EHS-106-Rev. 11/05

INSPECTION REPORT FOOD SERVICE ESTABLISHMENTS

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

| 1 | - |
|-----------|------------|
| ROUTINE | INSPECTION |
| ☐ PREOPER | RATIONAL |

| REINSPECTION |
|--------------|
| OTHER |

| 1 | 410 Capitol Avenue, MS#11FDP, Hartford, CT 06134 |
|---|--|
| NAME OF ESTABLISHMENT EN STA | is f |
| STREET ADDRESS // ROCKA TERRAC | [] |
| OWNER OF MALE! AVI | 19 |
| Based on an inspection this day, the items marked | below identify the violations in operation or facilities which |
| SOURCES OF FOOD | EQUIPMENT & UTENSILS: CLEANLINESS |

STABLISHMENT-NSPECTION ATE and TIME

must be corrected by the date specified below

| SC | 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 | 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 | 50 2 3 | 2 |
| 13 | Good hygienic practices, smoking restricted | 1 2 |
| | UIPMENT & UTENSILS: DESIGN, NSTRUCTION & INSTALLATION | |
| 16 | NSTRUCTION & INSTALLATION Food-contact surfaces designed, constructed, maintained, installed, located | 2 |
| 16 17 | NSTRUCTION & INSTALLATION Food-contact surfaces designed, constructed, maintained, installed, located Nonfood-contact surfaces designed, constructed, maintained, installed, located | 2 |
| 16 17 18 | NSTRUCTION & INSTALLATION Food-contact surfaces designed, constructed, maintained, installed, located Nonfood-contact surfaces designed, constructed, maintained, installed, located Single service articles, storage, dispensing | |
| 16 17 | NSTRUCTION & INSTALLATION Food-contact surfaces designed, constructed, maintained, installed, located Nonfood-contact surfaces designed, constructed, maintained, installed, located | 1 |

| EC | UIPMENT & UTENSILS: CLEANLINES | 35 | | |
|-----------------------|---|---------------|--|--|
| 21 | Preflushed, scraped, soaked and racked | | | |
| 22 | Wash water clean, proper temperature | | | |
| 23 | Accurate thermometers provided, dish basket, if used | 1 | | |
| 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 | | |
| W | ATER SUPPLY | | | |
| 29 | Water source adequate, safe | 4 | | |
| 30 | Hot and cold water under pressure, provided as required | 2 | | |
| SE | WAGE DISPOSAL | | | |
| 31 | Sewage disposal approved | 4 | | |
| 32 | Proper disposal of waste water | 1 | | |
| PL 33 | UMBING 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 | | | |
| HA | NDWASHING FACILITIES | | | |
| 38 | Suitable hand cleaner and sanitary towels or approved hand drying devices provided, tissue waste receptacles provided | 1 | | |
| | | | | |
| GA | RBAGE/RUBBISH STORAGE & DISPOSA | AL | | |
| | RBAGE/RUBBISH STORAGE & DISPOS/ Approved containers, adequate number, covered, rodent proof, clean | AL 1 | | |
| GA 39 40 | Approved containers, adequate number, | \rightarrow | | |
| 39 | Approved containers, adequate number, covered, rodent proof, clean Storage area/rooms, enclosures – | | | |

| ich i | nust be corrected by the date specified belo | w. |
|-------|--|----|
| VE | ERMIN CONTROL | |
| 42 | Presence of insects/rodents | 2 |
| 43 | Outer openings protected against entrance of insects/rodents | 1 |
| FL | 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 | |
| 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 |
| LIC | GHTING & VENTILATION | |
| 51 | Adequate lighting provided as required | 1 |
| 52 | Room free of steam, smoke odors | |
| 53 | Room & equipment hoods, ducts, vented as required | 1 |
| DR | ESSING ROOMS & LOCKERS | |
| 54 | Rooms adequate, clean, adequate lockers provided, facilities clean | 1 |
| НС | USEKEEPING | |
| 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 |
| SM | OKING 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 |
| | | |

| | DEMERI | T SCORE | N 1000 - 121 W |
|-------|--------|------------|----------------|
| 4_/ | 3 | 2 | 1-/ |
| TOTAL | RATING | Date Corre | ctions Due |

| Signat | ure of Person in | charge / | -725 | |
|--------|------------------|----------|-------|--|
| Y | Ma | hul | Alela | |
| SIGNE | D (Inspector) | | | |
| | | | 1 | |

RISK FACTOR VIOLATIONS IN RED

at approved frequency