

STATE OF CONNECTICUT - FOCUSED FOOD SERVICE INSPECTION REPORT - DEPARTMENT OF PUBLIC HEALTH

Establishment **Suffield High School Cafeteria** Date & **1/30/2019 9:46 AM** **ROinsp** REinsp
 Address **1060 Sheldon Street** **Suffield** Health Department: **North Central District** Class: **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	KEY:	C [Complies]	N/O [Not Observed]	N/A [Not Applicable]		
						DNC [Does Not Comply]	O [Other]	RTE [Ready-To-Eat]			
60	Qualified Food Operator	C			3	12	Personnel with infections restricted			C/N/O/N/A	4
61	Designated Alternate	C			2	A	Foods workers have no exposed infected lesions/burns			C	
62	Written Documentation of Training Program	C			2	B	Personnel with infection restricted			N/A	
1	Approved Source, Wholesome, nonadulterated	C	N/O	N/A	4	C	Communicable disease of worker reported to local health director			N/A	
A	Approved shellfish, finfish, meat & poultry USDA approved	C				13	Handwashing facilities provided, hands washed, clean			C/N/O/N/A	4
B	Food cans in good condition (not dented, rusty, bloated, leaking)	C				A	Handwashing facilities in all food prep/dispensing & warewashing areas			C	
C	Wholesome/nonadulterated foods/safe	C				B	Handwashing facilities in or immediately adjacent to toilet rooms			C	
D	Commercial products (no home grow/canned food)	C				C	Handwashing facilities accessible/convenient to use			C	
E	Potentially hazardous foods received at proper temperature	N/O				D	Personnel hands washed, clean/proper handwash procedure			C	
O						E	Handwashing at appropriate times			C	
3	Potentially hazardous food meets temperature requirements during storage, preparation, service, and transportation	C	N/O	N/A	4	O					
A	Hot holding greater than or equal to 140° F (whole beef/Pork Roasts)	C				15	Good hygienic practices			C/N/O/N/A	2
B	Cold holding less than or equal to 45° F	C				A	<input type="checkbox"/> No Eating <input type="checkbox"/> No Smoking While Working			C	
C	Proper cooling	N/O				B	Wounds covered adequately			N/A	
D	Proper re-heating	C				C	Proper sink used for handwashing			C	
E	Proper internal cooking/consumer advisory posted	N/A				O					
O						24	Sanitization rinse (hot water - Chemical)			C/N/O/N/A	2
4	Adequate facilities to maintain product temperature, thermometer provided	C	N/O	N/A	2	A	Approved sanitizer available/adequate concentration of sanitizer			C	
A	Food thermometer available and accurate	C				B	Food-contact surfaces and utensils used for potentially hazardous food sanitized at least every 4hours			N/O	
B	Proper food thermometer for product	C				C	Adequate <input type="checkbox"/> Dishwasher Sanitizer <input checked="" type="checkbox"/> Final Rinse Temp				
C	Thermometers appropriately placed in cooler units	C				D	Proper sanitizing procedure			C	
O						E	Sanitizing between raw animal origin & ready-to-eatfood			N/O	
7	Food protected during storage, preparation, display, service and transportation	C	N/O	N/A	2	O					
A	Produce washed	N/O				25	Clean wiping cloths			C/N/O/N/A	1
B	Raw meats not stored/prepared near ready-to-eatfoods	C				A	Cloths and/or sponges in good repair and clean			C	
C	Food covered properly	C				B	Wiping cloths kept in sanitizer between uses			C	
D	Adequate splash guards/sneeze guards	C				O					
E	No unauthorized personnel	C				26	Food-contact surfaces clean			C/N/O/N/A	2
F	No pooling of eggs not cooked immediately	N/O				A	Food equipment clean, utensils clean, equipment interiors clean			C	
8	Food containers stored off the floor	C				B	Single use gloves changed when soiled			C	
O						C	Food-contact surfaces clean			C	
9	Handling of food minimized	C	N/O	N/A	2	O					
A	No unnecessary handling RTE and/or cooked foods w/ bare hands	C				30	Hot and cold water under pressure, provided as required			C/N/O/N/A	2
B	Minimize food handling, other than ready-to-eat, with bare hands	C				38	Handwashing accessories provided			C/N/O/N/A	1
C	Adequate utensil(s) for dispensing	C				A	Soap/paper towels/ drying device available			C	
O						B	Dispenser(s) working: <input type="checkbox"/> Soap <input type="checkbox"/> Paper Towels			C	
						C	Handwashing sink(s) clean/waste receptacle at handwash sink			C	
						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 Foods] FB [Foodborne]

<p>PHFs are hot held at: _____ ° PHFs are cold held at: _____ ° F</p> <p>Are internal cooking temperatures taken? ____ To what temperature do you cook: Poultry: ____ Ground Beef: ____ Pork: ____ Roasts: ____ Other: ____</p> <p>Describe Re-Heating procedures: _____</p> <hr/> <p>Are temperatures recorded/logged for cold holding food/equipment? _____</p> <p>Are foods cooked in advance and cooled? _____ Are leftovers saved? _____</p> <p>List products cooled: _____</p> <hr/> <p>Describe cooling methods: Is cooling monitored for time & temp? ____ Is the monitoring of cooling recorded? ____</p> <hr/> <p>Is there a produce washing policy? ____ Describe what is washed and where: _____</p>	<p>Describe illness condition when you would exclude a food worker from working: _____</p> <hr/> <p>What diseases related to FB illness are you required to report to the health department? _____</p> <hr/> <p>Is there a written illness policy that requires the food worker to report specific illness conditions and diseases to the QFO? ____ Do you have a paid sick leave policy? _____</p> <hr/> <p>Is there a language barrier between inspector & QFO? ____ If yes, indicated language spoken by QFO/DA: _____ Can QFO/DA read the inspection report? ____</p> <hr/> <p>Indicated who answered the above questions: NAME (Print): _____</p> <hr/> <p>Indicate the title of the above person: _____</p> <hr/> <p>Obtain signature of the person who received the QFO responsibilities information at the time of the inspection: _____ Blerim Gashi</p> <hr/> <p>Note: This report is a two page form (total of 62 debitable items) Page 1 of 2</p>
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**STATE OF CONNECTICUT - DEPARTMENT OF PUBLIC HEALTH - 410 Capitol Avenue - MS#11FDP - Hartford, CT 06134
FOCUSED FOOD SERVICE INSPECTION REPORT**

NORTH CENTRAL DISTRICT HEALTH DEPARTMENT - 31 NORTH MAIN ST. - P. O. BOX 1222 - ENFIELD, CT 06082



NAME OF ESTABLISHMENT Suffield High School Cafeteria	INSPECTION DATE & TIME 1/30/2019 11:28 AM
STREET ADDRESS 1060 Sheldon Street Suffield	OWNER or OPERATOR Town of Suffield, Board of

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

KEY: DNC [DOES NOT COMPLY]		DNC
31	Sewage Disposal Approved. - Operating as required	4
34	No cross connection, back siphonage, backflow Proper type/Installation/Backflow prevention/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	Toilet Facilities Adequate, Convenient, Accessible, Designed, Properly installed	4

OTHER ITEMS		DNC
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 re-use of single service article	2
20	Diswashing 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
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	1
39	Approved garbage/rubbish containers, adequate number, covered, rodent proof, clean	1

KEY: DNC [DOES NOT COMPLY]		DNC
40	Garbage/Rubbish storage area/rooms enclosures-properly constructed, clean	1
41	Garbage disposed of in an approved manner, at approved frequency	1
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	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
51	Adequate lighting provided as required	1
52	Room free of steam, smoke odors	1
53	Room & equipment hoods, ducts, vented as required	1
54	Rooms adequate, clean, adequate lockers provided, facilities clean	1
55	Establishment and premises free of litter, no insects/rodents 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, 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

INSPECTOR: 	PERSON IN CHARGE: 
SIGNATURE Cristina Downes, B.A., R.S.	SIGNATURE Blerim Gashi
PRINT NAME 860-745-0383	PRINT NAME Cafeteria Mgr
PHONE NUMBER	TITLE

Inspection Type: Focused Food Inspection
 Other Inspection: _____
 Demerit Score: **Include demerits from page 1**

4	3	2	1	Total	Rating
0	0	0	2	2	98

Date Corrections 4/30/2019
 Page 2 of 2 plus _____ Continuation Pages