DEPARTMENT OF PUBLIC HEALTH FOOD SERVICE ESTABLISHMENTS D PREOPERATIONAL D OTHER 410 Capitol Avenue, MS#11FDP, Hartford, CT 06134 ESTABLISHMENT NAME OF USE ementary ESTABLISHMENT CLASS STREET TOWN ADDRESS OWNER or INSPECTION DATE and TIME USID612019 OPERATOR 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 21 Preflushed, scraped, soaked and racked 42 Presence of insects/rodents 2 Approved source, wholesome, 4 43 Outer openings protected against entrance of nonadulterated 22 Wash water clean, proper temperature insects/rodents 23 2 Original container, properly labeled 1 Accurate thermometers provided, dish basket, if used Sanitization rinse (hot water - chemical FOOD PROTECTION FLOORS, WALLS & CEILINGS Clean wiping cloths Floors: floor covering installed. 44 Potentially hazardous food meets 26 Food-contact surfaces of utensils & 4 constructed as required, good repair, clean temperature requirements during storage, equipment clean preparation, display, service, and 27 Nonfood-contact surfaces of utensils & 45 Floors, graded, drained as required 1 transportation equipment clean 46 Floor, wall juncture covered 28 Equipment/utensils, storage, handling 47 Mats removable, good repair, clean Adequate facilities to maintain product 4 mnerature thermo Potentially hazardous food properly thawed 2 5 48 Exterior walking, driving surfaces, good repair, clean Unwrapped or potentially hazardous food 4 6 WATER SUPPLY not re-served 29 Water source adequate, safe 49 Walls, ceilings attached, equipment property 4 1 constructed, good repair, clean, Wall & ceiling 30 Hot and cold water under pressure. 2 Food protected during storage, preparation surfaces as required provided as required display, service & transportation 2 50 Dustless cleaning methods used. Food containers stored off floor 8 SEWAGE DISPOSAL cleaning equipment properly stored 31 Sewage disposal approved 4 9 Handling of food minimized 10 Food dispensing utensils properly stored 1 32 Proper disposal of waste water 1 LIGHTING & VENTILATION Toxic items properly stored, labeled, used 51 Adequate lighting provided as required 11 4 52 PLUMBING Room free of steam, smoke odors PERSONNEL 33 Location, installation, maintenance 1 53 Room & equipment hoods, ducts, vented as required 34 No cross connection, back siphonage, backflow 4 12 Personnel with infection restricted **DRESSING ROOMS & LOCKERS** 54 Rooms adequate, clean, adequate lockers **CLEANLINESS OF PERSONNEL TOILET FACILITIES** provided, facilities clean Adequate, convenient, accessible, designed, 35 4 Handwashing facilities provided, 13 4 installed personnel hands washed, clean 1 36 Toilet rooms enclosed with self-closing door 14 Clean outer clothes, effective hair restraints 1 37 Proper fixtures provided, good repair, clean HOUSEKEEPING 15 Good hygienic practices, smoking restricted 55 Establishment and premises free of litter, no EQUIPMENT & UTENSILS: DESIGN, HANDWASHING FACILITIES insect/rodent harborage, no unnecessary articles **CONSTRUCTION & INSTALLATION** Suitable hand cleaner and sanitary towels or 56 Complete separation from living/sleeping guarters 1 38 and laundry Food-contact surfaces designed, constructed 2 approved hand drying devices provided, tissue waste receptacles provided maintained, installed, located Clean/soiled linens stored property 57 58 Nonfood-contact surfaces designed. No live birds, turtles, or other animals 17 constructed, maintained, installed, located GARBAGE/RUBBISH STORAGE & DISPOSAL (except guide dogs) 18 Single service articles, storage, dispensing 39 Approved containers, adequate number, 2 covered, rodent proof, clean 19 No reuse of single service article **SMOKING PROHIBITED** 20 Dishwashing facilities approved design, adequately 2 40 Storage area/rooms, enclosures -59 Smoking prohibited, signs posted at each 3 properly constructed, clean constructed, maintained, installed, located entrance 1 Garbage disposed of in an approved manner, 41 at approved frequency QUALIFIED FOOD OPERATOR DEMERIT SCORE 60 Qualified Food Operator 3 2 61 Designated alternate **RISK FACTOR VIOLATIONS IN RED** 62 2 Written documentation of training program Signature of Person in charge RATING TOTAL **Date Corrections Due** SIGNED (Inspector)

STATE OF CONNECTICUT

INSPECTION REPORT

EHS-106-Rev. 11/05

C. Desvouilleres

C REINSPE

E ROUTINE INSPECTION

DESCRIBE DEFICIENCIES ON CONTINUATION SHEETS DISTRIBUTION: 1* - White – Health Department 2nd – Yellow – Owner/Operator