

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

Establishment: \_\_\_\_\_ Inspection Date: \_\_\_\_\_ Time: \_\_\_\_\_ ROinsp REinsp  
 Address/City: \_\_\_\_\_ 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 debitable items		C	N/O	N/A	DNC
60	Qualified Food Operator				3
61	Designated Alternate				2
62	Written documentation of training program				2
1	Approved source, wholesome, nonadulterated	C	N/O	N/A	4
A	Approved shellfish, finfish, meat & poultry USDA approved				
B	Food cans in good condition (not dented, rusty, bloated, leaking)				
C	Wholesome/nonadulterated foods/safe				
D	Commercial products (no home grown/canned food)				
E	Potentially hazardous foods received at proper temperature				
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)				
B	Cold holding less than or equal to 45°F				
C	Proper cooling				
D	Proper re-heating				
E	Proper internal cooking / consumer advisory posted				
O					
4	Adequate facilities to maintain product temperature, thermometers provided	C	N/O	N/A	2
A	Food thermometer available and accurate				
B	Proper food thermometer for product				
C	Thermometers appropriately placed in cooler units				
O					
7	Food protected during storage, preparation, display, service and transportation	C	N/O	N/A	2
A	Produce washed				
B	Raw meats not stored/prepared near ready-to-eat foods				
C	Food covered properly				
D	Adequate splash guards / sneeze guard				
E	No unauthorized personnel				
F	No pooling of eggs not cooked immediately				
8	Food containers stored off the floor				
O					
9	Handling of food minimized	C	N/O	N/A	2
A	No unnecessary handling RTE and/or cooked foods with bare hands				
B	Minimize food handling, other than ready-to-eat, with bare hands				
C	Adequate utensil(s) for dispensing food/ice				
O					

KEY: C [complies] N/O [not observed] N/A [not applicable] DNC [does not comply] O [other] RTE [ready-to-eat]		C	N/O	N/A	
12	Personnel with infection restricted	C	N/O	N/A	4
A	Food workers have no exposed infected lesions / burns				
B	Personnel with infection restricted				
C	Communicable disease of worker reported to local health director				
13	Handwashing facilities provided, hands washed, clean	C	N/O	N/A	4
A	Handwash facilities in all food prep/dispensing & warewash areas				
B	Handwash facilities in or immediately adjacent to toilet rooms				
C	Handwash facilities accessible/convenient to use				
D	Personnel hands washed, clean / Proper handwash procedure				
E	Handwashing at appropriate times				
O					
15	Good hygienic practices	C	N/O	N/A	2
A	<input type="checkbox"/> No eating <input type="checkbox"/> No smoking while working				
B	Wounds covered adequately				
C	Proper sink used for handwashing				
O					
24	Sanitization rinse (hot water - chemical)	C	N/O	N/A	2
A	Approved sanitizer available/adequate concentration of sanitizer				
B	Food-contact surfaces and utensils used for potentially hazardous food sanitized at least every 4 hours				
C	Adequate <input type="checkbox"/> dishwasher sanitizer <input type="checkbox"/> final rinse temp				
D	Proper sanitizing procedure				
E	Sanitizing between raw animal origin & ready-to-eat food				
O					
25	Clean wiping cloths	C	N/O	N/A	1
A	Cloths and/or sponges in good repair and clean				
B	Wiping cloths kept in sanitizer between uses				
O					
26	Food-contact surfaces clean	C	N/O	N/A	2
A	Food equipment clean, utensils clean, equipment interiors clean				
B	Single use gloves changed when soiled				
C	Food-contact surfaces clean				
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				
B	Dispenser(s) working: <input type="checkbox"/> Soap <input type="checkbox"/> Paper towel				
C	Handwash sink(s) clean / waste receptacle at handwash sink				
O					

## ◆ DESCRIBE DEFICIENCIES ON CONTINUATION SHEETS

The following information is not debitable 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 debitable items)

Page 1 of 2



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

LOCAL HEALTH DEPT: \_\_\_\_\_ ADDRESS/CITY: \_\_\_\_\_

Establishment: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_  
 Address: \_\_\_\_\_ Owner or Operator: \_\_\_\_\_

<b>ADDITIONAL FOUR POINT ITEMS</b>		<b>DNC</b>
6	<b>Foods not re-served.</b> -Unwrapped foods not re-served -Potentially hazardous foods not re-served	4
11	<b>Toxic chemicals.</b> -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	<b>Water source adequate, safe.</b> -Well / well head protected from contamination -Water quality in compliance -Monitoring in compliance	4

<b>OTHER ITEMS</b>		<b>DNC</b>
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	2
20	Dishwashing facilities approved design, adequately constructed, maintained, installed, located	2
	<b>Equipment &amp; Utensils: Cleanliness</b>	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

<b>INSPECTOR:</b>	<b>PERSON IN CHARGE:</b>
signature	signature
print name	print name
phone number	title

<b>KEY: DNC [DOES NOT COMPLY]</b>		<b>DNC</b>
31	<b>Sewage disposal approved.</b> -Operating as required	4
34	<b>No cross connections, back siphonage, backflow</b> 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	<b>Toilet facilities.</b> Adequate, convenient, accessible, designed, properly installed	4

<b>KEY: DNC [DOES NOT COMPLY]</b>		<b>DNC</b>
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

☐ Routine Inspection    ☐ Reinspection    ☐ Preoperational Inspection  
 Other Inspection: \_\_\_\_\_

**Demerit Score:** ♦ Include demerits from page 1

4	3	2	1	Total	Rating
/	/	/	/		

**DATE CORRECTIONS DUE:** \_\_\_\_\_

**INSPECTION REPORT  
FOOD SERVICE ESTABLISHMENTS**

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
410 Capitol Avenue, MS#51FDP, Hartford, CT 06134

☐ ROUTINE INSPECTION    ☐ REINSPECTION  
☐ PREOPERATIONAL    ☐ OTHER

NAME OF ESTABLISHMENT
STREET ADDRESS
OWNER or OPERATOR

ESTABLISHMENT CLASS
TOWN
INSPECTION 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		
1	Approved source, wholesome, nonadulterated	4
2	Original container, properly labeled	1
FOOD 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 reserved	4
7	Food protected during storage, preparation, display, service & transportation	2
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
PERSONNEL		
12	Personnel with infection restricted	4
CLEANLINESS 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
EQUIPMENT & UTENSILS: DESIGN, CONSTRUCTION & 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	2
20	Dishwashing facilities approved design, adequately constructed, maintained, installed, located	2

EQUIPMENT & UTENSILS : CLEANLINESS		
21	Preflushed, scraped, soaked and racked	1
22	Wash water clean, proper temperature	1
23	Accurate thermometers provided, dish basket, if used	1
24	Sanitization rinse (hot water - chemical)	2
25	Clean wiping cloths	1
26	Food-contact surfaces of utensils & equipment clean	2
27	Nonfood-contact surfaces of utensils & equipment clean	1
28	Equipment/utensils, storage, handling	1
WATER SUPPLY		
29	Water source adequate, safe	4
30	Hot and cold water under pressure, provided as required	2
SEWAGE DISPOSAL		
31	Sewage disposal approved	4
32	Proper disposal of waste water	1
PLUMBING		
33	Location, installation, maintenance	1
34	No cross connection, back siphonage, backflow	4
TOILET FACILITIES		
35	Adequate, convenient, accessible, designed, installed	4
36	Toilet rooms enclosed with self-closing door	1
37	Proper fixtures provided, good repair, clean	1
HANDWASHING FACILITIES		
38	Suitable hand cleaner and sanitary towels or approved hand drying devices provided, tissue waste receptacles provided	1
GARBAGE/RUBBISH STORAGE & DISPOSAL		
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	1

VERMIN CONTROL		
42	Presence of insects/rodents	2
43	Outer openings protected against entrance of insects/rodents	1
FLOORS, WALLS & CEILINGS		
44	Floors: floor covering installed, constructed as required, good repair, clean	1
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	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
LIGHTING & VENTILATION		
51	Adequate lighting provided as required	1
52	Room free of steam, smoke odors	1
53	Room & equipment hoods, ducts, vented as required	1
DRESSING ROOMS & LOCKERS		
54	Rooms adequate, clean, adequate lockers provided, facilities clean	1
HOUSEKEEPING		
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
NONSMOKING AREAS		
59	Seats 75 or more: Nonsmoking area provided, sign(s) posted at entrance(s), smoking area indicated by sign(s)	3
QUALIFIED FOOD OPERATOR		
60	Qualified Food Operator	3
61	Designated alternate	2
62	Written documentation of training program	2

DEMERIT SCORE			
4	3	2	1

TOTAL	RATING	Date Corrections Due

RISK FACTOR VIOLATIONS IN RED

Signature of Person in charge
SIGNED (Inspector)

DESCRIBE DEFICIENCIES ON CONTINUATION SHEETS