

Risk Category: 3

## Food Establishment Inspection Report

Page 1 of 2

Establishment type: Permanent Temporary Mobile Other

Date: 2/11/25

Time In 11:25 AM/PM Time Out AM/PM

Establishment Friendly's

Address 130 Rubber Avenue

Town/City Naugatuck

Permit Holder Stephen ndemba



LHD

Purpose of Inspection: Routine Pre-op

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                        |   |
| <b>Supervision</b>   |                                     |                          |                          |   |                          |                          |   |
| 1  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pf  | <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"/> | C   | <input type="checkbox"/> | <input type="checkbox"/> | Certified Food Protection Manager for Classes 2, 3, & 4                                       |
| <b>Employee Health</b>   |                                     |                          |                          |   |                          |                          |   |
| 3  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf  | <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"/> | P   | <input type="checkbox"/> | <input type="checkbox"/> | Proper use of restriction and exclusion   |
| 5  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pf  | <input type="checkbox"/> | <input type="checkbox"/> | Written procedures for responding to vomiting and diarrheal events                            |
| <b>Good Hygienic Practices</b>   |                                     |                          |                          |   |                          |                          |   |
| 6  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/C   | <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"/> | C   | <input type="checkbox"/> | <input type="checkbox"/> | No discharge from eyes, nose, and mouth   |
| <b>Preventing Contamination by Hands</b>                                     |                                     |                          |                          |   |                          |                          |   |
| 8  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf  | <input type="checkbox"/> | <input type="checkbox"/> | Hands clean and properly washed   |
| 9  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf/C  | <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"/> | Pf/C  | <input type="checkbox"/> | <input type="checkbox"/> | Adequate handwashing sinks, properly supplied/accessible                                      |
| <b>Approved Source</b>   |                                     |                          |                          |   |                          |                          |   |
| 11   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf/C  | <input type="checkbox"/> | <input type="checkbox"/> | Food obtained from approved source  |
| 12   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf  | <input type="checkbox"/> | <input type="checkbox"/> | Food received at proper temperature   |
| 13   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf  | <input type="checkbox"/> | <input type="checkbox"/> | Food in good condition, safe, and unadulterated   |
| 14   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf/C  | <input type="checkbox"/> | <input type="checkbox"/> | Required records available: molluscan shellfish identification, parasite destruction          |
| <b>Protection from Contamination</b>   |                                     |                          |                          |   |                          |                          |   |
| 15   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/C   | <input type="checkbox"/> | <input type="checkbox"/> | Food separated and protected  |
| 16   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf/C  | <input type="checkbox"/> | <input type="checkbox"/> | Food-contact surfaces: cleaned & sanitized  |
| 17   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P   | <input type="checkbox"/> | <input type="checkbox"/> | Proper disposition of returned, previously served, reconditioned, and unsafe food             |
| <b>Time/Temperature Control for Safety</b>                                   |                                     |                          |                          |   |                          |                          |   |
| 18   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf/C  | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooking time and temperatures  |
| 19   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P   | <input type="checkbox"/> | <input type="checkbox"/> | Proper reheating procedures for hot holding   |
| 20   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P   | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooling time and temperatures  |
| 21   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P   | <input type="checkbox"/> | <input type="checkbox"/> | Proper hot holding temperatures   |
| 22   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P   | <input type="checkbox"/> | <input type="checkbox"/> | Proper cold holding temperatures  |
| 23   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf  | <input type="checkbox"/> | <input type="checkbox"/> | Proper date marking and disposition   |
| 24   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf/C  | <input type="checkbox"/> | <input type="checkbox"/> | Time as a public health control: procedures and records                                       |
| <b>Consumer Advisory</b>   |                                     |                          |                          |   |                          |                          |   |
| 25   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pf  | <input type="checkbox"/> | <input type="checkbox"/> | Consumer advisory provided: raw/undercooked food  |
| <b>Highly Susceptible Population</b>   |                                     |                          |                          |   |                          |                          |   |
| 26   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/C   | <input type="checkbox"/> | <input type="checkbox"/> | Pasteurized foods used; prohibited foods not offered  |
| <b>Food/Color Additives and Toxic Substances</b>                             |                                     |                          |                          |   |                          |                          |   |
| 27   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P   | <input type="checkbox"/> | <input type="checkbox"/> | Food additives: approved and properly used  |
| 28   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf/C  | <input type="checkbox"/> | <input type="checkbox"/> | Toxic substances properly identified, stored & used   |
| <b>Conformance with Approved Procedures</b>                                  |                                     |                          |                          |   |                          |                          |   |
| 29   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf/C  | <input type="checkbox"/> | <input type="checkbox"/> | Compliance with variance/specialized process/ROP criteria/HACCP Plan                          |

## 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                      |        |
| <b>Safe Food and Water</b>  |                                     |                          |        |
| 30  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | P      |
| 31  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | P/Pf/C |
| 32  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pf     |
| <b>Food Temperature Control</b>   |                                     |                          |        |
| 33  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pf/C   |
| 34  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pf     |
| 35  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pf/C   |
| 36  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pf/C   |
| <b>Food Identification</b>  |                                     |                          |        |
| 37  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pf/C   |
| <b>Prevention of Food Contamination</b>   |                                     |                          |        |
| 38  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pf/C   |
| 39  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | P/Pf/C |
| 40  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pf/C   |
| 41  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | C      |
| 42  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | P/Pf/C |
| <b>Proper Use of Utensils</b>   |                                     |                          |        |
| 43  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | C      |
| 44  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pf/C   |
| 45  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | P/C    |
| 46  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | C      |
| <b>Utensils and Equipment</b>   |                                     |                          |        |
| 47  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | P/Pf/C |
| 48  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pf/C   |
| 49  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | C      |
| <b>Physical Facilities</b>  |                                     |                          |        |
| 50  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pf     |
| 51  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | P/Pf/C |
| 52  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | P/Pf/C |
| 53  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pf/C   |
| 54  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | C      |
| 55  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | P/Pf/C |
| 56  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | C      |

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

Person in Charge (Signature) Shannon Lister Date 2/11/25

Person in Charge (Printed) Shannon Lister 2/11/25

Inspector (Signature) Amy Durand Date 2/11/25

Inspector (Printed) Amy Durand

| Violations documented  | Date corrections due | # |
|--|----------------------|---|
| Priority Item Violations                                     | COS                  | 1 |
| Priority Foundation Item Violations                          | 5/11/25              | 2 |
| Core Item Violations   |                      | 1 |
| Risk Factor/Public Health Intervention Violations            |                      | 3 |
| 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.



Page 2 of 2

Inspection Report Continuation Sheet

Date 2/11/25

Establishment Friendli's Town Naugatuck

| Item/Location/Process | Temp  | Item/Location/Process | Temp | Item/Location/Process | Temp |
|-----------------------|-------|-----------------------|------|-----------------------|------|
| 1 door +rue           | 40°F  | 2 door lawbay         | 40°F |                       |      |
| Both handsink         | 98°F  | raw beef cH           | 37°F |                       |      |
| 1 door freezer        | -1°F  | 2 door meat fridge    | 37°F |                       |      |
| 1 door freezer        | 2.6°F | walk in cooler        | 36°F |                       |      |
| Shredded Cheese       | 40°F  | cheese sauce cooked   | 36°F |                       |      |
| 2 door lowboy         | 38°F  | Blue Cheese dressing  | 40°F |                       |      |
| Cheese sauce H/H      | 148°F |                       |      |                       |      |
| Marinara H/H          | 150°F |                       |      |                       |      |

| Item Number | Observations and Corrective Actions   |
|-------------|---|
|             | <p>CFPM: Owen Griffith 9/6/27, Stephen 6/26<br/>           Nicole Sheldon 6/18/26, <del>Gabriel</del> Darian 5/25/28<br/>           Handsinks stocked ✓ signage ✓ hot h2o ✓<br/>           poly gloves ✓ Hoods good ✓<br/>           ice machine good ✓ restrooms good ✓ hs h2o ✓ signage ✓<br/>           quat sanitizer buckets 200ppm ✓ test strips ✓<br/>           allergen statement ✓ time stamps ✓<br/>           labeling &amp; datemarking ✓ handwashing good ✓ glove use ✓</p> |
| 43c         | brushes stored in stagnant water @ ice cream bar  |
| 15p         | eggs stored over drinks & RTE foods in walk-in cooler<br>cos pic rearranged   |
| 47c         | microwave @ ice cream bar unclean   |
| 56c         | phone stored on prep table while prepping   |

Person in Charge (Signature) *Thomas S. [Signature]*  
Inspector (Signature) *Amey [Signature]*

Date 2/11/25