

433

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

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

Establishment type: Permanent Temporary Mobile Other _____ **Date:** 11/12/24

Establishment: Rosebuds Pizzeria **Time In:** 3:00 AM/PM **Time Out:** 3:50 AM/PM

Address: 350 Hawthorne Ave **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
Supervision						
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN	<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"/>	IN	<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"/>	IN	<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"/>	IN	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion						
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN	<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"/>	IN	<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"/>	IN	<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"/>	IN	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed						
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN	<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"/>	IN	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessibile						
Approved Source						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source						
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated						
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction						
GOOD RETAIL PRACTICES						
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>						
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						
Safe Food and Water						
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required						
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source						
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	<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"/>	OUT	<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"/>	OUT	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding						
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used						
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate						
Food Identification						
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container						
Prevention of Food Contamination						
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present						
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display						
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness						
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored						
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	<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.						
Proper Use of Utensils						
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	<input type="checkbox"/>	<input type="checkbox"/>
In-use utensils: properly stored						
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	<input type="checkbox"/>	<input type="checkbox"/>
Utensils/equipment/linens: properly stored, dried, & handled						
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	<input type="checkbox"/>	<input type="checkbox"/>
Single-use/single-service articles: properly stored & used						
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	<input type="checkbox"/>	<input type="checkbox"/>
Gloves used properly						
Utensils and Equipment						
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN	<input type="checkbox"/>	<input type="checkbox"/>
Food and non-food contact surfaces cleanable, properly designed, constructed, and used						
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	<input type="checkbox"/>	<input type="checkbox"/>
Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available						
49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	<input type="checkbox"/>	<input type="checkbox"/>
Non-food contact surfaces clean						
Physical Facilities						
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	<input type="checkbox"/>	<input type="checkbox"/>
Hot and cold water available; adequate pressure						
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing installed; proper backflow devices						
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	<input type="checkbox"/>	<input type="checkbox"/>
Sewage and waste water properly disposed						
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	<input type="checkbox"/>	<input type="checkbox"/>
Toilet facilities: properly constructed, supplied, & clean						
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	<input type="checkbox"/>	<input type="checkbox"/>
Garbage and refuse properly disposed; facilities maintained						
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN	<input type="checkbox"/>	<input type="checkbox"/>
Physical facilities installed, maintained, and clean						
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	<input type="checkbox"/>	<input type="checkbox"/>
Adequate ventilation and lighting; designated areas used						
Natural rubber latex gloves not used per CGS §19a-36f						
Violations documented						
Priority Item Violations	Date corrections due		#			
Priority Foundation Item Violations	COS		2			
Core Item Violations	11/12/24		3			
Risk Factor/Public Health Intervention Violations	02/12/25		7			
Repeat Risk Factor/Public Health Intervention Violations			3			
Good Retail Practices Violations			7			
Requires Reinspection - check box if you intend to reinspect			<input checked="" type="checkbox"/>			

Person in Charge (Signature): _____ **Date:** 11/12/24

Person in Charge (Printed): John Lucarelli

Inspector (Signature): Amanda Ruchin **Date:** 11/12/24

Inspector (Printed): Amanda Ruchin

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 11/12/24

Establishment Roselands Pizza

Town Derby

Routine Insp 10/23/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
<u>Bm</u>	<u>35°F</u>	<u>pizza</u>			
<u>wic</u>	<u>32°F</u>	<u>- mushrooms (cooked)</u>	<u>45°F</u>		
		<u>- mozz cheese</u>	<u>45°F</u>		
		<u>- parm cheese</u>	<u>49°F</u>		
		<u>- onion</u>	<u>49°F</u>		

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number	Priority / Priority Foundation Violations = due 11/3/24
<u>P 15 ✓</u>	<u>Raw Chx stored over RTE items in wic - cos, on 10/23</u>
<u>pf 39 ✓</u>	<u>Personal items stored w/ Food items - cos, on 10/23 - 11/12 not noticed ✓</u>
<u>pf 28 ✓</u>	<u>Sanitizer not made @ time of inspection on 10/23 - 11/12 Sani bucket made ✓</u>
<u>pf 10 ✓</u>	<u>No paper towels @ handwashing sink - cos, on 10/23 - 11/12 Handsink Stocked ✓</u>
<u>pf 23 ✗</u>	<u>Food items not datemarked - 11/12 Some items datemarked</u>
<u>pf 37 ✗</u>	<u>Containers in dry storage not labeled - 11/12 containers dry storage still not labeled</u>
<u>pf 38 ✗</u>	<u>Gnats throughout establishment - 11/12 Seems to be getting better → minimal noticed Keep sending reports one rec for 1/4 treatment</u>
	<u>Repeat violations = due 11/3/24</u>
<u>C 47 ✗</u>	<u>Fans unclean in wic - 11/12 fans still unclean wic → mats ordered</u>
<u>C 47/55*</u>	<u>Cardboard lining floor wic + shelf 1 dr Arctic Air freezer - 11/12 still cardboard</u>
<u>C 39 ✗</u>	<u>Food items in coolers uncovered - 11/12 items still uncovered wic + units</u>
<u>C 47*</u>	<u>Shelving by cookline very dusty - 11/12 still unclean + dusty</u>
<u>C 55*</u>	<u>Floors/walls throughout unclean/splatter</u>
<u>C 47 ✓</u>	<u>gaskets in disrepair - 11/12 - person came out today to place order for new gaskets → working on it</u>

Person in Charge (Signature) [Signature]

Date 11/12/24

Inspector (Signature) Amanda Rucchi

Date 11/12/24

Food Establishment Inspection Report

LHD NVHD Inspection Report Continuation Sheet Date 11/12/24

Establishment Roselands Pizza Town Derby

TEMPERATURE OBSERVATIONS					
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

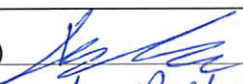
OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number: New violations as of 11/12/24

- P 15 * Eggs stored over ^{cooked} pasta - COS, had PIC move to btm
- C 39 * Boxes of bread stored on floor
- C 39 * Food boxes + bins on floor WIC
- P 22 * Food items @ pizza station 45°F - 49°F, COS, had employee's put items in fridge + instructed to take out + use smaller amounts of product. Items next to oven will get warm quickly + should be 41°F or below always

Items * will be re-inspected on 11/22/24 (or around)
These items are either repeat violations or new violations

Person in Charge (Signature)  Date 11/12/24
 Inspector (Signature) Amanda Rueli Date 11/12/24