EHS-106-Rev. 11/05

INSPECTION REPORT FOOD SERVICE ESTABLISHMENTS

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

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

TO ROUTINE INSPECTION

YERMIN CONTROL

C. Des roulleres ☐ REINSPECTION □ OTHER

	2-9
NAME OF ESTABLISHMENT TARVOISTVICT DISCOVERY Mugnet Elem School	/ESTABLISHMENT III
ADDRESS 4510 Park Ail	TOWN Bpt
OWNER OF Shar leng Way	INSPECTION / 10/31/2018 1015 A

which must be corrected by the date specified below.

	URCES OF FOOD	-	
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 12	RSONNEL Personnel with infection restricted		
-	EANLINESS OF PERSONNEL	4	
13	Handwashing facilities provided,	4	
14	personnel hands washed, clean Clean outer clothes, effective hair restraints	1	
15	Good hygienic practices, smoking restricted	2	
EQ	UIPMENT & UTENSILS: DESIGN, NSTRUCTION & INSTALLATION	, person	
2017	Food-contact surfaces designed, constructed,	2	
16	maintained, installed, located		
16	maintained, installed, located Nonfood-contact surfaces designed, constructed, maintained, installed, located	1	
16 17 18	maintained, installed, located Nonfood-contact surfaces designed, constructed, maintained, installed, located Single service articles, storage, dispensing	1 2	
16	maintained, installed, located Nonfood-contact surfaces designed, constructed, maintained, installed, located		

DEMERIT SCORE				
4 -/-	3 -/-	2 1 1-		
TOTAL RATING Date Corrections Due				
1	00	117 10-1		

	QUIPMENT & UTENSILS: CLEANLINES	S
21	Preflushed, scraped, soaked and racked	
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/utensits, storage, handling	1
W	ATER SUPPLY	
29	Water source adequate, safe	4
30	Hot and cold water under pressure, provided as required	2
_	provided as required	_
SE	WAGE DISPOSAL	
31	Sewage disposal approved	4
32	Proper disposal of waste water	1
PL	UMBING	
33	Location, installation, maintenance	1
34	No cross connection, back siphonage, backflow	4
то	ILET FACILITIES	
35	Adequate, convenient, accessible, designed, installed	4
36	Toilet rooms enclosed with self-closing door	1
37	Proper fixtures provided, good repair, clean	
НА	NDWASHING FACILITIES	
38	Suitable hand cleaner and sanitary towels or	1
	approved hand drying devices provided,	
	tissue waste receptacles provided	
GRO-COVER		
	RBAGE/RUBBISH STORAGE & DISPOSA	AL
	RBAGE/RUBBISH STORAGE & DISPOS/ Approved containers, adequate number, covered, rodent proof, clean	1
GA 39	Approved containers, adequate number, covered, rodent proof, clean Storage area/rooms, enclosures —	
39	Approved containers, adequate number, covered, rodent proof, clean	

28	Equipment/utensits, storage, handling	1	47	Mats ren	
w	ATER SUPPLY		48	Exterior good rep	
29	Water source adequate, safe	4	49	Walls, ce	
30	Hot and cold water under pressure, provided as required	2		construc surfaces	
SE	WAGE DISPOSAL		50	Dustless cleaning	
31	Sewage disposal approved	4		147	
32	Proper disposal of waste water	1	LI	GHTING	
	D THERE		51	Adequat	
PL	UMBING		52	Control of the Contro	
33	Location, installation, maintenance	1	53	Room & e	
34	No cross connection, back siphonage, backflow	4			
				RESSIN	
-	ILET FACILITIES		54	Rooms a	
35	Adequate, convenient, accessible, designed, installed	4		provided	
36	Toilet rooms enclosed with self-closing door	1			
37	Proper fixtures provided, good repair, clean		H	HOUSEKE	
НА	NDWASHING FACILITIES		55	Establish insect/roo	
38	Suitable hand cleaner and sanitary towels or approved hand drying devices provided,	1	56	Complete and faun	
	tissue waste receptacles provided		57	Clean/so	
GΑ	RBAGE/RUBBISH STORAGE & DISPOS	ΔΙ	58	No live b	
39	Approved containers, adequate number,	1		Liewoobt	
areas.	covered, rodent proof, clean	1800	S	NOKING	
40	Storage area/rooms, enclosures – properly constructed, clean	1	59	Smoking entrance	
41	Garbage disposed of in an approved manner, at approved frequency		QI	JALIFIE	
			60	Qualified	
			64	Danisant	

RISK FACTOR	VIOLATIONS IN RED	

1	EKIMINA CONTROL	Æ
143	Presence of insects/rodents	12
43	Outer openings protected against entrance of insects/rodents	1
FI	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	'
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
LI	GHTING & VENTILATION	
51	Adequate lighting provided as required	-1
52	Room free of steam, smoke odors	1
53	Room & equipment hoods, ducts, vented as required	
-	RESSING ROOMS & LOCKERS	
54	Rooms adequate, clean, adequate lockers provided, facilities clean	1
Н	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	1
	(except guide dogs)	
-	NOKING PROHIBITED	
59	Smoking prohibited, signs posted at each entrance	3
QI	JALIFIED FOOD OPERATOR	
60	Qualified Food Operator	3
61	Designated alternate	2
-		100

Written documentation of training program

Signature of Person in charge X P w C C w there	
SIGNED (Inspector)	