EHS-106-Rev. 11/05

ESTABLISHMENT

NAME OF

STREET

ADDRESS OWNER or

OPERATOR

TOTAL

RATING

Date Corrections Due

INSPECTION REPORT FOOD SERVICE ESTABLISHMENTS

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

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

DR O P

ESTABLISHMENT

CLASS

TOWN

INSPECTION

DATE and TIME

| OUTINE INSPECTION | REINSPECTION | |
|-------------------|--------------|---|
| REOPERATIONAL | OTHER | ř |

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| Ba | sed on an inspection this day, the items m | nark |
|----|---|------|
| 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, personnel hands washed, clean | 4 |
| 14 | Clean outer clothes, effective hair restraints | 1 |
| 15 | Good hygienic practices, smoking restricted | 2 |
| CO | UIPMENT & UTENSILS: DESIGN, NSTRUCTION & INSTALLATION | |
| 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 |
| | DEMERIT SCORE | |

| _ | QUIPMENT & UTENSILS: CLEANLINE | SS |
|--------------|--|-----|
| 21 | Preflushed, scraped, soaked and racked | |
| 22 | Wash water clean, proper temperature |] 1 |
| 23 | Accurate thermometers provided, dish basket, if used | |
| 24 | Sanitization rinse (hot water - chemical) | 2 |
| 25 | Clean wiping cloths | 1 |
| 26 | Food-contact surfaces of utensits & 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, | 12 |
| | provided as required | |
| SE | WAGE DISPOSAL | |
| 31 | Sewage disposal approved | 4 |
| 32 | Proper disposal of waste water | 1 |
| PL | UMBING | |
| 33 | Location, installation, maintenance | 1 |
| 34 | No cross connection, back siphonage, backflow | 4 |
| TC | 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 | 1 |
| S e District | approved hand drying devices provided, | |
| | tissue waste receptacles provided | |
| GΑ | RBAGE/RUBBISH STORAGE & DISPOS | AL |
| 39 | Approved containers, adequate number, covered, rodent proof, clean | 1 |
| 40 | Storage area/rooms, enclosures – | |
| | properly constructed, clean | 1 |
| 41 | Garbage disposed of in an approved manner, at approved frequency | |

| 42 | RMIN CONTROL Presence of insects/rodents | _ |
|----------------------------------|--|---|
| 43 | Outer openings protected against entrance of insects/rodents | |
| | | L |
| | OORS, WALLS & CEILINGS | _ |
| 44 | Floors: floor covering installed, constructed as required, good repair, clean | |
| 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 | |
| 49 | Walls, ceilings attached, equipment properly constructed, good repair, clean. Wall & ceiling surfaces as required. | |
| 50 | Dustless cleaning methods used, cleaning equipment properly stored | |
| 1 1/ | SHTING & VENTILATION | |
| 51 | Adequate lighting provided as required | 1 |
| 52 | Room free of steam, smoke odors | H |
| 53 | Room & equipment hoods, ducts, vented as required | 1 |
| DR 54 | Ressing Rooms & Lockers Rooms adequate, clean, adequate lockers provided, facilities clean | |
| | | L |
| HC 55 | USEKEEPING Establishment and premises free of litter, no | |
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SIGNED (Inspector)

Signature of Person in charge