


Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other	Date: 9/11/24	Time In: 2:00 AM/PM Time Out: 2:30 AM/PM
Establishment: Subway # 5860		
Address: 1070 New Haven Avenue	LHD: NVH0	Purpose of Inspection: Routine Pre-op
Town/City: Derby	Reinspection	Other
Permit Holder: Kazi Hossain	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		
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
Supervision	Protection from Contamination	Time/Temperature Control for Safety
1 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties	15 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	18 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures
2 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4	16 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized	19 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding
Employee Health	Consumer Advisory	Highly Susceptible Population
3 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting	25 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food	26 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered
4 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion	Food/Color Additives and Toxic Substances	
5 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events	27 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used	28 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used
Good Hygienic Practices	Conformance with Approved Procedures	
6 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use	29 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan	
7 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	GOOD RETAIL PRACTICES	
Preventing Contamination by Hands	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.	
8 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed		
9 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	Safe Food and Water	Proper Use of Utensils
10 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible	30 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required	43 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored
Approved Source	31 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source	44 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled
11 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source	32 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods	45 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Single-use/single-service articles: properly stored & used
12 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature	Food Temperature Control	46 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Gloves used properly
13 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated	33 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control	Utensils and Equipment
14 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction	34 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding	47 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used
GOOD RETAIL PRACTICES		
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		
Prevention of Food Contamination	Physical Facilities	Violations documented
38 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present	50 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure	Priority Item Violations
39 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	51 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices	Priority Foundation Item Violations
40 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	52 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed	Core Item Violations
41 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	53 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean	Risk Factor/Public Health Intervention Violations
42 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	54 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage and refuse properly disposed; facilities maintained	Repeat Risk Factor/Public Health Intervention Violations
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature): [Signature] Date: 9-19-24	55 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean	Good Retail Practices Violations
Person in Charge (Printed): KAZI HOSSAIN	56 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used	Requires Reinspection - check box if you intend to reinspect
Inspector (Signature): [Signature] Date: 1/11/24	<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f	
Inspector (Printed): Stanley Brennan		
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.		

meatballs 15¢
 tuna 40¢
 beef 40¢
 ham 89¢
 turkey 39¢
 pep 39¢
 shredded cheese 39¢
 bacon 38¢
 p/w cheese 30¢
 Lettuce 38¢
 Tom 37¢
 Cheddar 39¢



INSPECTION REPORT
 FOOD SERVICE ESTABLISHMENTS
 CONTINUATION SHEET

STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH

NAME OF ESTABLISHMENT	TOWN	DATE OF INSPECTION
Subway	Derby	9/19/24
INSPECTION FORM #	REMARKS	
10Pf	rear hand wash sink blocked (w/s)	
55C	water-stained ceiling tiles	
57C	unclean ceiling vents	
41C	wiping cloths not stored in sanitizer between use	
43C	in-use utensils not stored in running water - or water at least 131° F	
INITIAL (INSPECTOR)	INITIAL (PERSON IN CHARGE)	
<i>[Signature]</i>	<i>[Signature]</i>	

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

c:\cert\insform2.crt