

1708

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: 3 Food Establishment Inspection Report Page 1 of 2

Establishment type: Permanent Temporary Mobile Other _____ Date: 12/18/25

Establishment Big Y #32 Time In 11:45 AM/PM Time Out 1250 AM/PM

Address 85 Bridge Street LHD NVAD

Town/City Naugatuck Purpose of Inspection: Routine Pre-op

Permit Holder Michael D'Amour 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														Protection from Contamination					
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							Food separated and protected						P/C	<input type="checkbox"/>					
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized						P/Pf/C	<input type="checkbox"/>					
Employee Health																			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Proper disposition of returned, previously served, reconditioned, and unsafe food						P	<input type="checkbox"/>					
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	Time/Temperature Control for Safety												
Proper use of restriction and exclusion							18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	Proper cooking time and temperatures						P/Pf/C	<input type="checkbox"/>					
Written procedures for responding to vomiting and diarrheal events							19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Good Hygienic Practices							Proper reheating procedures for hot holding						P	<input type="checkbox"/>					
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Proper eating, tasting, drinking, or tobacco products use							Proper cooling time and temperatures						P	<input type="checkbox"/>					
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
No discharge from eyes, nose, and mouth							Proper hot holding temperatures						P	<input type="checkbox"/>					
Preventing Contamination by Hands																			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Hands clean and properly washed							Proper cold holding temperatures						P	<input type="checkbox"/>					
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input 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							Proper date marking and disposition						P/Pf	<input type="checkbox"/>					
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Adequate handwashing sinks, properly supplied/accessible							Time as a public health control: procedures and records						P/Pf/C	<input type="checkbox"/>					
Approved Source																			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	Consumer Advisory												
Food obtained from approved source							25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food						Pf	<input type="checkbox"/>					
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	Highly Susceptible Population												
Food received at proper temperature							26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered						P/C	<input type="checkbox"/>					
Food in good condition, safe, and unadulterated							Food/Color Additives and Toxic Substances												
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Required records available: molluscan shellfish identification, parasite destruction							Food additives: approved and properly used						P	<input type="checkbox"/>					
Conformance with Approved Procedures																			
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Food properly labeled; original container							Toxic substances properly identified, stored & used						P/Pf/C	<input type="checkbox"/>					
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Prevention of food contamination							Compliance with variance/specialized process/ROP criteria/HACCP Plan						P/Pf/C	<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	V	COS	R	OUT	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"/>		P	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Pasteurized eggs used where required							In-use utensils: properly stored						C	<input type="checkbox"/>					
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Water and ice from approved source							Utensils/equipment/linens: properly stored, dried, & handled						Pf/C	<input type="checkbox"/>					
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Variance obtained for specialized processing methods							Single-use/single-service articles: properly stored & used						P/C	<input type="checkbox"/>					
Food Temperature Control																			
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Proper cooling methods used; adequate equipment for temperature control							Gloves used properly						C	<input type="checkbox"/>					
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pf	<input type="checkbox"/>	Utensils and Equipment												
Plant food properly cooked for hot holding							47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
35	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pf/C	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used						P/Pf/C	<input type="checkbox"/>					
36	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pf/C	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Approved thawing methods used							Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available						Pf/C	<input type="checkbox"/>					
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Thermometers provided and accurate							Non-food contact surfaces clean						C	<input type="checkbox"/>					
Food Identification																			
Prevention of Food Contamination																			
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Insects, rodents, and animals not present							Hot and cold water available; adequate pressure						Pf	<input type="checkbox"/>					
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Contamination prevented during food preparation, storage & display							Plumbing installed; proper backflow devices						P/Pf/C	<input type="checkbox"/>					
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Personal cleanliness							Sewage and waste water properly disposed						P/Pf/C	<input type="checkbox"/>					
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Wiping cloths: properly used and stored							Toilet facilities: properly constructed, supplied, & clean						Pf/C	<input type="checkbox"/>					
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Washing fruits and vegetables							Garbage and refuse properly disposed; facilities maintained						C	<input type="checkbox"/>					
Physical Facilities																			
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																			

Person in Charge (Signature) [Signature] Date 12/18/25

Person in Charge (Printed) Brandy Dominique

Inspector (Signature) [Signature] Date 12/18/25

Inspector (Printed) Amy Durand

Violations documented	Date corrections due	#
Priority Item Violations	<u>COS</u>	<u>1</u>
Priority Foundation Item Violations		<u>=</u>
Core Item Violations		<u>=</u>
Risk Factor/Public Health Intervention Violations		<u>1</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>=</u>
Good Retail Practices Violations		<u>=</u>
Requires Reinspection - check box if you intend to reinspect		<u>=</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.

Food Establishment Inspection Report

LHD NVHD Inspection Report Continuation Sheet Date 12/18/25
 Establishment Big Y # 32 Town Naugatuck clam chowder 158°F
Brocc. cheddar 173°F

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Dairy w/c	35°F	Bakery handsink	90°F	deli handsink	128°F
Dairy freezer	-10°F	Bakery freezer	-10°F	Pickled onions	37°F
meat walkin	40°F	Bakery w/c	40°F	deli ham	38°F
meat handsink	87°F	Pizza onions	39°F	Sliced tomatoes	39°F
Seafood w/c	30°F	Pizza meatballs	38°F	Sausage links HH	174°F
Salmon	39°F	2 door freezer	-8°F	fried chicken HH	173°F
Tilapia	37°F			chicken tenders HH	179°F
Seafood handsink	95°F	Pizza HH (108/113)		mac + cheese HH	167°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
	(Fpm: Klyc Bruntau 6/17/25 *expired Tracy Lamberson 6/23/28
<u>meat</u>	handsink ok ✓ Sani Quat 200ppm 3 bay, test strips ✓ poly gloves ✓
<u>Seafood</u>	poly gloves ✓ Seafood tags ✓ Quat ✓ test strips ✓ handsink ok ✓
<u>Bakery</u>	poly gloves ✓ handsink ok ✓ 3 bay quat ✓
<u>pizza</u>	handsink ok ✓ poly gloves ✓ zip ✓ improper hot holding pizza, see above temps cas pic discarded temp logs ✓
<u>deli</u>	handsink ok ✓ poly gloves ✓ Sani 200ppm ✓
<u>togo food</u>	→ clean, temps all good ✓ containers protected ✓
	Store cream food off floor ✓

Person in Charge (Signature) [Signature] Date
 Inspector (Signature) Amy Durand Date 12/18/25