


6107

Risk Category: 3		Food Establishment Inspection Report		Page 1 of 2	
Establishment type: Permanent Temporary Mobile Other		Date: 4/29/25		Time In 11:05 AM/PM Time Out 11:30 AM/PM	
Establishment Dominos Pizza		 Connecticut Department of Public Health		Time In 11:05 AM/PM Time Out 11:30 AM/PM	
Address 500 South Main Street				LHD NVHD	
Town/City Naugatuck				Purpose of Inspection: Routine Pre-op	
Permit Holder Mohammed Iqbal				Reinspection Other	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS					
<small>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.</small>					
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
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf <input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C <input type="checkbox"/>
Employee Health					
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf <input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P <input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf <input type="checkbox"/>
Good Hygienic Practices					
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C <input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C <input type="checkbox"/>
Preventing Contamination by Hands					
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf <input type="checkbox"/>
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	P/Pf/C <input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C <input type="checkbox"/>
Approved Source					
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C <input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf <input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf <input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C <input type="checkbox"/>
GOOD RETAIL PRACTICES					
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>					
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
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P <input type="checkbox"/>
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C <input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf <input type="checkbox"/>
Food Temperature Control					
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C <input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf <input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C <input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C <input type="checkbox"/>
Food Identification					
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C <input type="checkbox"/>
Prevention of Food Contamination					
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C <input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C <input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C <input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C <input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C <input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.					
Person in Charge (Signature) <i>[Signature]</i>		Date 4-29-25			
Person in Charge (Printed) Daniel P. DeFranco					
Inspector (Signature) <i>[Signature]</i>		Date 4/29/25			
Inspector (Printed) Amy Durand					
Violations documented				Date corrections due	
Priority Item Violations					
Priority Foundation Item Violations					
Core Item Violations				COS	
Risk Factor/Public Health Intervention Violations					
Repeat Risk Factor/Public Health Intervention Violations					
Good Retail Practices Violations					
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

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LHD NVHD

Inspection Report Continuation Sheet

Date 4/29/25

Establishment Dominio's Pizza Town Naugatuck

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cooked chicken	34°F	cooked chicken	36°F		
american cheese	40°F	w/c ambient	37°F		
cooked ch wings	38°F	BoH handsink	98°F		
pepperoni	39°F				
BoH handsink	97°F				
shredded cheese	40°F				
pineapple	36°F				
diced ham	33°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	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: mohammed labal 7/17/24
1	Handsinks stocked ✓ signage ✓ hot h2o ✓ labeling ✓ date marking ✓ time stamps ✓ sanitizer quat ✓ test strips ✓ bottles 200 ppm ✓ thermometers ✓ nitrile gloves ✓ restrooms good ✓ allergen statement ✓ to go containers protected ✓
30c	Door in back open upon arrival of inspection COS pic closed - discussed screen

Person in Charge (Signature)

[Signature]

Date

4-29-25

Inspector (Signature)

[Signature]

Date

4/29/25