

6/17

Risk Category: <u>3</u>		<b>Food Establishment Inspection Report</b>		Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other _____			Date: <u>7/14/25</u>		
Establishment <u>Friendly's</u>			Time In <u>1215</u> AM/PM <u>PM</u> Time Out _____ AM/PM		
Address <u>130 Rubber Avenue</u>			LHD <u>NV+D</u>		
Town/City <u>Naugatuck</u>			Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder <u>Stephen Ndembu</u>			Reinspection _____ Other _____		
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>					
<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	V	COS R
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/> <input type="checkbox"/>
1					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/> <input type="checkbox"/>
2					
<b>Supervision</b>					
Person/Alternate Person in charge present, demonstrates knowledge and performs duties					
Certified Food Protection Manager for Classes 2, 3, & 4					
<b>Employee Health</b>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/> <input type="checkbox"/>
3					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/> <input type="checkbox"/>
4					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/> <input type="checkbox"/>
5					
<b>Good Hygienic Practices</b>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/> <input type="checkbox"/>
6					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/> <input type="checkbox"/>
7					
<b>Preventing Contamination by Hands</b>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/> <input type="checkbox"/>
8					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/> <input type="checkbox"/>
9					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/> <input type="checkbox"/>
10					
<b>Approved Source</b>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/> <input type="checkbox"/>
11					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/> <input type="checkbox"/>
12					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/> <input type="checkbox"/>
13					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/> <input type="checkbox"/>
14					
<b>GOOD RETAIL PRACTICES</b>					
<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	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
30					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
31					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
32					
<b>Food Temperature Control</b>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
33					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
34					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
35					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
36					
<b>Food Identification</b>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
37					
<b>Prevention of Food Contamination</b>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
38					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
39					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
40					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
41					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
42					
Permit Holder shall notify customers that a copy of the most recent inspection report is available.					
Person in Charge (Signature) <u>Nicole Sheldon</u>			Date <u>7/14/25</u>		
Person in Charge (Printed) <u>Nicole Sheldon</u>					
Inspector (Signature) <u>Amy Durand</u>			Date <u>7/14/25</u>		
Inspector (Printed) <u>Amy Durand</u>					
<b>Violations documented</b>					
Priority Item Violations			Date corrections due		#
Priority Foundation Item Violations			<u>COS</u>		<u>1</u>
Core Item Violations					<u>1</u>
Risk Factor/Public Health Intervention Violations					<u>1</u>
Repeat Risk Factor/Public Health Intervention Violations					<u>1</u>
Good Retail Practices Violations					<u>1</u>
Requires Reinspection - check box if you intend to reinspect					<u>1</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

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LHD NVHD

Inspection Report Continuation Sheet

Date 7/14/25

Establishment Friendlys Town Naugatuck


## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Handsink FoH	98°F	WIC Ambient	43°F	- opening/closing (prep)	
1 door fridge	38°F				
marinara sauce HH	201°F				
Chicken Soup HH	188°F				
1 door freezer	1°F				
1 door freezer	4°F				
shredded cheese	43°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
	CFPM: nicole sheldon 6/18/26
1	Handsink stocked ✓ signage ✓ hot h2o ✓ Sanitizer quat ✓ test strips ✓ buckets 200ppm gloves poly gloves ✓ dishwasher in temp thermometers probe ✓ in units ✓ labeling ✓ datemarking ✓ timestamps * produce middle of prep
	Ice Cream bar - poly gloves ✓ labeling ✓ date ✓ allergen statement ✓ Dipper well ✓
13p	Dented can in dry storage cos pic discarded

Person in Charge (Signature) 

Date 7/14/25

Inspector (Signature) Amy Durand

Date 7/14/25