

CFR: Efferpi Budas
8/28/24

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: 3 Food Establishment Inspection Report Page 1 of 2

Establishment type: Permanent Temporary Mobile Other _____ Date: 9/19/24

Establishment: Heavenly Donuts #422 Time In: 2:35 AM/PM Time Out: 3:00 AM/PM

Address: 658 New Haven ave LHD: NVHTD

Town/City: Derby Purpose of Inspection: Routine Pre-op

Permit Holder: Anasthios Budas Reinspection Other



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item				IN=in compliance	OUT=not in compliance	N/A=not applicable	N/O=not observed	Mark in appropriate box for COS and/or R					
P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type					COS=corrected on-site during inspection	R=repeat violation				
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
Supervision													
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Person/Alternate Person in charge present, demonstrates knowledge and performs duties													
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Certified Food Protection Manager for Classes 2, 3, & 4													
Employee Health													
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Management, food employee and conditional employee; knowledge, responsibilities and reporting													
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Proper use of restriction and exclusion													
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Written procedures for responding to vomiting and diarrheal events													
Good Hygienic Practices													
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Proper eating, tasting, drinking, or tobacco products use													
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
No discharge from eyes, nose, and mouth													
Preventing Contamination by Hands													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Hands clean and properly washed													
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed													
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Adequate handwashing sinks, properly supplied/accessible													
Approved Source													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Food obtained from approved source													
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Food received at proper temperature													
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Food in good condition, safe, and unadulterated													
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Required records available: molluscan shellfish identification, parasite destruction													

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark OUT if numbered item is not in compliance				V=violation type	Mark in appropriate box for COS and/or R				
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R
Safe Food and Water									
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Pasteurized eggs used where required									
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Water and ice from approved source									
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Variance obtained for specialized processing methods									
Food Temperature Control									
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Proper cooling methods used; adequate equipment for temperature control									
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Plant food properly cooked for hot holding									
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Approved thawing methods used									
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Thermometers provided and accurate									
Food Identification									
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Food properly labeled; original container									
Prevention of Food Contamination									
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Insects, rodents, and animals not present									
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Contamination prevented during food preparation, storage & display									
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Personal cleanliness									
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Wiping cloths: properly used and stored									
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Washing fruits and vegetables									

Permit Holder shall notify customers that a copy of the most recent inspection report is available.

Person in Charge (Signature) Efferpi Budas Date 9/19/24

Person in Charge (Printed) Efferpi Budas

Inspector (Signature) Blenda Buchanan Date 9/19/24

Inspector (Printed) Blenda Buchanan

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations	<u>10 days / COS</u>	<u>2</u>
Core Item Violations	<u>9/19/24</u>	<u>6</u>
Risk Factor/Public Health Intervention Violations		<u>2</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>1</u>
Good Retail Practices Violations		<u>5</u>
Requires Reinspection - check box if you intend to reinspect		<u>NO</u>

Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

INSPECTION REPORT
FOOD SERVICE ESTABLISHMENTS
CONTINUATION SHEET

Tuna 39.
Chicago 39.
sausage 40.
Sriracha 40.
bacon 40.

NAME OF ESTABLISHMENT	TOWN	DATE OF INSPECTION
Heavenly Donuts	Derby	9/19/24
INSPECTION FORM #	REMARKS	
10H	blocked hand sink at rear (ws)	
37H	food packaged in establishment not labeled - (chicken soup). Label information shall include:	
	1. common name of food	
	2. list of ingredients	
	3. declaration or net quantity of contents	
	4. name/place of business	
	5. name of food source for each major allergen	
3H	flies present	
4H	unclean lids of food containers; unclean exterior of food bins	
5H	unclean; water stained ceiling tiles at rear	
39L	uncovered food in WIC	
5TC	unclean floors; flows in WIL/WIF	
14C	unclean ^{beverage} storage liners in cooler	
	A ceiling tiles being replaced; new cabinets being installed.	
INITIAL (INSPECTOR)		INITIAL (PERSON IN CHARGE)
gm		EB

Distribution: 1st - White - Health Department 2nd - Yellow - Owner/Manager