EHS-106-Rev. 11/05

INSPECTION REPORT.
FOOD SERVICE ESTABLISHMENTS

## STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

CUT E ROUTINE INSPECTION
CHEALTH D PREOPERATIONAL

VERMIN CONTROL
42 | Presence of insects/rodents

insects/rodents

Outer openings protected against entrance of

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ON	☐ REINSPECTION	
	OTHER	4

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

		and the country of			
NAME OF ESTABLISHMENT	Skani Elementary School	ESTABLISHMENT TILL FDA IY			
STREET ADDRESS	2977 Madison Ave.	TOWN Bpt,			
OWNER or OPERATOR	Maria Giacobbe, QFD	INSPECTION DATE and TIME OS/08/14(a, 10.)			
Paged 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					

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.

	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	12		
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			
8	Food containers stored off floor	2		
9	Handling of food minimized	2		
10	Food dispensing utensils properly stored	1		
11	Toxic items properly stored, labeled, used	4		
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	RSONNEL			
	RSONNEL Personnel with infection restricted	4		
12	A SALAR SALA	4		
12 CLI 13	Personnel with infection restricted  EANLINESS OF PERSONNEL  Handwashing facilities provided, personnel hands washed, clean	4		
12 CLI	Personnel with infection restricted  EANLINESS OF PERSONNEL  Handwashing facilities provided, personnel hands washed, clean  Clean outer clothes, effective hair restraints	4		
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12 CLI 13 14 15 EQ CO 16	Personnel with infection restricted  EANLINESS OF PERSONNEL Handwashing facilities provided, personnel hands washed, clean Clean outer clothes, effective hair restraints Good hygienic practices, smoking restricted  UIPMENT & UTENSILS: DESIGN, NSTRUCTION & INSTALLATION Food-contact surfaces designed, constructed, maintained, installed, located  Nonfood-contact surfaces designed, constructed, maintained, installed, located	1 2		
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DEMERIT SCORE					
4-/	3-/-	2/2	1-/-		
TOTAL	RATING	Date Corre	ctions Due		

identify the violations in operation or facil	ities		
UIPMENT & UTENSILS: CLEANLINES	35		
Preflushed, scraped, soaked and racked			
Wash water clean, proper temperature	1		
Accurate thermometers provided, dish basket, if used			
Sanitization rinse (hot water - chemical)	2		
Clean wiping cloths	1		
Food-contact surfaces of utensils & equipment clean	2		
Nonfood-contact surfaces of utensils & equipment clean	1		
Equipment/utensils, storage, handling	1		
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Marie Company of the	2		
provided as required	-		
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Committee of Alberta Committee of the Co	1		
	_		
A CONTRACTOR OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND A	1		
No cross connection, back siphonage, backflow	4		
ILET FACILITIES			
Adequate, convenient, accessible, designed, instalted	4		
The state of the s	1		
Proper fixtures provided, good repair, clean			
	1		
tissue waste receptacles provided			
RBAGE/RUBBISH STORAGE & DISPOSA	AL.		
Approved containers, adequate number,	1		
covered, rodent proof, clean			
Storage area/rooms, enclosures -			
properly constructed, clean	, i		
Garbage disposed of in an approved manner,	1		
	Preflushed, scraped, soaked and racked Wash water clean, proper temperature Accurate thermometers provided, dish basket, if used Sanitization rinse (hot water - chemical) Clean wiping cloths Food-contact surfaces of utensils & equipment clean Nonfood-contact surfaces of utensils & equipment clean Equipment/utensils, storage, handling  ATER SUPPLY Water source adequate, safe Hot and cold water under pressure, provided as required  WAGE DISPOSAL Sewage disposal approved Proper disposal of waste water  UMBING Location, installation, maintenance No cross connection, back siphonage, backflow  ILET FACILITIES Adequate, convenient, accessible, designed, installed Tollet rooms enclosed with self-closing door Proper fixtures provided, good repair, clean  NDWASHING FACILITIES Suitable hand cleaner and sanitary towels or approved hand drying devices provided, tissue waste receptacles provided RBAGE/RUBBISH STORAGE & DISPOS/Approved containers, adequate number, covered, rodent proof, clean  Storage area/rooms, enclosures — properly constructed, clean		

44	Floors: floor covering installed	Т
	constructed as required, good repair, clean	ı
45	Floors, graded, drained as required	1
46	Floor, wall juncture covered	1
47	Mats removable, good repair, clean	1
48	Exterior walking, driving surfaces, good repair, clean	
49	Walls, ceilings attached, equipment properly constructed, good repair, clean. Wall & ceiling surfaces as required.	
50	Dustless cleaning methods used, cleaning equipment properly stored	
LIC	SHTING & VENTILATION	
51	Adequate lighting provided as required	Γ
52	Room free of steam, smoke odors	
53	Room & equipment hoods, ducts, vented as required	1
54	Rooms adequate, clean, adequate lockers	
04	Rooms adequate, clean, adequate lockers provided, facilities clean	
	provided, facilities clean	
нс	PUSEKEEPING  Establishment and premises free of litter, no insect/rodent harborage, no unnecessary articles  Complete separation from living/sleeping quarters and laundry	
HC 55 56 57	USEKEEPING  Establishment and premises free of litter, no insect/rodent harborage, no unnecessary articles  Complete separation from living/sleeping quarters	
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HC 555 566 577 588 SM 599 QU	Establishment and premises free of litter, no insect/rodent harborage, no unnecessary articles Complete separation from living/sleeping quarters and laundry Clean/soiled linens stored properly No live birds, turtles, or other animals (except guide dogs)  OKING PROHIBITED Smoking prohibited, signs posted at each entrance  ALIFIED FOOD OPERATOR	

Signature of Person in charge

SIGNED (Inspector) 7. No. 1 111 (

RISK FACTOR VIOLATIONS IN RED