

STATE OF CONNECTICUT - DEPARTMENT OF PUBLIC HEALTH - 410 CAPITOL AVENUE - MS#51FDP - HARTFORD, CT 06134
FOCUSED FOOD SERVICE INSPECTION REPORT

LOCAL HEALTH DEPT: Opt Health Dept ADDRESS/CITY: 999 Broad St, Bxt


Establishment: Fairchild Wheeler Inter. High School Date of Inspection: 11/07/2018
 Address: 840 Old Town Rd Owner or Operator: BOE

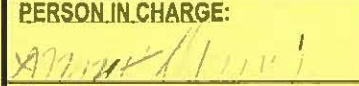
| ADDITIONAL FOUR POINT ITEMS | | DNC |
|-----------------------------|---|-----|
| 6 | Foods not re-served. -Unwrapped foods not re-served -Potentially hazardous foods not re-served | 4 |
| 11 | Toxic chemicals. -Stored properly, labeled properly, used properly -Sanitizer concentration not to exceed 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 |

| 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 |

| 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 |
|----------------------------|---|-----|
| 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 |

INSPECTOR:

 signature
Carla Desruillers
 print name
(203) 610-2265
 phone number

PERSON IN CHARGE:

 signature
X
 print name
X
 title

Routine Inspection Reinspection Preoperational Inspection
 Other Inspection: _____
 Demerit Score: ♦ Include demerits from page 1

| 4 | 3 | 2 | 1 | Total | Rating |
|---|---|---|---|-------|--------|
| - | - | 1 | 2 | 4 | 96 |

DATE CORRECTIONS DUE: 03/07/2019
 Page 2 of 2 plus 1 continuation pages Focused Inspection 1/2002

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

Establishment: Fair Child Wheeler Ltr. Bldg Inspection Date: 1/07/2018 Time: 11:00 RO Insp RE Insp
 Address/City: 840 Old Town Rd, Gpt Health Dept: Gpt Health Dept 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 debit 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"/> | | | |
| B | 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] | | C | N/O | N/A | DNC |
|---|---|-------------------------------------|-----|------------------------------|-----|
| | | 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 | <u>I am in the hand sink</u> | | | | |
| 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 debit table 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 debit items) Page 1 of 2