

STATE OF CONNECTICUT • FOCUSED FOOD SERVICE INSPECTION REPORT • DEPARTMENT OF PUBLIC HEALTH

Establishment: Central High School Inspection Date: 05/09/19 Time: 9:30 AM RO Insp RE Insp
 Address/City: 1 Lincoln Blvd Health Dept: Bpt 10-504M Class: 1 2 3 4

Based on an inspection this day, the items marked DNC identify the violations in operation or facilities which must be corrected by the date specified on page 2.

RISK FACTOR ITEMS: Listing is not inclusive of all possible debitable items		C	N/O	N/A	DNC
60	Qualified Food Operator	<input checked="" type="checkbox"/>			3
61	Designated Alternate		<input checked="" type="checkbox"/>		2
62	Written documentation of training program	<input checked="" type="checkbox"/>			2
1	Approved source, wholesome, nonadulterated	C	N/O	N/A	4
A	Approved shellfish, finfish, meat & poultry USDA approved	<input checked="" type="checkbox"/>			
B	Food cans in good condition (not dented, rusty, bloated, leaking)	<input checked="" type="checkbox"/>			
C	Wholesome/nonadulterated foods/safe	<input checked="" type="checkbox"/>			
D	Commercial products (no home grown/canned food)	<input checked="" type="checkbox"/>			
E	Potentially hazardous foods received at proper temperature		<input checked="" type="checkbox"/>		
O					
3	Potentially hazardous food meets temperature requirements during storage, preparation, display, service and transportation	C	N/O	N/A	4
A	Hot holding greater than or equal to 140°F. (whole beef/pork roasts 130°F)	<input checked="" type="checkbox"/>			
B	Cold holding less than or equal to 45°F.	<input checked="" type="checkbox"/>			
C	Proper cooling		<input checked="" type="checkbox"/>		
D	Proper re-heating	<input checked="" type="checkbox"/>			
E	Proper internal cooking / consumer advisory posted	<input checked="" type="checkbox"/>			
O					
4	Adequate facilities to maintain product temperature, thermometers provided	C	N/O	N/A	2
A	Food thermometer available and accurate				<input checked="" type="checkbox"/>
B	Proper food thermometer for product	<input checked="" type="checkbox"/>			
C	Thermometers appropriately placed in cooler units				<input checked="" type="checkbox"/>
O					
7	Food protected during storage, preparation, display, service and transportation	C	N/O	N/A	2
A	Produce washed		<input checked="" type="checkbox"/>		
B	Raw meats not stored/prepared near ready-to-eat foods	<input checked="" type="checkbox"/>			
C	Food covered properly	<input checked="" type="checkbox"/>			
D	Adequate splash guards / sneeze guard	<input checked="" type="checkbox"/>			
E	No unauthorized personnel	<input checked="" type="checkbox"/>			
F	No pooling of eggs not cooked immediately	<input checked="" type="checkbox"/>			
8	Food containers stored off the floor	<input checked="" type="checkbox"/>			
O					
9	Handling of food minimized	C	N/O	N/A	2
A	No unnecessary handling RTE and/or cooked foods with bare hands	<input checked="" type="checkbox"/>			
B	Minimize food handling, other than ready-to-eat, with bare hands	<input checked="" type="checkbox"/>			
C	Adequate utensil(s) for dispensing food/ice	<input checked="" type="checkbox"/>			
O					

KEY: C (complies) N/O (not observed) N/A (not applicable)		DNC (does not comply)	O (other)	RTE (ready-to-eat)	
12	Personnel with infection restricted	C	N/O	N/A	4
A	Food workers have no exposed infected lesions / burns	<input checked="" type="checkbox"/>			
B	Personnel with infection restricted			<input checked="" type="checkbox"/>	
C	Communicable disease of worker reported to local health director			<input checked="" type="checkbox"/>	
13	Handwashing facilities provided, hands washed, clean	C	N/O	N/A	4
A	Handwash facilities in all food prep/dispensing & warewash areas	<input checked="" type="checkbox"/>			
B	Handwash facilities in or immediately adjacent to toilet rooms	<input checked="" type="checkbox"/>			
C	Handwash facilities accessible/convenient to use	<input checked="" type="checkbox"/>			
D	Personnel hands washed, clean / Proper handwash procedure	<input checked="" type="checkbox"/>			
E	Handwashing at appropriate times	<input checked="" type="checkbox"/>			
O					
15	Good hygienic practices	C	N/O	N/A	2
A	<input type="checkbox"/> No eating <input type="checkbox"/> No smoking while working	<input checked="" type="checkbox"/>			
B	Wounds covered adequately			<input checked="" type="checkbox"/>	
C	Proper sink used for handwashing	<input checked="" type="checkbox"/>			
O					
24	Sanitization rinse (hot water - chemical)	C	N/O	N/A	2
A	Approved sanitizer available/adequate concentration of sanitizer	<input checked="" type="checkbox"/>			
B	Food-contact surfaces and utensils used for potentially hazardous food sanitized at least every 4 hours			<input checked="" type="checkbox"/>	
C	Adequate <input type="checkbox"/> dishwasher sanitizer <input checked="" type="checkbox"/> final rinse temp	<input checked="" type="checkbox"/>			
D	Proper sanitizing procedure	<input checked="" type="checkbox"/>			
E	Sanitizing between raw animal origin & ready-to-eat food			<input checked="" type="checkbox"/>	
O					
25	Clean wiping cloths	C	N/O	N/A	1
A	Cloths and/or sponges in good repair and clean	<input checked="" type="checkbox"/>			
B	Wiping cloths kept in sanitizer between uses	<input checked="" type="checkbox"/>			
O					
26	Food-contact surfaces clean	C	N/O	N/A	2
A	Food equipment clean, utensils clean, equipment interiors clean	<input checked="" type="checkbox"/>			
B	Single use gloves changed when soiled	<input checked="" type="checkbox"/>			
C	Food-contact surfaces clean	<input checked="" type="checkbox"/>			
O					
30	Hot and cold water under pressure, provided as required	C	N/O	N/A	2
38	Handwashing accessories provided	C	N/O	N/A	1
A	Soap / paper towels / drying device available	<input checked="" type="checkbox"/>			
B	Dispenser(s) working: <input type="checkbox"/> Soap <input type="checkbox"/> Paper towel	<input checked="" type="checkbox"/>			
C	Handwash sink(s) clean / waste receptacle at handwash sink	<input checked="" type="checkbox"/>			
O					

• DESCRIBE DEFICIENCIES ON CONTINUATION SHEETS

The following information is not debitable and does not affect your score.

KEY: QFO [qualified food operator], DA [designated alternate], PHF [potentially hazardous food], FB [foodborne]

PHFs are hot held at: _____°F. PHFs are cold held at: _____°F.
 Are internal cooking temperatures taken? Y N ♦To what temperature do you cook:
 Poultry _____ Ground Beef _____ Pork _____
 Roasts _____ Other _____
 Describe re-heating procedures: _____
 Are temperatures recorded/logged for cold holding foods/equipment? Y N

Are foods cooked in advance and cooled? Y N ♦Are leftovers saved? Y N
 List products cooled: _____

Describe cooling methods: _____

Is cooling monitored for time & temp? Y N Is the monitoring of cooling recorded? Y N

Is there a produce washing policy? Y N ♦Describe what is washed and where: _____

Describe illness conditions when you would exclude a food worker from working:

What diseases related to FB illness are you required to report to the local health department?

Is there a written illness policy that requires the food worker to report specific illness conditions and diseases to the QFO? Y N ♦Do you have a paid sick leave policy? Y N

Is there a language barrier between inspector & QFO? Y N If yes indicate language spoken by QFO/DA: _____ ♦Can the QFO/DA read the inspection report? Y N

Indicate who answered the above questions: Name (print): _____

Indicate the title of above person (circle all that apply): QFO DA Mgr Cook Owner FW
 ♦Obtain signature of the person who received the QFO responsibilities information at the time of the inspection: _____

Note: This report is a two page form (total of 62 debitable items)

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STATE OF CONNECTICUT - DEPARTMENT OF PUBLIC HEALTH - 410 CAPITOL AVENUE - MS#51FDP - HARTFORD, CT 06134

FOCUSED FOOD SERVICE INSPECTION REPORT

LOCAL HEALTH DEPT: Bpt ADDRESS/CITY: 999 Broad St, Bpt, CT 06104

Establishment: Central High School Date of Inspection: 05/09/19

Address: Lincoln Blvd Owner or Operator: X Jesika Rivera

ADDITIONAL FOUR POINT ITEMS		DNC
6	Foods not re-served. -Unwrapped foods not re-served -Potentially hazardous foods not re-served	4
11	Toxic chemicals. -Stored properly, labeled properly, used properly -Sanitizer concentration not to exceed maximum permitted -No unnecessary toxics on the premises -Pesticides/rodenticides properly dispensed	4
29	Water source adequate, safe. -Well / well head protected from contamination -Water quality in compliance -Monitoring in compliance	4

OTHER ITEMS		DNC
2	Sources of food: Original container, properly labeled	1
5	Potentially hazardous food properly thawed	2
10	Food dispensing utensils properly stored	1
14	Food worker: Clean outer clothes, effective hair restraints	1
16	Food-contact surfaces designed, constructed, maintained, installed, located	2
17	Nonfood-contact surfaces designed, constructed, maintained, installed, located	1
18	Single service articles, storage, dispensing	2
19	No reuse of single service article	
20	Dishwashing facilities approved design, adequately constructed, maintained, installed, located	2
	Equipment & Utensils: Cleanliness	1
21	Preflushed, scraped, soaked and racked	
22	Wash water clean, proper temperature	
23	Accurate thermometers provided, dish basket, if used	
27	Nonfood-contact surfaces of utensils & equipment clean	1
28	Equipment/utensils, storage, handling	1
32	Proper disposal of waste water	1
33	Plumbing location, installation, maintenance	1
36	Toilet rooms enclosed with self-closing door	1
37	Proper toilet fixtures provided, good repair, clean	
39	Approved garbage/rubbish containers, adequate number, covered, rodent proof, clean	1

KEY: DNC [DOES NOT COMPLY]		DNC
31	Sewage disposal approved. -Operating as required	4
34	No cross connections, back siphonage, backflow Proper type/installation/backflow prevention device/air gap for: -Food equipment -Hose connections -Dish machines -Soda system carbonator -Beverage dispensers -Toilet tanks -Chemical dispensers -Ice machines Proper drain for: -Food equipment -Dish machines -Ice machines	4
35	Toilet facilities. Adequate, convenient, accessible, designed, properly installed	4

KEY: DNC [DOES NOT COMPLY]		DNC
40	Garbage/rubbish storage area/rooms, enclosures - properly constructed, clean	1
41	Garbage/rubbish disposed of in an approved manner, at approved frequency	
42	Vermin Control: No insects/rodents present	2
43	Outer openings protected against entrance of insects/rodents	1
44	Floors: Floor covering installed, constructed as required, good repair, clean	1
45	Floors graded, drained as required	
46	Floor, wall juncture covered	
47	Mats removable, good repair, clean	
48	Exterior walking, driving surfaces, good repair, clean	1
49	Walls, ceilings attached, equipment properly constructed, good repair, clean. Wall & ceiling surfaces as required	1
50	Dustless cleaning methods used, cleaning equipment properly stored	1
51	Adequate lighting provided as required	1
52	Room free of steam, smoke odors	1
53	Rooms & equipment hoods, ducts, vented as required	
54	Rooms adequate, clean, adequate lockers provided, facilities clean	1
55	Establishment and premises free of litter, no insect/rodent harborage, no unnecessary articles	1
56	Complete separation from living/sleeping quarters and laundry	1
57	Clean/soiled linens stored properly	1
58	No live birds, turtles, or other animals (except guide dogs)	1
59	Seats 75 or more: Nonsmoking area provided, sign(s) posted at entrance(s), smoking area indicated by sign(s)	3

☐ Routine Inspection ☐ Reinspection ☐ Preoperational Inspection
Other Inspection: _____

Demerit Score: ♦ Include demerits from page 1

4	3	2	1	Total	Rating
-	-	2	2	6	94

DATE CORRECTIONS DUE: 05/09/19

Page 2 of 2 plus 1 continuation pages

Focused Inspection 1/2002

INSPECTOR:

2. Inf - IR S
signature
Khondwitskaya
print name
(203) 576-7964
phone number

PERSON IN CHARGE:

Jesika Rivera
signature
Jesika Rivera
print name
title
Manager