EHS-106-Rev. 11/05

INSPECTION REPORT FOOD SERVICE ESTABLISHMENTS

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

410 Capitol Avenue, MS#11FDP, Hartford, CT 06134

TROUTINE INSPECTION	ı
☐ PREOPERATIONAL	

☐ REINSPECTION □ OTHER

NAME OF ESTABLISHMENT	Wilbur Cross Elementary School
STREET ADDRESS	1775 Reservoir Ave
OWNER or OPERATOR	BOE

ESTABLISHMENT CLASS	77.
	dseport
INSPECTION DATE and TIME	05/01/2019

G. Bernal

Based on an inspection this day, the items marked b which must be corrected by the date specified below.

1	Approved source, wholesome, nonadulterated	4
2	Original container, properly labeled	1
FO	OD PROTECTION	
3	Potentially hazardous food meets temperature requirements during storage, preparation, display, service, and transportation	4
4	Adequate facilities to maintain product temperature, thermometers provided	2
5	Potentially hazardous food properly thawed	2
6	Unwrapped or potentially hazardous food not re-served	4
7	Food protected during storage, preparation, display, service & transportation	2
8	Food containers stored off floor	
9	Handling of food minimized	2
10	Food dispensing utensils properly stored	1
11	Toxic items properly stored, labeled, used	4
PE	RSONNEL	
12	Personnel with infection restricted	4
CL	EANLINESS OF PERSONNEL	
13	Handwashing facilities provided,	4
14	Clean outer clothes, effective hair restraints	1
15	Good hygienic practices, smoking restricted	2
EQ CO	UIPMENT & UTENSILS: DESIGN, NSTRUCTION & INSTALLATION	
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
	No reuse of single service article	
19	Dishwashing facilities approved design, adequately	2

11.50						Property of	
CLI	EANLI	NESS OF F	PERSONNEL			то	ILET FACILITIES
13		ashing facilitie		4		35	Adequate, convenient, accinstalled
14	Clean o	outer clothes, ef	ective hair restraints	1	П	36	Toilet rooms enclosed with s
15	5 Good hygienic practices, smoking restricted 2			2		37	Proper fixtures provided, god
			NSILS: DESIGN		I -		NDWASHING FACIL
16	Food-co		designed, constructed	7/		38	Suitable hand cleaner and sa approved hand drying device tissue waste receptacles pro
17	constru		i, installed, located	1		GA	RBAGE/RUBBISH STO
18 19		service articles, se of single serv	storage, dispensing ice article	2		39	Approved containers, adequi covered, rodent proof, clean
20			proved design, adequationstalled, located	ely 2		40	Storage area/rooms, enclose properly constructed, clean
			e <u>al</u>			41	Garbage disposed of in an a at approved frequency
		DEMERI	SCORE		_		
4 _	/_	3-/	2 - 1-			R	ISK FACTOR VIOLA
_		/-	/-/				
ТО	TAL	RATING	Date Correction	s Due			ature of Person in charge
9	5	100	09/01/2	2019	- 1	SIGN	NED (Inspector)

FC	QUIPMENT & UTENSILS: CLEANLINE	99
21	Preflushed, scraped, soaked and racked	33 T
22	Wash water clean, proper temperature	1
23	Accurate thermometers provided, dish basket, if used	┤ `
24	Sanitization rinse (hot water - chemical)	2
25	Clean wiping cloths	1
26	Food-contact surfaces of utensils & equipment clean	2
27	Nonfood-contact surfaces of utensils & equipment clean	1
28	Equipment/utensils, storage, handling	1
-	ATER SUPPLY	
29	Water source adequate, safe	4
30	Hot and cold water under pressure, provided as required	2
31	WAGE DISPOSAL	
32	Sewage disposal approved Proper disposal of waste water	1
32 PL	Proper disposal of waste water UMBING	1
32 PL 33	Proper disposal of waste water UMBING Location, installation, maintenance	-
32 PL	Proper disposal of waste water UMBING	1
32 PL 33 34	Proper disposal of waste water UMBING Location, installation, maintenance No cross connection, back siphonage, backflow	1
32 PL 33 34	Proper disposal of waste water UMBING Location, installation, maintenance	1
32 PL 33 34	Proper disposal of waste water UMBING Location, installation, maintenance No cross connection, back siphonage, backflow ILET FACILITIES Adequate, convenient, accessible, designed,	1 4
32 PL 33 34 TO 35	Proper disposal of waste water UMBING Location, installation, maintenance No cross connection, back siphonage, backflow ILET FACILITIES Adequate, convenient, accessible, designed, installed	1 4 4
32 PL 33 34 TO 35 36 37	Proper disposal of waste water UMBING Location, installation, maintenance No cross connection, back siphonage, backflow ILET FACILITIES Adequate, convenient, accessible, designed, installed Toilet rooms enclosed with self-closing door Proper fixtures provided, good repair, clean	1 4 4
32 PL 33 34 TO 35 36 37	Proper disposal of waste water UMBING Location, installation, maintenance No cross connection, back siphonage, backflow ILET FACILITIES Adequate, convenient, accessible, designed, installed Toilet rooms enclosed with self-closing door	1 4 4
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VE	RMIN CONTROL	
42	Presence of insects/rodents	2
43	Outer openings protected against entrance of insects/rodents	1
_	OORS, WALLS & CEILINGS	,
44	Floors: floor covering installed, constructed as required, good repair, clean	
45	Floors, graded, drained as required	1
46	Floor, wall juncture covered	1 `
47	Mats removable, good repair, clean	1
48	Exterior walking, driving surfaces, good repair, clean	1
49	Walls, ceilings attached, equipment property constructed, good repair, clean. Wall & ceiling surfaces as required.	1
50	Dustless cleaning methods used, cleaning equipment properly stored	1
LI0	GHTING & VENTILATION Adequate lighting provided as required	1 1
52	Room free of steam, smoke odors	
53	Room & equipment hoods, ducts, vented as required	1
DF 54	RESSING ROOMS & LOCKERS Rooms adequate, clean, adequate lockers	1
	provided, facilities clean	
нс	DUSEKEEPING	
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
SN	IOKING PROHIBITED	
59	Smoking prohibited, signs posted at each entrance	3
QU	ALIFIED FOOD OPERATOR	
60	Qualified Food Operator	3
61	Designated alternate	2
62	Written documentation of training program	2

ATIONS IN RED

Signature of Person in charge, Min and
SIGNED (Inspector)