

3948

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: 9/8/25

Establishment: Captain's Pizza Shelton Time In: 11:15 AM/PM Time Out: 12:18 AM/PM

Address: 515 Bridgeport Ave LHD: WVH

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

Permit Holder: Greg Kapetanews 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"/>		
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 checked="" 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperatures						P	<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 checked="" 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"/>	Highly Susceptible Population														
Preventing Contamination by Hands										Food/Color Additives and Toxic Substances																	
<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 checked="" 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"/>	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 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"/>	Adequate handwashing sinks, properly supplied/accessible						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures														
Approved Source										Compliance with variance/specialized process/ROP criteria/HACCP Plan																	
<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 checked="" type="checkbox"/>							P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Food in good condition, safe, and unadulterated						P/Pf	<input type="checkbox"/>	<input type="checkbox"/>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction						P/Pf/C	<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	N/A	N/O	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 checked="" 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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used						P/C	<input type="checkbox"/>	<input type="checkbox"/>				
Food Temperature Control										Utensils and Equipment																	
<input 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 checked="" 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"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean						C	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate						Pf/C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical Facilities															
Food Identification										Hot and cold water available; adequate pressure																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices						Pf	<input type="checkbox"/>	<input type="checkbox"/>				
Prevention of Food Contamination										Sewage and waste water properly disposed																	
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display						P/Pf/C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained						C	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean						P/Pf/C	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used						C	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f						C	<input type="checkbox"/>	<input type="checkbox"/>				

Permit Holder shall notify customers that a copy of the most recent inspection report is available.

Person in Charge (Signature) [Signature] Date 9/8/25

Person in Charge (Printed) GRE KAPETANEAS

Inspector (Signature) [Signature] Date 9/8/25

Inspector (Printed) Michael Delosinos

Violations documented	Date corrections due	#
Priority Item Violations	—	1
Priority Foundation Item Violations	—	—
Core Item Violations	—	4
Risk Factor/Public Health Intervention Violations	—	1
Repeat Risk Factor/Public Health Intervention Violations	—	—
Good Retail Practices Violations	—	4
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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

Page _____ of _____

LHD NVHD

Inspection Report Continuation Sheet

Date 9/8/25

Establishment Captain's Pizza Shelter Town Shelton

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Feta / Salad bin	40°F				
Cheese / Pizza bin	41°F				
Sliced tomatoes / " "	42°F				
Diced chicken / " "	42°F				
Ice cooler single door	Ambient temp				
Cheese slicer / walk-in	41°F	- cooler			
meatballs / " "	41°F				
meatballs / Bunnic	40°F	- pizza area			

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.

- CFPM - ON-SITE - Grey Kapetaneus
- Process of cleaning at the cookline at the time of inspection
 - C 47 - Storing cup in sauce container with no handle - COS CFPM
remove cup and replace with handle
 - C 39 - Sauce container store on the floor in walk-in cooler - COS
 - C 43 - utensils not covered properly - COS CFPM move to shelf
 - P 28 - unlabeled spray bottle - COS CFPM label bottle
 - C 36 - Thermometer in pizza bin name not working properly - COS
CFPM replaced thermometer
 - OK - 3 bag sanitizer bleach at 50 ppm
 - OK - observed hand washing
 - OK - observed bathroom's okay
 - OK - observed dumpster

Person in Charge (Signature)

Inspector (Signature)

Date 9/8/25
Date 9/8/25