

2084 / 2903

## Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

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>12/18/24</u>		
Establishment <u>Giove's Pizza Kitchen (combo)</u>			Time In <u>11:53</u> AM/PM Time Out <u>12:25</u> AM/PM		
Address <u>194 Bridgeport Ave</u>			LHD <u>NVHD</u>		
Town/City <u>Shelton</u>			Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder <u>GPK Shelton, LLC</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	Supervision	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V	COS R
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>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	Safe Food and Water		V COS R
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/> <input type="checkbox"/>
Pasteurized eggs used where required					
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/> <input type="checkbox"/>
Water and ice from approved source					
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/> <input type="checkbox"/>
Variance obtained for specialized processing methods					
<b>Food Temperature Control</b>					
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/> <input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control					
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/> <input type="checkbox"/>
Plant food properly cooked for hot holding					
35	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/> <input type="checkbox"/>
Approved thawing methods used					
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/> <input type="checkbox"/>
Thermometers provided and accurate					
<b>Food Identification</b>					
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/> <input type="checkbox"/>
Food properly labeled; original container					
<b>Prevention of Food Contamination</b>					
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/> <input type="checkbox"/>
Insects, rodents, and animals not present					
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/> <input type="checkbox"/>
Contamination prevented during food preparation, storage & display					
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/> <input type="checkbox"/>
Personal cleanliness					
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/> <input type="checkbox"/>
Wiping cloths: properly used and stored					
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/> <input type="checkbox"/>
Washing fruits and vegetables					
Permit Holder shall notify customers that a copy of the most recent inspection report is available.					
Person in Charge (Signature) <u>[Signature]</u>			Date <u>12/18/24</u>		
Person in Charge (Printed)					
Inspector (Signature) <u>[Signature]</u>			Date <u>12/18/24</u>		
Inspector (Printed) <u>Amanda Richin</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.					
<b>PROTECTION FROM CONTAMINATION</b>					
IN	OUT	N/A	N/O	V	COS R
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/> <input type="checkbox"/>
Consumer advisory provided: raw/undercooked food					
<b>Highly Susceptible Population</b>					
26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/> <input type="checkbox"/>
Compliance with variance/specialized process/ROP criteria/HACCP Plan					
<b>PROPER USE OF UTENSILS</b>					
OUT				V	COS R
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/> <input type="checkbox"/>
In-use utensils: properly stored					
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/> <input type="checkbox"/>
Utensils/equipment/linens: properly stored, dried, & handled					
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/> <input type="checkbox"/>
Single-use/single-service articles: properly stored & used					
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/> <input type="checkbox"/>
Gloves used properly					
<b>UTENSILS AND EQUIPMENT</b>					
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/> <input type="checkbox"/>
Food and non-food contact surfaces cleanable, properly designed, constructed, and useable					
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/> <input type="checkbox"/>
Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available					
49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/> <input type="checkbox"/>
Non-food contact surfaces clean					
<b>PHYSICAL FACILITIES</b>					
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/> <input type="checkbox"/>
Hot and cold water available; adequate pressure					
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/> <input type="checkbox"/>
Plumbing installed; proper backflow devices					
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/> <input type="checkbox"/>
Sewage and waste water properly disposed					
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/> <input type="checkbox"/>
Toilet facilities: properly constructed, supplied, & clean					
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/> <input type="checkbox"/>
Garbage and refuse properly disposed; facilities maintained					
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/> <input type="checkbox"/>
Physical facilities installed, maintained, and clean					
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/> <input type="checkbox"/>
Adequate ventilation and lighting; designated areas used					
Natural rubber latex gloves not used per CGS §19a-36f					
<b>VIOLATIONS DOCUMENTED</b>					
Violations documented			Date corrections due		#
Priority Item Violations					0
Priority Foundation Item Violations			<u>12/28/24</u>		2
Core Item Violations			<u>3/18/25</u>		2
Risk Factor/Public Health Intervention Violations					1
Repeat Risk Factor/Public Health Intervention Violations					2
Good Retail Practices Violations					3
Requires Reinspection - check box if you intend to reinspect					



# Food Establishment Inspection Report

Page 2 of 2

LHD NVHD

Inspection Report Continuation Sheet

Date 12/18/24

Establishment Giove's Pizza Kitchen

Town Shelton

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
3 dr reach in		WIC (ambient)	41°F	Bm / Salad / Sand unit	28°F
- pepperoni	42°F	- pasta	40°F	- tomatoes (sliced)	38°F
- Cheese (shredded)	42°F	- Sauce	40°F	- Cucumbers	38°F
- Eggplant	41°F	- Am cheese	40°F	- Blue Cheese	41°F
- Broccoli	39°F	- Tomatoes (sliced)	40°F	2nd	
- Sausage / meatballs	41°F	Cheese pizza	205°F	- Chx cutlet	41°F
1 dr freezer	5°F			- garlic butter	45°F
vodka Sauce (cooling)	117-135°F			- Am cheese (sliced)	41°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	
CFPM	Emily mckechnie 9/13/28 ✓
	Handsink - Signage ✓, Hot, H2O 90°F ✓
	Sanitizer - Staramine tabs ✓ 200ppm Bucket ✓
	Allergen Statement ✓, Allergen Poster ✓
	Vinyl gloves ✓, deli slicer ✓, To-go inverted ✓, Probe thermometer ✓
	Good date marking 😊
pt 10 ✓	No paper towels @ FOH Handsink - cos, PIC restocked ✓
C 47 RV	Cardboard lining shelves @ pizza cookline + foil by deli slicer
C 39 RV	Food items stored on floor w/IF (in containers)
pt 48	No Sani Test Strips on-site, provided some to PIC - purchase ASAP + Send photo to <u>ARUCHIN@NVHD.ORG</u> by 12/28/24

Person in Charge (Signature)

Date

Inspector (Signature) Amanda Ruschi

Date