EHS-106-Rev. 11/05

INSPECTION REPORT FOOD SERVICE ESTABLISHMENTS

STATE OF CONNECTICUT **DEPARTMENT OF PUBLIC HEALTH**

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(III)	ROUTINE INSPECTION
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410 Capitol Avenue, MS#11FDP, Hartford, CT 06134 NAME OF **ESTABLISHMENT ESTABLISHMENT** CLASS STREET TOWN **ADDRESS** OWNER or INSPECTION **OPERATOR** DATE and TIME Based on an inspection this day, the items marked below identify the violations in operation or facilities which must be corrected by the date specified below. SOURCES OF FOOD **EQUIPMENT & UTENSILS: CLEANLINESS VERMIN CONTROL** Preflushed, scraped, soaked and racked 42 Presence of insects/rodents Approved source, wholesome, nonadulterated Wash water clean, proper temperature Outer openings protected against entrance of insects/rodents Original container, properly labeled Accurate thermometers provided, dish basket, if used Sanitization rinse (hot water - chemical **FOOD PROTECTION** FLOORS, WALLS & CEILINGS Clean wiping cloths Floors: floor covering installed, Potentially hazardous food meets Food-contact surfaces of utensils & constructed as required, good repair, clean temperature requirements during storage, equipment clean preparation, display, service, and Nonfood-contact surfaces of utensils & Floors, graded, drained as required 45 transportation equipment clean 46 Floor, wall juncture covered Equipment/utensils storage, handling 47 Mats removable, good repair, clean Adequate facilities to maintain product emperature thermometers pro 2 Potentially hazardous food properly thawed Exterior walking, driving surfaces, good repair, clean Unwrapped or potentially hazardous food 4 WATER SUPPLY not re-served 29 | Water source adequate, safe 49 4 Walls, ceilings attached, equipment properly constructed, good repair, clean. Wall & ceiling Hot and cold water under pressure. 2 Food protected during storage, preparation, surfaces as required. display, service & transportation provided as required 2 Dustless cleaning methods used. Food containers stored off floor cleaning equipment properly stored SEWAGE DISPOSAL Handling of food minimized Sewage disposal approved 4 Proper disposal of waste water 10 Food dispensing utensils properly stored 1 1 LIGHTING & VENTILATION Toxic items properly stored, labeled, used 4 Adequate lighting provided as required PLUMBING Room free of steam, smoke odors Location, installation, maintenance Room & equipment hoods, ducts, vented as required PERSONNEL 12 Personnel with infection restricted No cross connection, back siphonage, backflow 4 **DRESSING ROOMS & LOCKERS CLEANLINESS OF PERSONNEL TOILET FACILITIES** Rooms adequate, clean, adequate lockers provided, facilities clean Adequate, convenient, accessible, designed, 4 Handwashing facilities provided, Clean outer clothes, effective hair restraints Toilet rooms enclosed with self-closing door Proper fixtures provided good repair, clean HOUSEKEEPING Establishment and premises free of litter, no **EQUIPMENT & UTENSILS: DESIGN,** HANDWASHING FACILITIES insect/rodent harborage, no unnecessary articles Complete separation from living/sleeping quarters **CONSTRUCTION & INSTALLATION** Suitable hand cleaner and sanitary towels or approved hand drying devices provided, and aundry Food-contact surfaces designed, constructed, 2 maintained, installed, located tissue waste receptacles provided Clean/soiled linens stored properly 58 Nonfood-contact surfaces designed, No live birds, turtles, or other animals constructed, maintained, installed, located GARBAGE/RUBBISH STORAGE & DISPOSAL (except guide dogs) 18 Single service articles, storage, dispensing Approved containers, adequate number, 2 covered, rodent proof, clean 19 No reuse of single service article SMOKING PROHIBITED Dishwashing facilities approved design, adequately 40 Storage area/rooms, enclosures -Smoking prohibited, signs posted at each 3 constructed, maintained, installed, located properly constructed, clean entrance Garbage disposed of in an approved manner, at approved frequency QUALIFIED FOOD OPERATOR **DEMERIT SCORE** Qualified Food Operator 61 Designated alternate 2 RISK FACTOR VIOLATIONS IN RED Written documentation of training program Signature of Person in charge TOTAL RATING **Date Corrections Due** 

SIGNED (Inspector)-