


Risk Category: <u>3</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other _____				Date: <u>9/17/25</u>	
Establishment <u>Apollo Pizza</u>				Time In <u>1:10</u> AM/PM Time Out <u>1:45</u> AM/PM	
Address <u>235 Roosevelt Drive</u>				LHD <u>NVHD</u>	
Town/City <u>Derby</u>				Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder <u>Apollo Pizza Inc</u>				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	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R																				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>																				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>																				
Employee Health								Time/Temperature Control for Safety																											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>																				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																				
Good Hygienic Practices								Consumer Advisory																											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>																				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Preventing Contamination by Hands								Highly Susceptible Population																											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>																				
<input checked="" 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	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Approved Source								Food/Color Additives and Toxic Substances																											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>																				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R																								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>																								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>																								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>																								
Food Temperature Control						Utensils and Equipment																													
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean		<input type="checkbox"/>	<input type="checkbox"/>																								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
Food Identification						Physical Facilities																													
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>																								
Prevention of Food Contamination						Violations documented																													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Priority Item Violations	COS	<input type="checkbox"/>	<input type="checkbox"/>																								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Priority Foundation Item Violations	9/27/25	<input type="checkbox"/>	<input type="checkbox"/>																								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Core Item Violations	12/1/25	<input type="checkbox"/>	<input type="checkbox"/>																								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Risk Factor/Public Health Intervention Violations		<input type="checkbox"/>	<input type="checkbox"/>																								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repeat Risk Factor/Public Health Intervention Violations		<input type="checkbox"/>	<input type="checkbox"/>																								
Permit Holder shall notify customers that a copy of the most recent inspection report is available.						Natural rubber latex gloves not used per CGS §19a-36f																													
Person in Charge (Signature) <u>Constantino Markos</u> Date <u>9/17/25</u>						Person in Charge (Printed) <u>Constantino Markos</u>																													
Inspector (Signature) <u>Amanda Rubin</u> Date <u>9/17/25</u>						Inspector (Printed) <u>Amanda Rubin</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.						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Violations documented</th> <th>Date corrections due</th> <th>#</th> </tr> <tr> <td>Priority Item Violations</td> <td>COS</td> <td>1</td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td>9/27/25</td> <td>2</td> </tr> <tr> <td>Core Item Violations</td> <td>12/1/25</td> <td>3</td> </tr> <tr> <td>Risk Factor/Public Health Intervention Violations</td> <td></td> <td>2</td> </tr> <tr> <td>Repeat Risk Factor/Public Health Intervention Violations</td> <td></td> <td>4</td> </tr> <tr> <td>Good Retail Practices Violations</td> <td></td> <td>4</td> </tr> <tr> <td>Requires Reinspection - check box if you intend to reinspect</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> </table>						Violations documented	Date corrections due	#	Priority Item Violations	COS	1	Priority Foundation Item Violations	9/27/25	2	Core Item Violations	12/1/25	3	Risk Factor/Public Health Intervention Violations		2	Repeat Risk Factor/Public Health Intervention Violations		4	Good Retail Practices Violations		4	Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>
Violations documented	Date corrections due	#																																	
Priority Item Violations	COS	1																																	
Priority Foundation Item Violations	9/27/25	2																																	
Core Item Violations	12/1/25	3																																	
Risk Factor/Public Health Intervention Violations		2																																	
Repeat Risk Factor/Public Health Intervention Violations		4																																	
Good Retail Practices Violations		4																																	
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>																																	

Food Establishment Inspection Report

Page 2 of 2

LHD NVHD

Inspection Report Continuation Sheet

Date 9/17/25

Establishment Apollo pizza

Town Derby

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Dressing Cooler	38°F	Pizza Unit		Sauce	140°F
- Ranch	36°F	- mozz cheese	41°F	mini Black Friday Biff	35°F
WIC	47°F	- sausage/meatballs	40°F	- Chicken (defrosting)	25°F
- Cheese	45°F	- Tomatoes	42°F	- Sausage	33°F
- Ranch Dressing	45°F	Salad/Sand Station			
- Honey mustard	45°F	- Cucumbers	40°F		
		- Peppers	38°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> <div>5/5/28</div> <div>5/5/28</div> </div> <div> <div>Carm - markos Constantinos</div> <div>maria Flores</div> </div> <div> <div>Handsink - Hot H₂O 118°F, Signage ✓, Stocked ✓</div> <div>Sanitizer - Chlorine 100ppm bucket</div> <div>Nitrile/poly gloves ✓</div> <div>TS ✓</div> <div>Allergen Statement ✓</div> </div>
10 ✓	Items Stored in BOH handsink - cos ✓
37	Unlabeled spices/white granulated powders in buckets BOH
49	Exterior of buckets unclean (w/spices, powders, etc) BOH
55	Lots of flour build up BOH behind prep tables/equipment (floor)
33	WIC reading 47°F to 48°F - Service ASAP
22 ✓	WIC items reading 45°F → removed all items except uncut produce to other coolers write on-site, do not use until serviced - cos ✓
*	Send invoice for unit Service ASAP → BY 9/27/25 to ARUCHIN@NVHD.ORG

Person in Charge (Signature) Gonzalo Marquez

Date 9/17/25

Inspector (Signature) Manuela Kuchin

Date 9/17/25