

Checking Poster - Yes

**INSPECTION REPORT
FOOD SERVICE ESTABLISHMENTS**

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
410 Capitol Avenue, MS#11FDP, Hartford, CT 06134

ROUTINE INSPECTION REINSPECTION
 PREOPERATIONAL OTHER

NAME OF ESTABLISHMENT Windham County 4H Camp
STREET ADDRESS 326 Taft Pond Road. Pomfret
OWNER or OPERATOR

ESTABLISHMENT CLASS Seasonal
TOWN Pomfret
INSPECTION DATE and TIME 06/22/2017 12:55

Based on an inspection this day, the items marked below identify the violations in operation or facilities which must be corrected by the date specified below.

SOURCES OF FOOD		
1	Approved source, wholesome, nonadulterated	4
2	Original container, properly labeled	1
FOOD PROTECTION		
3	Potentially hazardous food meets temperature requirements during storage, preparation, display, service, and transportation	4
4	Adequate facilities to maintain product temperature, thermometers provided	2
5	Potentially hazardous food properly thawed	2
6	Unwrapped or potentially hazardous food not re-served	4
7	Food protected during storage, preparation, display, service & transportation	2
8	Food containers stored off floor	2
9	Handling of food minimized	2
10	Food dispensing utensils properly stored	1
11	Toxic items properly stored, labeled, used	4
PERSONNEL		
12	Personnel with infection restricted	4
CLEANLINESS OF PERSONNEL		
13	Handwashing facilities provided, personnel hands washed, clean	4
14	Clean outer clothes, effective hair restraints	1
15	Good hygienic practices, smoking restricted	2
EQUIPMENT & UTENSILS: DESIGN, CONSTRUCTION & INSTALLATION		
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 reuse of single service article	2
20	Dishwashing 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	2
24	Sanitization rinse (hot water - chemical)	2
25	Clean wiping cloths	1
26	Food-contact surfaces of utensils & equipment clean	2
27	Nonfood-contact surfaces of utensils & equipment clean	1
28	Equipment/utensils, storage, handling	1
WATER SUPPLY		
29	Water source adequate, safe	4
30	Hot and cold water under pressure, provided as required	2
SEWAGE DISPOSAL		
31	Sewage disposal approved	4
32	Proper disposal of waste water	1
PLUMBING		
33	Location, installation, maintenance	1
34	No cross connection, back siphonage, backflow	4
TOILET FACILITIES		
35	Adequate, convenient, accessible, designed, installed	4
36	Toilet rooms enclosed with self-closing door	1
37	Proper fixtures provided, good repair, clean	1
HANDWASHING FACILITIES		
38	Suitable hand cleaner and sanitary towels or approved hand drying devices provided, tissue waste receptacles provided	1
GARBAGE/RUBBISH STORAGE & DISPOSAL		
39	Approved containers, adequate number, covered, rodent proof, clean	1
40	Storage area/rooms, enclosures - properly constructed, clean	1
41	Garbage disposed of in an approved manner, at approved frequency	1

VERMIN CONTROL		
42	Presence of insects/rodents	2
43	Outer openings protected against entrance of insects/rodents	1
FLOORS, WALLS & CEILINGS		
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
LIGHTING & VENTILATION		
51	Adequate lighting provided as required	1
52	Room free of steam, smoke odors	1
53	Room & equipment hoods, ducts, vented as required	1
DRESSING ROOMS & LOCKERS		
54	Rooms adequate, clean, adequate lockers provided, facilities clean	1
HOUSEKEEPING		
55	Establishment and premises free of litter, no insect/rodent 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, or other animals (except guide dogs)	1
SMOKING PROHIBITED		
59	Smoking prohibited, signs posted at each entrance	3
QUALIFIED FOOD OPERATOR		
60	Qualified Food Operator	3
61	Designated alternate	2
62	Written documentation of training program	2

DEMERIT SCORE			
4	3	2	1
0	0	1	3

RISK FACTOR VIOLATIONS IN RED

TOTAL	RATING	Date Corrections Due
5	95	

Signature of Person in charge
Eusebio Barrios
SIGNED (Inspector)
Maria Aurora R. Wood

DESCRIBE DEFICIENCIES ON CONTINUATION SHEETS

DISTRIBUTION: 1st - White - Health Department 2nd - Yellow - Owner/Operator



INSPECTION REPORT
FOOD SERVICE ESTABLISHMENTS
CONTINUATION SHEET

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME OF ESTABLISHMENT	TOWN	DATE OF INSPECTION
Windham County 4H Camp	Pomfret	06/02/2017 12:55

INSPECTION FORM #	REMARKS
50	brooms/dust pan stovd directly on floor - must be hung when not in use.
44	Floors behind equip (hard to reach) debris needs cleaning
26	inside bottom of Traulsen reaching debris needs wiping out. sanitizer 50-100ppm bleach water - ok
44	debris on floor walkin and under shelving needs cleaning walkin 35°
44	Floors in walkin freezer debris needs cleaning. wash temp - 147 rinse 182 - moist-
28	make sure all silverware is pointed in same direction.
	all set to operate.

INITIAL (INSPECTOR) <u>MJM RS wadit</u>	INITIAL (PERSON IN CHARGE) <u>EMP</u>
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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Send copy

C Saint 7a @ Hot mail

FAMILY CAMPGROUND INSPECTION FORM

emailed 4/25/17 Bto

Date: 4/21/17

Campground Name: Charlie Brown Campground

Address: 98 Chaplin Rd. Rt #198

Town: Eastford State: CT Zip: 06042 Phone: 860 974-0142

Owner: Steven St John Phone: 860 974-0142

Person Responsible for Daily Operation: Chris St. John

Dates of Operation: 4/15/17 - 10/15/17

Water Supply: Public Water Supply On-site well(s)* checked

* Is water system registered with the State Health Dept.? Yes / No

* Water quality reports verify well(s) potability Yes/ No

Sewage Disposal: Public Sewers Septic System(s)* checked Holding Tank

* If septic, date tank(s) last pumped: 4/17

CT Licensed Sewage Pumper # Parent Sanitation

Total Number of Camping Unit Sites: 120

120 # of Water hook-ups

14 # of Water/Sewer hook-ups

of Primitive Sites

of Semi-primitive Sites

Food Service provided: Yes* No checked

* If yes, in compliance with the CT Public Health Code?

Yes No

Swimming Facility: Swimming Pool Whirlpool Lake/Pond checked River

* In compliance with the CT Public Health Code?

Yes checked No



Phone: (860) 509-7289, Fax: (860) 509-7295

Telephone Device for the Deaf (860) 509-7191

410 Capitol Avenue - MS # 51LAB

P.O. Box 340308 Hartford, CT 06134

An Equal Opportunity Employer

Sink waste: Yes* / No (for existing sites only, no longer allowed in new code revision)

- * If yes, # of sink wastes N/A
- * Sink wastes covered N/A
- * Sink waste pipes in ground N/A

General Provisions:

- Daily register of all camping unit site occupants maintained
- Fire safety rules and applicable phone numbers conspicuously posted.
- 24 Unit First Aid Kit on-site and location conspicuously posted.
- Accident report forms (completed in duplicate by family campground management and maintained for 1 year).
- Camping unit site allotment. (->15/acre or ->25 transient/acre)

Water Supply:

- Water supply outlets not more than 500 ft from any camping site
- Central water supply stations equipped with atmospheric vacuum breakers
- All central water supply stations have proper "**Drinking Water**" signage.
- Verify adequate system pressure (25psi) at a point representative of peak occupancy demand
- Water riser pipes equipped with threaded male spigot with the opening pointed down and an atmospheric vacuum breaker.
- Located at least 12" but not more than 24" above grade level.

Sanitary Facilities:

- Located within 500 ft. walking distance from all camping units or camping unit sites not provided with an individual sewer connection.
- All toilet buildings shall be properly screened.
- Self closing doors.
- Vented to the roof.
- Hot & cold running water.
- Clean & sanitary.
- Separate shower & toilet stalls.
- Covered receptacle in women's toilet room.
- No odors, leakage, or overflow.
- Privies comply with regulations.

of privies.
of flush toilets – Men 4 Women 5
of urinals – Men _____
of sinks – Men 5 Women 5
of showers – Men 2 Women 2
of stalls – Men 4 Women 5

Sewage Disposal:

- 2 # of sanitary disposal stations (one station for each 150 camping units).
- Disposal station located a minimum of 50 ft. from camping unit sites.
- Disposal station with a concrete slab with 4" center drain inlet.
- Self-closing foot-operated hatch with tight fitting cover.

Sewage Disposal (cont.)

- Slab shall not be less than 3' by 3' and at least 3^{1/2}" thick.
- Water tap with suitable hose for cleanup of the area equipped with a reduced principal backflow preventer (RPD).
- Proof of annual test of RPD by a CT Licensed Backflow Preventer Tester, Tester # _____ (preferably test should be done at season start-up)
- Sign of durable material not less than 24" by 24" posted adjacent to water tap **"DANGER-NOT TO BE USED FOR DRINKING OR DOMESTIC PURPOSES"**.
- Water-tight holding tanks equipped with high level alarms or indicators.
- Access manhole on holding tanks extended to grade
- Mobile units for pumping tanks do not have leaks, odors, or any other nuisances.
- Mobile pump out units maintained in a clean and sanitary condition.

General Sanitation:

- Adequate numbers of fly tight dumpsters or metal or heavy plastic containers.
- Refuse does not create health hazards, rodent harborage, insect breeding, odors, etc.
- Containers covered at all times.
- Grounds, buildings, and structures maintained.
- Poison ivy and other noxious plants removed from camping unit sites.

Campground Representative-

Signature Chris St. John

Health Dept./District Representative-

Signature [Signature]

Comments: - Any chipping peeling paint must be Repainted or Replaced
- The 5 Back-flow preventers that are missing must be Replaced.

Send copy.

sent via mail
4/25/17
BTO



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

FAMILY CAMPGROUND INSPECTION FORM

Date: 4/21/17

Campground Name: Nickerson Park

Address: 10360 Phoenixville Rd. Chaplen

Town: Eastford State: CT Zip: 06035 Phone: 8604550007

Owner: Diane Nickerson Phone: _____

Person Responsible for Daily Operation: Chris Nickerson

Dates of Operation: 4/14/17 - 10/9/17

Water Supply: Public Water Supply _____ On-site well(s)*

* Is water system registered with the State Health Dept.? Yes/ No

* Water quality reports verify well(s) potability Yes/ No

Sewage Disposal: Public Sewers _____ Septic System(s)* Holding Tank _____

* If septic, date tank(s) last pumped: _____

CT Licensed Sewage Pumper # Parent Sanitation

Total Number of Camping Unit Sites: 106

57 # of Water hook-ups

64 # of Water/Sewer hook-ups

5 # of Primitive Sites

_____ # of Semi-primitive Sites

Food Service provided: Yes* _____ No

* If yes, in compliance with the CT Public Health Code?

Yes _____ No _____

Swimming Facility: Swimming Pool _____ Whirlpool _____ Lake/Pond River

* In compliance with the CT Public Health Code?

Yes No _____



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Sink waste: Yes* / No (for existing sites only, no longer allowed in new code revision)

* If yes, # of sink wastes 44

* Sink wastes covered 44

* Sink waste pipes in ground _____

8 Leaching Pits / galleries

General Provisions:

- Daily register of all camping unit site occupants maintained
- Fire safety rules and applicable phone numbers conspicuously posted.
- 24 Unit First Aid Kit on-site and location conspicuously posted.
- Accident report forms (completed in duplicate by family campground management and maintained for 1 year).
- Camping unit site allotment. (->15/acre or ->25 transient/acre)

Water Supply:

- Water supply outlets not more than 500 ft from any camping site
- Central water supply stations equipped with atmospheric vacuum breakers
- All central water supply stations have proper "**Drinking Water**" signage.
- Verify adequate system pressure (25psi) at a point representative of peak occupancy demand
- Water riser pipes equipped with threaded male spigot with the opening pointed down and an atmospheric vacuum breaker.
- Located at least 12" but not more than 24" above grade level.

Sanitary Facilities:

- Located within 500 ft. walking distance from all camping units or camping unit sites not provided with an individual sewer connection.
- All toilet buildings shall be properly screened.
- Self closing doors.
- Vented to the roof.
- Hot & cold running water. *cold water only*
- Clean & sanitary.
- Separate shower & toilet stalls.
- Covered receptacle in women's toilet room.
- _____ No odors, leakage, or overflow.
- _____ Privies comply with regulations.
- 3 # of privies.
- # of flush toilets – Men 5 Women 7
- # of urinals – Men _____
- # of sinks – Men _____ Women _____
- # of showers – Men 3 Women 2
- # of stalls – Men 5 Women 7

Sewage Disposal:

- 1 # of sanitary disposal stations (one station for each 150 camping units).
- Disposal station located a minimum of 50 ft. from camping unit sites.
- Disposal station with a concrete slab with 4" center drain inlet.
- Self-closing foot-operated hatch with tight fitting cover.

Sewage Disposal (cont.)

- Slab shall not be less than 3' by 3' and at least 3 1/2" thick.
- Water tap with suitable hose for cleanup of the area equipped with a reduced principal backflow preventer (RPD).
- Proof of annual test of RPD by a CT Licensed Backflow Preventer Tester, Tester # _____ (preferably test should be done at season start-up)
- Sign of durable material not less than 24" by 24" posted adjacent to water tap **"DANGER-NOT TO BE USED FOR DRINKING OR DOMESTIC PURPOSES"**.
- Water-tight holding tanks equipped with high level alarms or indicators.
- Access manhole on holding tanks extended to grade
- Mobile units for pumping tanks do not have leaks, odors, or any other nuisances.
- N/A* Mobile pump out units maintained in a clean and sanitary condition.

General Sanitation:

- Adequate numbers of fly tight dumpsters or metal or heavy plastic containers.
- Refuse does not create health hazards, rodent harborage, insect breeding, odors, etc.
- Containers covered at all times.
- Grounds, buildings, and structures maintained.
- Poison ivy and other noxious plants removed from camping unit sites.

Campground Representative-

Signature _____

Health Dept./District Representative-

Signature _____

Comments:

- feather ball pole needs to be repainted
- fresh mulch under swings
- Soda machine Bay Bathroom needs to be cleaned out.
- Shower Benches need to be repainted - no chipping peeling paint
- #13 white liquid dripping from white truck plate # 1943CW plaid, milky
- mens room sink need to be resurfaced or replaced.

5/08



STATE OF CONNECTICUT

2017

DEPARTMENT OF PUBLIC HEALTH

FAMILY CAMPGROUND INSPECTION FORM

Date: 4/21/17

Campground Name: Peppertree Camping

Address: 1460 Chaplin Rd.

Town: Eastford State: CT Zip: 06242 Phone: 860 974-1439

Owner: Phil Cotnoir Phone: 860 974-1439

Person Responsible for Daily Operation: Phil Cotnoir

Dates of Operation: 4/14/17 - 10/9/17

Water Supply: Public Water Supply _____ On-site well(s)*

* Is water system registered with the State Health Dept.? Yes / No
* Water quality reports verify well(s) potability Yes/ No

Sewage Disposal: Public Sewers _____ Septic System(s)* Holding Tank _____

* If septic, date tank(s) last pumped: Top River

CT Licensed Sewage Pumper # NOV. 10

Total Number of Camping Unit Sites: 50

- 10 # of Water hook-ups
- 45 # of Water/Sewer hook-ups
- 45 # of Primitive Sites
- 5 # of Semi-primitive Sites

Food Service provided: Yes* No _____

* If yes, in compliance with the CT Public Health Code?
Yes No _____

Swimming Facility: Swimming Pool _____ Whirlpool _____ Lake/Pond River

* In compliance with the CT Public Health Code?
Yes No _____



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Sink waste: Yes* / No (for existing sites only, no longer allowed in new code revision)

- * If yes, # of sink wastes 45
- * Sink wastes covered 45
- * Sink waste pipes in ground _____

General Provisions:

- Daily register of all camping unit site occupants maintained
- Fire safety rules and applicable phone numbers conspicuously posted.
- 24 Unit First Aid Kit on-site and location conspicuously posted.
- Accident report forms (completed in duplicate by family campground management and maintained for 1 year).
- Camping unit site allotment. (->15/acre or ->25 transient/acre)

Water Supply:

- Water supply outlets not more than 500 ft from any camping site
- Central water supply stations equipped with atmospheric vacuum breakers
- All central water supply stations have proper "**Drinking Water**" signage.
- Verify adequate system pressure (25psi) at a point representative of peak occupancy demand
- Water riser pipes equipped with threaded male spigot with the opening pointed down and an atmospheric vacuum breaker.
- Located at least 12" but not more than 24" above grade level.

Sanitary Facilities:

- Located within 500 ft. walking distance from all camping units or camping unit sites not provided with an individual sewer connection.
- All toilet buildings shall be properly screened.
- Self closing doors.
- Vented to the roof.
- Hot & cold running water.
- Clean & sanitary.
- Separate shower & toilet stalls.
- Covered receptacle in women's toilet room.
- No odors, leakage, or overflow.
- Privies comply with regulations.
- 2 # of privies.
- # of flush toilets – Men 3 Women 3
- # of urinals – Men _____
- # of sinks – Men 2 Women 2
- # of showers – Men 2 Women 2
- # of stalls – Men _____ Women _____

Sewage Disposal:

- 1 # of sanitary disposal stations (one station for each 150 camping units).
- Disposal station located a minimum of 50 ft. from camping unit sites.
- Disposal station with a concrete slab with 4" center drain inlet.
- Self-closing foot-operated hatch with tight fitting cover.

Sewage Disposal (cont.)

- Slab shall not be less than 3' by 3' and at least 3^{1/2}" thick.
- Water tap with suitable hose for cleanup of the area equipped with a reduced principal backflow preventer (RPD).
- Proof of annual test of RPD by a CT Licensed Backflow Preventer Tester, Tester # _____ (preferably test should be done at season start-up)
- Sign of durable material not less than 24" by 24" posted adjacent to water tap **"DANGER-NOT TO BE USED FOR DRINKING OR DOMESTIC PURPOSES"**.
- Water-tight holding tanks equipped with high level alarms or indicators.
- Access manhole on holding tanks extended to grade
- Mobile units for pumping tanks do not have leaks, odors, or any other nuisances.
- Mobile pump out units maintained in a clean and sanitary condition.

General Sanitation:

- Adequate numbers of fly tight dumpsters or metal or heavy plastic containers.
- Refuse does not create health hazards, rodent harborage, insect breeding, odors, etc.
- Containers covered at all times.
- Grounds, buildings, and structures maintained.
- Poison ivy and other noxious plants removed from camping unit sites.

Campground Representative-

Signature _____

Health Dept./District Representative-

Signature _____

Comments: - Cracked wall board in bathroom
- Showers just need to be cleaned out.
- Very well maintained campground.

**INSPECTION REPORT
FOOD SERVICE ESTABLISHMENTS**

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
410 Capitol Avenue, MS#11FDP, Hartford, CT 06134

ROUTINE INSPECTION REINSPECTION
 PREOPERATIONAL OTHER

NAME OF ESTABLISHMENT Hideaway Cove Camp Store
STREET ADDRESS 1060 North Road
OWNER or OPERATOR _____

ESTABLISHMENT CLASS 3
TOWN Killingly
INSPECTION DATE and TIME 5/23/17 1250p.

Based on an inspection this day, the items marked below identify the violations in operation or facilities which must be corrected by the date specified below.

SOURCES OF FOOD		
1	Approved source, wholesome, nonadulterated	4
2	Original container, properly labeled	1
FOOD PROTECTION		
3	Potentially hazardous food meets temperature requirements during storage, preparation, display, service, and transportation	4
4	Adequate facilities to maintain product temperature, thermometers provided	2
5	Potentially hazardous food properly thawed	2
6	Unwrapped or potentially hazardous food not re-served	4
7	Food protected during storage, preparation, display, service & transportation	2
8	Food containers stored off floor	2
9	Handling of food minimized	2
10	Food dispensing utensils properly stored	1
11	Toxic items properly stored, labeled, used	4
PERSONNEL		
12	Personnel with infection restricted	4
CLEANLINESS OF PERSONNEL		
13	Handwashing facilities provided, personnel hands washed, clean	4
14	Clean outer clothes, effective hair restraints	1
15	Good hygienic practices, smoking restricted	2
EQUIPMENT & UTENSILS: DESIGN, CONSTRUCTION & INSTALLATION		
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 reuse of single service article	
20	Dishwashing 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	
23	Accurate thermometers provided, dish basket, if used	
24	Sanitization rinse (hot water - chemical)	2
25	Clean wiping cloths	1
26	Food-contact surfaces of utensils & equipment clean	2
27	Nonfood-contact surfaces of utensils & equipment clean	1
28	Equipment/utensils, storage, handling	1
WATER SUPPLY		
29	Water source adequate, safe	4
30	Hot and cold water under pressure, provided as required	2
SEWAGE DISPOSAL		
31	Sewage disposal approved	4
32	Proper disposal of waste water	1
PLUMBING		
33	Location, installation, maintenance	1
34	No cross connection, back siphonage, backflow	4
TOILET FACILITIES		
35	Adequate, convenient, accessible, designed, installed	4
36	Toilet rooms enclosed with self-closing door	1
37	Proper fixtures provided, good repair, clean	
HANDWASHING FACILITIES		
38	Suitable hand cleaner and sanitary towels or approved hand drying devices provided, tissue waste receptacles provided	1
GARBAGE/RUBBISH STORAGE & DISPOSAL		
39	Approved containers, adequate number, covered, rodent proof, clean	1
40	Storage area/rooms, enclosures – properly constructed, clean	1
41	Garbage disposed of in an approved manner, at approved frequency	

VERMIN CONTROL		
42	Presence of insects/rodents	2
43	Outer openings protected against entrance of insects/rodents	1
FLOORS, WALLS & CEILINGS		
44	Floors: floor covering installed, constructed as required, good repair, clean	1
45	Floors, graded, drained as required	
46	Floor, wall juncture covered	
47	Mats removable, good repair, clean	1
48	Exterior walking, driving surfaces, good repair, clean	
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
LIGHTING & VENTILATION		
51	Adequate lighting provided as required	1
52	Room free of steam, smoke odors	1
53	Room & equipment hoods, ducts, vented as required	
DRESSING ROOMS & LOCKERS		
54	Rooms adequate, clean, adequate lockers provided, facilities clean	1
HOUSEKEEPING		
55	Establishment and premises free of litter, no insect/rodent 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, or other animals (except guide dogs)	1
SMOKING PROHIBITED		
59	Smoking prohibited, signs posted at each entrance	3
QUALIFIED FOOD OPERATOR		
60	Qualified Food Operator	3
61	Designated alternate	2
62	Written documentation of training program	2

RISK FACTOR VIOLATIONS IN RED

DEMERIT SCORE				
4	3	2	1	
-	-	2	4	-

TOTAL	RATING	Date Corrections Due
4	96	ASAP

Signature of Person in charge
Matthew B...
SIGNED (Inspector)
Beth A... EHS/NODH

DESCRIBE DEFICIENCIES ON CONTINUATION SHEETS

DISTRIBUTION: 1st - White – Health Department 2nd – Yellow – Owner/Operator

NAME OF ESTABLISHMENT Stateline Campground
STREET ADDRESS 1639 Hartford Pike
OWNER or OPERATOR Resort Camplands/Nicola Leonetti

ESTABLISHMENT CLASS 1
TOWN Killingly
INSPECTION DATE and TIME 4/13/17 105/11:12

Based on an inspection this day, the items marked below identify the violations in operation or facilities which must be corrected by the date specified below.

SOURCES OF FOOD		
1	Approved source, wholesome, nonadulterated	4
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17	Nonfood-contact surfaces designed, constructed, maintained, installed, located	1
18	Single service articles, storage, dispensing	2
19	No reuse of single service article	2
20	Dishwashing 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
24	Sanitization rinse (hot water - chemical)	2
25	Clean wiping cloths	1
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WATER SUPPLY		
29	Water source adequate, safe	4
30	Hot and cold water under pressure, provided as required	2
SEWAGE DISPOSAL		
31	Sewage disposal approved	4
32	Proper disposal of waste water	1
PLUMBING		
33	Location, installation, maintenance	1
34	No cross connection, back siphonage, backflow	4
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35	Adequate, convenient, accessible, designed, installed	4
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37	Proper fixtures provided, good repair, clean	1
HANDWASHING FACILITIES		
38	Suitable hand cleaner and sanitary towels or approved hand drying devices provided, tissue waste receptacles provided	1
GARBAGE/RUBBISH STORAGE & DISPOSAL		
39	Approved containers, adequate number, covered, rodent proof, clean	1
40	Storage area/rooms, enclosures - properly constructed, clean	1
41	Garbage disposed of in an approved manner, at approved frequency	1

VERMIN CONTROL		
42	Presence of insects/rodents	2
43	Outer openings protected against entrance of insects/rodents	1
FLOORS, WALLS & CEILINGS		
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
LIGHTING & VENTILATION		
51	Adequate lighting provided as required	1
52	Room free of steam, smoke odors	1
53	Room & equipment hoods, ducts, vented as required	1
DRESSING ROOMS & LOCKERS		
54	Rooms adequate, clean, adequate lockers provided, facilities clean	1
HOUSEKEEPING		
55	Establishment and premises free of litter, no insect/rodent 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, or other animals (except guide dogs)	1
SMOKING PROHIBITED		
59	Smoking prohibited, signs posted at each entrance	3
QUALIFIED FOOD OPERATOR		
60	Qualified Food Operator	3
61	Designated alternate	2
62	Written documentation of training program	2

DEMERIT SCORE			
4	3	2	1

RISK FACTOR VIOLATIONS IN RED

TOTAL	RATING	Date Corrections Due
0	100	ASAP

Signature of Person in charge
Brittany Otto
SIGNED (Inspector) Brittany Otto EHS/NDPH

DESCRIBE DEFICIENCIES ON CONTINUATION SHEETS

DISTRIBUTION: 1st - White - Health Department 2nd - Yellow - Owner/Operator



INSPECTION REPORT
 FOOD SERVICE ESTABLISHMENTS
 CONTINUATION SHEET

STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH

NAME OF ESTABLISHMENT <i>StateLine Campground</i>	TOWN <i>Killingly</i>	DATE OF INSPECTION <i>4/13/17 1105/1112</i>
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INSPECTION FORM #	REMARKS
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Fup slider RI - 42° ambient

SoBe RI - 36° ambient

RI units clean

new microwave

no food operation @ time of inspection

INITIAL (INSPECTOR) <i>JAS EHS/NDDH</i>	INITIAL (PERSON IN CHARGE) <i>Mimi J...</i>
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**INSPECTION REPORT
FOOD SERVICE ESTABLISHMENTS**

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
410 Capitol Avenue, MS#11FDP, Hartford, CT 06134

ROUTINE INSPECTION REINSPECTION
 PREOPERATIONAL OTHER

NAME OF ESTABLISHMENT *Gibson*
STREET ADDRESS *177 Gibson Hill Rd*
OWNER or OPERATOR

ESTABLISHMENT CLASS *Y*
TOWN *Stearley*
INSPECTION DATE and TIME *7/27/17 3:30*

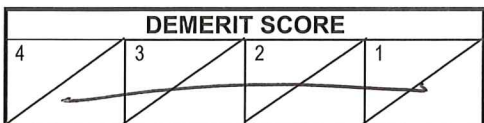
Based on an inspection this day, the items marked below identify the violations in operation or facilities which must be corrected by the date specified below.

SOURCES OF FOOD		
1	Approved source, wholesome, nonadulterated	4
2	Original container, properly labeled	1
FOOD PROTECTION		
3	Potentially hazardous food meets temperature requirements during storage, preparation, display, service, and transportation	4
4	Adequate facilities to maintain product temperature, thermometers provided	2
5	Potentially hazardous food properly thawed	2
6	Unwrapped or potentially hazardous food not re-served	4
7	Food protected during storage, preparation, display, service & transportation	2
8	Food containers stored off floor	
9	Handling of food minimized	2
10	Food dispensing utensils properly stored	1
11	Toxic items properly stored, labeled, used	4
PERSONNEL		
12	Personnel with infection restricted	4
CLEANLINESS OF PERSONNEL		
13	Handwashing facilities provided, personnel hands washed, clean	4
14	Clean outer clothes, effective hair restraints	1
15	Good hygienic practices, smoking restricted	2
EQUIPMENT & UTENSILS: DESIGN, CONSTRUCTION & INSTALLATION		
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 reuse of single service article	
20	Dishwashing facilities approved design, adequately constructed, maintained, installed, located	2

EQUIPMENT & UTENSILS: CLEANLINESS		
21	Preflushed, scraped, soaked and racked	
22	Wash water clean, proper temperature	1
23	Accurate thermometers provided, dish basket, if used	
24	Sanitization rinse (hot water - chemical)	2
25	Clean wiping cloths	1
26	Food-contact surfaces of utensils & equipment clean	2
27	Nonfood-contact surfaces of utensils & equipment clean	1
28	Equipment/utensils, storage, handling	1
WATER SUPPLY		
29	Water source adequate, safe	4
30	Hot and cold water under pressure, provided as required	2
SEWAGE DISPOSAL		
31	Sewage disposal approved	4
32	Proper disposal of waste water	1
PLUMBING		
33	Location, installation, maintenance	1
34	No cross connection, back siphonage, backflow	4
TOILET FACILITIES		
35	Adequate, convenient, accessible, designed, installed	4
36	Toilet rooms enclosed with self-closing door	1
37	Proper fixtures provided, good repair, clean	
HANDWASHING FACILITIES		
38	Suitable hand cleaner and sanitary towels or approved hand drying devices provided, tissue waste receptacles provided	1
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60	Qualified Food Operator	3
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RISK FACTOR VIOLATIONS IN RED



TOTAL	RATING	Date Corrections Due
0	100	MA

Signature of Person in charge
Elizabeth A. Costa
SIGNED (Inspector)
Shu Bombardieri

DESCRIBE DEFICIENCIES ON CONTINUATION SHEETS

DISTRIBUTION: 1st - White - Health Department 2nd - Yellow - Owner/Operator



INSPECTION REPORT
 FOOD SERVICE ESTABLISHMENTS
 CONTINUATION SHEET

STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH

NAME OF ESTABLISHMENT	TOWN	DATE OF INSPECTION
Cobson Hill Rd	Sterling	7/27/17
INSPECTION FORM #	REMARKS	
	NOT Being used at time of inspection	
-	all violations from previous inspection corrected.	
Sm.	upright freezer 32°	
Lg	upright freezer 32°	
INITIAL (INSPECTOR)	INITIAL (PERSON IN CHARGE)	