

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

Establishment **McAlister Intermediate School** Date & **1/22/2021 10:39 AM** **ROinsp** **REinsp**
 Address **260 Mountain Road** **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				DNC	3			
61	Designated Alternate				C	2			
62	Written Documentation of Training Program				DNC	2			
1	Approved Source, Wholesome, nonadulterated				C N/O N/A	4			
A	Approved shellfish, finfish, meat & poultry USDA approved				C				
B	Food cans in good condition (not dented, rusty, bloated, leaking)				C				
C	Wholesome/nonadulterated foods/safe				C				
D	Commercial products (no home grow/canned food)				C				
E	Potentially hazardous foods received at proper temperature				N/O				
O									
3	Potentially hazardous food meets temperature requirements during storage, preparation, service, and transportation				C N/O N/A	4			
A	Hot holding greater than or equal to 140° F (whole beef/Pork Roasts)				C				
B	Cold holding less than or equal to 45° F				C				
C	Proper cooling				N/O				
D	Proper re-heating				C				
E	Proper internal cooking/consumer advisory posted				N/A				
O									
4	Adequate facilities to maintain product temperature, thermometer provided				C N/O N/A	2			
A	Food thermometer available and accurate				C				
B	Proper food thermometer for product				C				
C	Thermometers appropriately placed in cooler units				C				
O									
7	Food protected during storage, preparation, display, service and transportation				C N/O N/A	2			
A	Produce washed				N/O				
B	Raw meats not stored/prepared near ready-to-eatfoods				C				
C	Food covered properly				C				
D	Adequate splash guards/sneeze guards				C				
E	No unauthorized personnel				C				
F	No pooling of eggs not cooked immediately				C				
8	Food containers stored off the floor				C				
O									
9	Handling of food minimized				C N/O N/A	2			
A	No unnecessary handling RTE and/or cooked foods w/ bare hands				C				
B	Minimize food handling, other than ready-to-eat, with bare hands				C				
C	Adequate utensil(s) for dispensing				C				
O									
12	Personnel with infections restricted				C N/O N/A	4			
A	Foods workers have no exposed infected lesions/burns				C				
B	Personnel with infection restricted				N/A				
C	Communicable disease of worker reported to local health director				N/A				
13	Handwashing facilities provided, hands washed, clean				C N/O N/A	4			
A	Handwashing facilities in all food prep/dispensing & warewashing areas				C				
B	Handwashing facilities in or immediately adjacent to toilet rooms				C				
C	Handwashing facilities accessible/convenient to use				C				
D	Personnel hands washed, clean/proper handwash procedure				C				
E	Handwashing at appropriate times				C				
O									
15	Good hygienic practices				C N/O N/A	2			
A	<input type="checkbox"/> No Eating <input type="checkbox"/> No Smoking While Working				C				
B	Wounds covered adequately				N/A				
C	Proper sink used for handwashing				DNC				
O									
24	Sanitization rinse (hot water - Chemical)				C N/O N/A	2			
A	Approved sanitizer available/adequate concentration of sanitizer				C				
B	Food-contact surfaces and utensils used for potentially hazardous food sanitized at least every 4hours				N/O				
C	Adequate <input type="checkbox"/> Dishwasher Sanitizer <input type="checkbox"/> Final Rinse Temp				N/A				
D	Proper sanitizing procedure				C				
E	Sanitizing between raw animal origin & ready-to-eatfood				C				
O									
25	Clean wiping cloths				C N/O N/A	1			
A	Cloths and/or sponges in good repair and clean				C				
B	Wiping cloths kept in sanitizer between uses				C				
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				
C	Food-contact surfaces clean				C				
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				C				
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: _____ Darlene Fabrizi</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


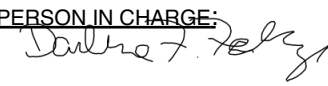
NAME OF ESTABLISHMENT McAlister Intermediate School	INSPECTION DATE & TIME 1/22/2021 11:28 AM
STREET ADDRESS 260 Mountain Road Suffield	OWNER or OPERATOR Suffield School District

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 Darlene Fabrizi
PRINT NAME 860-745-0383	PRINT NAME Deg. Alt.
PHONE NUMBER	TITLE

Inspection Type: **Focused Food Inspection**

Other Inspection:

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

4	3	2	1	Total	Rating
0	1	2	3	10	90
0	3	4	3		

Date Corrections **4/22/2021**

Page 2 of 2 plus Continuation Pages