

2183

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other	Date: 10/10/24	
Establishment: First St Pizza	Time In: 11:30 AM/PM	Time Out: _____ AM/PM
Address: 21 First Street	LHD: NVHD	
Town/City: Seymour	Purpose of Inspection: Routine Pre-op	
Permit Holder: Sara Rubino	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"/>																		
Person/Alternate Person in charge present, demonstrates knowledge and performs duties																					
2	<input checked="" type="checkbox"/>	<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"/>																		
Management, food employee and conditional employee; knowledge, responsibilities and reporting																					
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Proper use of restriction and exclusion																					
5	<input checked="" type="checkbox"/>	<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"/>																		
Proper eating, tasting, drinking, or tobacco products use																					
7	<input checked="" type="checkbox"/>	<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"/>																		
Hands clean and properly washed																					
9	<input checked="" type="checkbox"/>	<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"/>																		
Adequate handwashing sinks, properly supplied/accessible																					
Approved Source																					
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Food obtained from approved source																					
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Food received at proper temperature																					
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Food in good condition, safe, and unadulterated																					
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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																					
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R												
Safe Food and Water										Proper Use of Utensils											
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Pasteurized eggs used where required																					
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Water and ice from approved source																					
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Variance obtained for specialized processing methods																					
Food Temperature Control										Utensils and Equipment											
33	<input type="checkbox"/>	<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"/>																		
Plant food properly cooked for hot holding																					
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Approved thawing methods used																					
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Thermometers provided and accurate																					
Food Identification										Physical Facilities											
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Food properly labeled; original container																					
Prevention of Food Contamination										Violations documented											
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Insects, rodents, and animals not present																					
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Contamination prevented during food preparation, storage & display																					
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Personal cleanliness																					
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Wiping cloths: properly used and stored																					
42	<input type="checkbox"/>	<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.																					
Person in Charge (Signature) Gabriel Drury Date 10/10/24										Date corrections due											
Person in Charge (Printed) Gabriel Drury										Priority Item Violations 0											
Inspector (Signature) Laurel Shaw Date 10/10/24										Priority Foundation Item Violations 1											
Inspector (Printed) Laurel Shaw										Core Item Violations 7											
										Risk Factor/Public Health Intervention Violations 1											
										Repeat Risk Factor/Public Health Intervention Violations 2											
										Good Retail Practices Violations 7											
										Requires Reinspection - check box if you intend to reinspect											

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 10/10/24

Establishment 21 First St

Town Seymour

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Reach in (Front) Sliced ham	39°F	Reach in (Pizza) sauce	37°F		
Reach in (Salad prep) Sliced prov cheese	40°F	Reach in (Back) cooked spaghetti	41°F	Sauce cooked to	195°F
cooked chicken outlet	39°F	Sliced tomato	39°F		

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	Observations and Corrective Actions
	CFPM Gloria Rodriguez Exp 9/27/27 NREP Gabriel Drury Exp 9/27/27
RV 23p	All Product prepared / in storage not date marked.
RV 37c	Food product containers, not all labeled / product identified
41c	Interior door jamb freezer rusted, not in good repair
49c	Rubber door gaskets reach in refrig unclean
55c	Wall tiles, dishwasher area unclean, not in good repair
55c	ceiling / wall above exit door / prep dusty
49c	Fan work area unclean
52c	wastewater condensate buildup reach in refrig.
	Fitness reporting policy, employee trained in symptoms required to report to managers
take prep and send	→ Label, date mark all product prepared and stored. The day made is Day 1. Use / Discard by Day 7. Chlorine Bleach (Pure Bright), test strips available Airgap maintained at prep sink Thermometer available working, calibration ok ^{Boiling method} → Keep bagged ice onsite to check calibration
Person in Charge (Signature)	<u>[Signature]</u> Date <u>10/10/24</u>
Inspector (Signature)	<u>[Signature]</u> Date <u>10/10/24</u>