to be repaired</span>   |
| ✓ 49c       | exterior handles of cold prep not clean   |
| ✓ 55c       | Floor tile missing by 3 bays sink (under table)   |
| ✓ 49c       | wall behind dish machine unclean  |
| ✓ 28p       | chemicals next to baked goods on shelf w/ slicer  |
| ✓ 50pF      | no hot water at prep sink - plumber called ✓ <span style="color: red;">prep sink 122F</span>  |
| ✓ 49c       | shelving in wic unclean / Fan cover wic unclean   |
| ✓ 47c       | non commercial fridge under prep sink - <span style="color: red;">removed</span>  |
| ✓ 56c       | light not working in beer wic   |
| note        | thermometer/ test strips available - chlorine needed  |
| note        | discussed basement timeline   |
|             | reinspection: 3/12/26   |

Person in Charge (Signature)

Darius Gulish

Date

3/3/26


Inspector (Signature)

L. Honetty

Date

3/3/26

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>2/24/26</b>	
Establishment <b>Pastrami on Wry</b>	Time In <b>12:00 AM/PM</b> Time Out <b>1:30 AM/PM</b>	
Address <b>291 East Center St.</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <b>Miguel Proano</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

P	IN	OUT	N/A	N/O	Supervision	V	COS	R	Protection from Contamination				V	COS	R
									IN	OUT	N/A	N/O			
	<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 checked="" 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"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C			<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 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"/>	<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"/>	<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"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>															
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C			<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	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"/>
<b>Preventing Contamination by Hands</b>															
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf			<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>															
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C			<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 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 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"/>	<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	Safe Food and Water	V	COS	R	Proper Use of Utensils				V	COS	R		
							OUT	IN	N/A	N/O					
<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"/>	<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 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	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"/>
<b>Food Temperature Control</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf			<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	Approved thawing methods used	Pf/C			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	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>Food Identification</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Prevention of Food Contamination</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Permit Holder shall notify customers that a copy of the most recent inspection report is available.																			
Person in Charge (Signature) <i>[Signature]</i>				Date <b>2/24/26</b>				Violations documented				Date corrections due				#			
Person in Charge (Printed) <b>Miguel Proano</b>								Priority Item Violations				<b>2/27/26</b>				<b>3</b>			
Inspector (Signature) <i>[Signature]</i>				Date <b>2/24/26</b>				Priority Foundation Item Violations				<b>3/16/26</b>				<b>1</b>			
Inspector (Printed) <b>Katelyn Doolady</b>								Core Item Violations				<b>5/24/26</b>				<b>1</b>			
								Risk Factor/Public Health Intervention Violations								<b>5</b>			
								Repeat Risk Factor/Public Health Intervention Violations											
								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.

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/24/26

Establishment Pastrami on Wry Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
liquid egg	57 F	Salad cold prep		handsink	94 F
cookline pico	40 F	mal salad	41 E	Sani bucket quat	0 ppm
raw chicken	37 F	potato salad	40 F	bathroom sink	98 F
tomato	40 F	WIC		dishmachine	100 ppm
cooked onions	40 F	SWISS	40 F		
cheese	39 F	pico-de-gallo	38 F	quat bucket	200 ppm
		hot hold butter	148 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.
<del>7c</del>	<del>no CFPM on site - COS</del> - Luis was on site.
✓ 54c	buckets of liquid / trash on floor. PIC not sure where it's disposed. Separate trash from liquid - <b>discussed</b> .
✓ 22P	<del>egg whites @ 57</del> liquid egg at 57, held @ room temp ↳ discussed time vs temp. To be discarded today at 4pm. Written procedures required for approval.
✓ 16PF	interior and exterior of salamander unclean
✓ 49c	wall behind cookline unclean
✓ 16P	sanitizer bucket @ 0 ppm - remade to 200 ppm <b>COS</b>
✓ 8P	employees not properly washing hands in between tasks /
✓ 46c	improper glove use. <span style="color: red;">hood clean 2/23/26</span>
	note hood sticker indicates last cleaning was on 9/3/24 - verify
✓ 49c	gaskets, generally unclean - some damaged on cookline
✓ 49/47C	WIC shelves unclean / rusty
✓ 15P	single-use non food grade plastic bags used for food storage in WIF
✓ Note	Retraining staff on basic food safety knowledge needed. - Focus on hand washing, sanitizer, cold holding, trash. └ submit plan for gasket repair w/ proposed timeline
47C	gaskets severely damaged at bar, cold prep units ↳ monitor temperatures

Person in Charge (Signature)	Date <u>2-24-26</u>
Inspector (Signature) <u>Kathryn Doody</u>	Date <u>2/24/26</u>

Risk Category: <u>3</u>		<b>Food Establishment Inspection Report</b>			Page 1 of <u>1</u>										
Establishment type: <u>Permanent</u> Temporary Mobile Other _____				Date: <u>3/3/26</u>											
Establishment <u>Red Robin</u>				Time In <u>11</u> AM/PM Time Out <u>12</u> AM/PM											
Address <u>360 Buckland Hills Dr.</u>				LHD <u>Manchester</u>											
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op											
Permit Holder _____				Reinspection Other <u>reinspection 3/16/26</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															
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	<input type="checkbox"/>	<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 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"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Good Hygienic Practices											
<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Preventing Contamination by Hands											
<input 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 date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Time as a public health control: procedures and records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>				
				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 type="checkbox"/>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input 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															
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>															
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R				
<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				Food Temperature Control											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				Food Identification											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				Prevention of Food Contamination											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Person in Charge (Signature) <u>[Signature]</u> Date <u>3/3/26</u>				Person in Charge (Printed) <u>MICK DALTERIO</u>				Violations documented							
Inspector (Signature) <u>[Signature]</u> Date <u>3/3/26</u>				Inspector (Printed) <u>LAUREN BRADAN</u>				Date corrections due							
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.							#								

reinspection: 3/16/26

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/3/26

Establishment Red Robin

Town Manchester

reinspection 3/16/26

hot holding - onions - 140F						TEMPERATURE OBSERVATIONS					
Item/Location/Process		Temp	Item/Location/Process		Temp	Item/Location/Process		Temp			
cookline: raw burger		40F	door freezer		4F	handsink h.w.		103F/106F			
raw burger		41F/41F	internal burger		159F	handsink h.w.		93F			
cheese		39F/40F	wic-cod		40F/40F	prep sink h.w		110F			
am. cheese		38F	raw burger		39F/40F	dish machine		50-100 ppm 0 ppm			
onions		40F	raw chicken		32F	w/m		700-			
cut tomato		39F/40F	baked good cooler		37F	sink/surface sanitizer		1875 ppm			
coleslaw		38F	leach in freezer		0F	beer cooler		38F			
cut tomato		37F	hard boiled egg		38F	wif		0F/10F			

**OBSERVATIONS AND CORRECTIVE ACTIONS** 3 bay hot water 110F

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
49c	gaskets throughout unclean
16pF	broiler interior unclean
55c	seal behind grill top (damaged)
49c	exterior of fryers (sides) unclean
note	hood cleaned - Jan 2026 → Next is March 2026
49c	shelving with microwaves unclean
15p	raw chicken / flour at batter station not covered/protected <span style="color: red; border: 1px solid red; border-radius: 50%; padding: 2px;">C.O.S</span>
49c	lemons in far handwash sink (no dumping in handsink)
55c	grout is low in areas on cookline / prep area / dish area - <span style="color: red;">discussed plan</span>
56c	cracked light shield in wif - <span style="color: red;">ordered</span>
49c	wall/ceiling by soda station unclean
44c	dish racks stored on floor by dish machine
47c	duct tape around pipe by dish machine wash area
49c	exterior of dish machine unclean
49c	undercounter shelving at bar unclean
43c	scoop stored in ice at bar
16pF	interior of cold prep unit at bar unclean - <span style="color: red;">To be cleaned</span>
49c	gaskets at bar area unclean
note	thermometer / test strips available
note	overall clean + organized
48pF	dish machine at 0 ppm - pic to call ecolab this day
	reinspection - 3/16/26 <span style="color: red;">↳ at 50-100 ppm</span>

Person in Charge (Signature) [Signature]

Date 3/3/26

Inspector (Signature) [Signature]

Date 3/3/26



## Manchester Health Department

479 Main Street

Manchester, CT 06040

## \*Discussion

Establishment: shogun sushi	Date of Inspection: 3/18/26
<p>- need parasite destruction letter from suppliers bringing raw seafood to Takashi seafood (distributor) ↳ email Lgrandy@manchesterct.gov</p> <p>- discussed time as public health control process for sushi rice/revolving sushi:</p> <ul style="list-style-type: none"> <li>◦ Logs required for sushi rice - Must be kept on site at establishment when sushi rice is less than 135°F. Must be date/time/container marked + logged</li> <li>◦ sushi can be put on 6-8 different colored plates. For example (blue, red, green, black, white, etc)</li> <li>◦ on log plate color must be noted with what time sushi rice that went out of temp is being used. (i.e. sushi at room temp @ 10 AM; green plates put on conveyor at 11 AM → green plates to be pulled at 2 PM.</li> <li>◦ all plates/food to be discarded after 4 hours from initial time sushi rice is less than 135°F</li> </ul> <p>- once received letter for parasite destruction, reach out to Lauren Grandy, Lgrandy@manchesterct.gov</p>	
Initial (Inspector) L.G.	Initial (Person in Charge) W.W.

Risk Category: <b>2</b>		<b>Food Establishment Inspection Report</b>			Page 1 of <b>2</b>		
Establishment type: <b>Permanent</b> Temporary Mobile Other _____				Date: <b>2/19/26</b>			
Establishment <b>Sweetwater</b>				Time In <b>2:00</b> AM/PM Time Out <b>3:00</b> AM/PM			
Address <b>194 Buckland Hills Dr.</b>				LHD <b>Manchester</b>			
Town/City <b>Manchester</b>				Purpose of Inspection: <b>Routine</b> Pre-op			
Permit Holder <b>Mark Schand</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
<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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>
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/accessibility	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation							
OUT	N/A	N/O	Safe Food and Water	V	COS	R	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Food Temperature Control							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Food Identification							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Prevention of Food Contamination							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input 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 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"/>	
PERMIT HOLDER NOTIFICATION							
Permit Holder shall notify customers that a copy of the most recent inspection report is available.							
Person in Charge (Signature) <b>Karla S. Flores</b> Date <b>2/19/26</b>				Person in Charge (Printed) <b>Karla S. Flores</b>			
Inspector (Signature) <b>Kathryn Doolady</b> Date <b>2/19/26</b>				Inspector (Printed) <b>Kathryn Doolady</b>			
Violations documented		Date corrections due		#			
Priority Item Violations		<b>2/22/26</b>		<b>3</b>			
Priority Foundation Item Violations		<b>2/22/26</b>		<b>30</b>			
Core Item Violations		<b>3/19/26</b>		<b>68</b>			
Risk Factor/Public Health Intervention Violations				<b>6</b>			
Repeat Risk Factor/Public Health Intervention Violations				<b>0</b>			
Good Retail Practices Violations				<b>8</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.							

email response 3/11/26 - overdue

# Food Establishment Inspection Report

LHD ~~Manchester~~ Manchester

Inspection Report Continuation Sheet

Date 2/19/26

Establishment Sweet Water

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
almond milk	54 F	handsink	114 F		
diced chicken	41 F	quat @ 3-bay	200ppm		
salad bar					
tomatoes	41 F				
cooked peppers	41 F				
salmon	41 F				
chicken	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.
✓ 47C	non-nsf containers observed throughout. change out all containers w/ in 30 days. (Repeat) <span style="color: red;">plumber fixed</span>
✓ 51P	handsink in back by reach-ins leaking (repeat) ↳ call plumber for repair immediately
note	discussed refrigeration/ice for juices during busy times.
signed 2C	no CFPM on site - sign up more employees by end of next week
✓ 47C	Knife damaged on magnetic wall holder <span style="color: red;">(2/27/26)</span>
✓ 15C	Food uncovered in reach in freezer (repeat) <span style="color: red;">overdue</span> raw diced pork in reach in cooler, PIC states personal
✓ 39PF	co-mingling of employee food and restaurant food
✓ 10PF	no paper towels @ front counter handsink
22P	almond milk at 54 F, voluntarily discarded.
✓ 49C	interior of cabinet under handsink unclean
✓ 16PF	ice machine interior unclean
43C	improper storage of ice scoop in ice machine
47C	instapot not NSF or equivalent, must be removed
37C	unlabeled squeeze bottles throughout
✓ 8P	no handwashing observed in between tasks <span style="color: red;">overdue</span>
note	source of food needs to be verified - send email by 2/25
*	no cooling allowed. Discussed pre-cooked foods only.
*	send me course registration info for CFPM.

Person in Charge (Signature) Karla S. Flus

Date

Inspector (Signature) Kathryn Doatody

Date 2/19/26

3/6/26 - not open when checking in person. 11-10 am