

5849

Connecticut Department of Public Health

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 9/4/24

Establishment Woolback Burgers of Derby Time In 11:45 AM/PM Time Out 12¹⁰ AM/PM

Address 54 Pershing Dr LHD NVHD

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

Permit Holder _____ 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						
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					
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"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							Food separated and protected				P/C	<input type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health													
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Proper disposition of returned, previously served, reconditioned, and unsafe food				P	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion							Proper cooking time and temperatures				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events							Proper reheating procedures for hot holding				P	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices													
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use							Proper cooling time and temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth							Proper hot holding temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed							Proper cold holding temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							Proper date marking and disposition				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible							Time as a public health control: procedures and records				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source							Consumer advisory provided: raw/undercooked food				Pf	<input type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature							Highly Susceptible Population				P/C	<input type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated							Food additives: approved and properly used				P	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction							Toxic substances properly identified, stored & used				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures													
29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							Compliance with variance/specialized process/ROP criteria/HACCP Plan				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

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			COS=corrected on-site during inspection	R=repeat violation						
OUT	N/A	N/O	V	COS	R	OUT	COS	R	OUT	COS	R				
Safe Food and Water															
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Pasteurized eggs used where required							In-use utensils: properly stored				C	<input type="checkbox"/>	<input type="checkbox"/>		
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Water and ice from approved source							Utensils/equipment/linens: properly stored, dried, & handled				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Variance obtained for specialized processing methods							Single-use/single-service articles: properly stored & used				P/C	<input type="checkbox"/>	<input type="checkbox"/>		
Food Temperature Control															
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Proper cooling methods used; adequate equipment for temperature control							Gloves used properly				C	<input type="checkbox"/>	<input type="checkbox"/>		
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment								
Plant food properly cooked for hot holding							Food and non-food contact surfaces cleanable, properly designed, constructed, and used				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
35	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Approved thawing methods used							Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Thermometers provided and accurate							Non-food contact surfaces clean				C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Food Identification															
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities								
Food properly labeled; original container							Hot and cold water available; adequate pressure				Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Prevention of Food Contamination															
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Insects, rodents, and animals not present							Plumbing installed; proper backflow devices				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Contamination prevented during food preparation, storage & display							Sewage and waste water properly disposed				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Personal cleanliness							Toilet facilities: properly constructed, supplied, & clean				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Wiping cloths: properly used and stored							Garbage and refuse properly disposed; facilities maintained				C	<input type="checkbox"/>	<input type="checkbox"/>		
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Washing fruits and vegetables							Physical facilities installed, maintained, and clean				P/Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
							Adequate ventilation and lighting; designated areas used				C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Violations documented															
							Natural rubber latex gloves not used per CGS §19a-36f				C	<input type="checkbox"/>	<input type="checkbox"/>		
Date corrections due															
#															
Person in Charge (Signature) _____ Date _____				Priority Item Violations _____				Priority Foundation Item Violations _____				Core Item Violations _____			
Person in Charge (Printed) _____				Risk Factor/Public Health Intervention Violations _____				Repeat Risk Factor/Public Health Intervention Violations _____				Good Retail Practices Violations _____			
Inspector (Signature) <u>Amanda Michaud</u> Date <u>9/4/24</u>				Requires Reinspection - check box if you intend to reinspect _____											
Inspector (Printed) <u>Amanda Michaud</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.

Food Establishment Inspection Report

LHD NVHD

Inspection Report Continuation Sheet

Date 9/4/24

Establishment Wayback Burgers Town Derry

TEMPERATURE OBSERVATIONS					
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC	40°F	Fries (HH)	135-145°F	BM/reach in	
- Raw beef	36°F	Cheese curds (fryer)	200°F	- Tomato	42°F
- Onions	35°F			- Sliced yellow cheese	41°F
WIF	0°F	Drawers	25°F	- Onion	40°F
mini fridge	41°F	- hot dog	55°F		
- milk	37°F	- Raw Chx	34°F		

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	<div style="display: flex; justify-content: space-around;"> → not onsite → on site + has one but cert not avail </div>
CFPM	<p>- Sheel Shah 5/13/27, Dishant + modi</p> <p>Handsink - stocked ✓, Signage ✓, Hot H2O 104°F ✓</p> <p>Sanitizer - Quat Bucket 200-400ppm ✓, Test Strips ✓</p> <p>Thermometer - probe ✓ → make sure its readily available to staff ✓</p> <p>Gloves - poly ✓</p> <p>Allergen Statement ✓, cans ✓, Dip well for scoops ✓</p> <p>Squeeze bottles labeled ✓, Floors clean ✓, covered trash in BR ✓</p> <p>Good date marking + labeling ✓, Allergen poster ✓</p>
C 56 ✓	Personal items stored throughout ^{boot} (shoes) → COS, PIC had move items to lockers/outside ✓
C 55 ✓	mops stored on floor of mop sink → hang to dry when not in use ✓
C 49 ✓	2 door reach-in freezer unclean/debris (gaskets/bottom) - COS, PIC cleaned ✓
C 49 ✓	unclean backboard of self serve soda machine - COS, PIC had cleaned ✓

Person in Charge (Signature) [Signature] Date _____

Inspector (Signature) Amanda Woodward Date 9/4/24