

Connecticut Department of Public Health

City of New Haven Health Department

| | | |
|--|---|-------------------|
| Risk Category: 3 | Food Establishment Inspection Report | Revised 2/16/2023 |
| Establishment Type: Permanent | | |
| Establishment: BRANFORD DINING HALL | Date and Time In: 2025-Mar-06 14:20 | |
| Address: 255 YORK ST, NEW HAVEN, CT | Date and Time Out: | |
| Town/City: New Haven | LHD: New Haven Health Department | |
| Permit Holder: Heather Tapper | Purpose of Inspection: Routine | |

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.

Designated compliance status (**IN**, **OUT**, **N/A**, **N/O**) marked 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
Appropriate boxes marked for **COS** and/or **R** | **COS**=corrected on-site during inspection | **R**=repeat violation



| | Compliance | Supervision | P | Pf | C | R | COS |
|----|------------|---|---|----|---|---|-----|
| 1 | In | Person/Alternate Person in charge present, demonstrates knowledge and performs duties | | | | | |
| 2 | In | Certified Food Protection Manager for Classes 2, 3, & 4 | | | | | |
| | | Employee Health | P | Pf | C | R | COS |
| 3 | In | Management, food employee and conditional employee; knowledge, responsibilities and reporting | | | | | |
| 4 | In | Proper use of restriction and exclusion | | | | | |
| 5 | In | Written procedure for responding to vomiting and diarrheal events | | | | | |
| | | Good Hygienic Practices | P | Pf | C | R | COS |
| 6 | N/O | Proper eating, tasting, drinking, or tobacco products use | | | | | |
| 7 | In | No discharge from eyes, nose, and mouth | | | | | |
| | | Preventing Contamination by Hands | P | Pf | C | R | COS |
| 8 | In | Hands clean and properly washed | | | | | |
| 9 | In | No bare hand contact with RTE food or a pre-approved alternative procedure properly followed | | | | | |
| 10 | In | Adequate handwashing sinks, properly supplied/accessible | | | | | |
| | | Approved Source | P | Pf | C | R | COS |
| 11 | In | Food obtained from approved source | | | | | |
| 12 | N/O | Food received at proper temperature | | | | | |
| 13 | In | Food in good condition, safe, and unadulterated | | | | | |
| 14 | N/O | Required records available: molluscan shellfish identification, parasite destruction | | | | | |
| | | Protection from Contamination | P | Pf | C | R | COS |
| 15 | In | Food separated and protected | | | | | |
| 16 | In | Food-contact surfaces: cleaned and sanitized | | | | | |
| 17 | In | Proper disposition of returned, previously served, reconditioned, and unsafe food | | | | | |
| | | Time/Temperature Control for Safety | P | Pf | C | R | COS |
| 18 | N/O | Proper cooking time and temperatures | | | | | |
| 19 | N/O | Proper reheating procedures for hot holding | | | | | |
| 20 | N/O | Proper cooling time and temperatures | | | | | |
| 21 | In | Proper hot holding temperatures | | | | | |
| 22 | In | Proper cold holding temperatures | | | | | |
| 23 | N/O | Proper date marking and disposition | | | | | |
| 24 | N/A | Time as a public health control: procedures and records | | | | | |
| | | Consumer Advisory | P | Pf | C | R | COS |
| 25 | N/A | Consumer advisory provided: raw/undercooked food | | | | | |
| | | Highly Susceptible Population | P | Pf | C | R | COS |
| 26 | In | Pasteurized foods used; prohibited foods not offered | | | | | |
| | | Food/Color Additives and Toxic Substances | P | Pf | C | R | COS |
| 27 | N/A | Food additives: approved and properly used | | | | | |
| 28 | In | Toxic substances properly identified, stored and used | | | | | |
| | | Conformance with Approved Procedures | P | Pf | C | R | COS |
| 29 | N/A | Compliance with variance/specialized process/ROP criteria/HACCP Plan | | | | | |

GOOD RETAIL PRACTICES

Good retail practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into food.

Marked **OUT** if numbered item is not in compliance | Appropriate boxes marked for **COS** and/or **R** | **COS**=corrected on-site during inspection | **R**=repeat violation

| Compliance | | Safe Food and Water | P | Pf | C | R/COS |
|------------|-----|--|---|----|---|-------|
| 30 | | Pasteurized eggs used where required | | | | |
| 31 | | Water and ice from approved source | | | | |
| 32 | N/A | Variance obtained for specialized processing methods | | | | |
| | | Food Temperature Control | P | Pf | C | R/COS |
| 33 | | Proper cooling methods used; adequate equipment for temperature control | | | | |
| 34 | | Plant food properly cooked for hot holding | | | | |
| 35 | | Approved thawing methods used | | | | |
| 36 | | Thermometers provided and accurate | | | | |
| | | Food Identification | P | Pf | C | R/COS |
| 37 | | Food properly labeled; original container | | | | |
| | | Prevention of Food Contamination | P | Pf | C | R/COS |
| 38 | | Insects, rodents, and animals not present | | | | |
| 39 | | Contamination prevented during food preparation, storage and display | | | | |
| 40 | | Personal cleanliness | | | | |
| 41 | Out | Wiping cloths: properly used and stored | | | 1 | |
| 42 | | Washing fruits and vegetables | | | | |
| | | Proper Use of Utensils | P | Pf | C | R/COS |
| 43 | | In-use utensils: properly stored | | | | |
| 44 | | Utensils/equipment/linens: properly stored, dried, and handled | | | | |
| 45 | | Single-use/single-service articles: properly stored and used | | | | |
| 46 | | Gloves used properly | | | | |
| | | Utensils and Equipment | P | Pf | C | R/COS |
| 47 | Out | Food and non-food contact surfaces cleanable, properly designed, constructed, and used | | | | |
| 48 | | Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available | | | | |
| 49 | Out | Non-food contact surfaces clean | | | 1 | |
| | | Physical Facilities | P | Pf | C | R/COS |
| 50 | | Hot and cold water available; adequate pressure | | | | |
| 51 | | Plumbing installed; proper backflow devices | | | | |
| 52 | | Sewage and waste water properly disposed | | | | |
| 53 | | Toilet facilities: properly constructed, supplied, and clean | | | | |
| 54 | | Garbage and refuse properly disposed; facilities maintained | | | | |
| 55 | Out | Physical facilities installed, maintained, and clean | | | 2 | |
| 56 | Out | Adequate ventilation and lighting; designated areas used | | | 1 | |
| | | Natural rubber latex gloves not used per CGS §19a-36f | | | | |

| Violations Documented | Date Corrections Due | # |
|--|--|-------------------|
| Priority Item Violations | | 0 |
| Priority Foundation Item Violations | | 0 |
| Core Item Violations | 2025-Jun-06 | 5 |
| Risk Factor/Public Health Intervention Violations | | 0 |
| Repeat Risk Factor/Public Health Intervention Violations | | 0 |
| Good Retail Practices Violations | | 5 |
| Requires Reinspection | | No |
| Permit Holder shall notify customers that a copy of the most recent report is available. | | |
| Person in Charge: Rinkesh Patel | Signature:  | Date: 2025-Mar-06 |
| Inspector: Shellie Longo-Collins | Signature:  | Date: 2025-Mar-06 |

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

Inspection Report Continuation Sheet

| | | |
|-------------------------------------|------|--|
| LHD: New Haven Health Department | | Date: 2025-03-06 |
| Establishment: BRANFORD DINING HALL | | Town: New Haven |
| TEMPERATURE OBSERVATIONS | | |
| Item/Location/Process | | Temp |
| | | |
| OBSERVATIONS AND CORRECTIVE ACTIONS | | |
| Item # | Type | Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the food code. |
| 49 | C | Hood baffles unclean |
| 1 | | |
| 48 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| | | |
| 50 | | |
| | | |
| 51 | | |
| 10 | | |
| 11 | | |
| | | |
| 52 | | |
| 14 | | |
| 16 | | |
| 17 | | |
| 18 | | |
| | | |
| 53 | | |
| | | |
| 54 | | |
| | | |
| 55 | C | Stained ceiling/tiles in dish room and self service |
| 55 | C | Ceiling unclean in self service |
| 25 | | |
| 26 | | |
| | | |
| 56 | C | Bulb out in WIC |
| 29 | | |
| 30 | | |
| 31 | | |
| 32 | | |
| 33 | | |
| 34 | | |
| 35 | | |
| 36 | | |
| 37 | | |
| 38 | | |
| 39 | | |
| 40 | | |
| 41 | C | Wiping cloths not in sanitizer |
| 42 | | |
| | | |
| 45 | | |
| 46 | | |
| 47 | C | Broken plastic air curtains |

Comments:

| | |
|---|-------------------|
| Person in Charge Signature:  | Date: 2025-Mar-06 |
|---|-------------------|

Inspector Signature: 

Date: 2025-Mar-06
BRANFORD DINING
HALL3