

Risk Category: 2		Food Establishment Inspection Report		Page 1 of 2	
Establishment type: Permanent Temporary Mobile Other			Date: 7/14/25		
Establishment McDonald's #2194			Time In 11:45 AM Time Out AM/PM		
Address 718 Rubber Avenue			LHD NVHD		
Town/City Naugatuck			Purpose of Inspection: Routine Pre-op		
Permit Holder Christian Trefz/Robert Hull			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											
Supervision											
IN	OUT	N/A	N/O		V	COS	R				
1	<input checked="" type="checkbox"/>			Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
2	<input checked="" type="checkbox"/>			Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>				
Employee Health											
3	<input checked="" type="checkbox"/>			Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>				
4	<input checked="" type="checkbox"/>			Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>				
5	<input checked="" type="checkbox"/>			Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
Good Hygienic Practices											
6	<input checked="" type="checkbox"/>			Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>				
7	<input checked="" type="checkbox"/>			No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>				
Preventing Contamination by Hands											
8	<input checked="" type="checkbox"/>			Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>				
9	<input checked="" 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"/>				
10	<input checked="" type="checkbox"/>			Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Approved Source											
11	<input checked="" type="checkbox"/>			Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
12	<input checked="" type="checkbox"/>			Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>				
13	<input checked="" type="checkbox"/>			Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>				
14	<input checked="" type="checkbox"/>			Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Protection from Contamination											
15	<input checked="" type="checkbox"/>			Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>				
16	<input checked="" type="checkbox"/>			Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
17	<input checked="" type="checkbox"/>			Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>				
Time/Temperature Control for Safety											
18	<input checked="" type="checkbox"/>			Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
19	<input checked="" type="checkbox"/>			Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>				
20	<input checked="" type="checkbox"/>			Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>				
21	<input checked="" type="checkbox"/>			Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>				
22	<input checked="" type="checkbox"/>			Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>				
23	<input checked="" type="checkbox"/>			Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>				
24	<input checked="" type="checkbox"/>			Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Consumer Advisory											
25	<input checked="" type="checkbox"/>			Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
Highly Susceptible Population											
26	<input checked="" type="checkbox"/>			Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>				
Food/Color Additives and Toxic Substances											
27	<input checked="" type="checkbox"/>			Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>				
28	<input checked="" type="checkbox"/>			Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Conformance with Approved Procedures											
29	<input checked="" type="checkbox"/>			Compliance with variance/specialized process/ROP criteria/HACCP Plan	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											
Safe Food and Water											
OUT	N/A	N/O		V	COS	R					
30	<input checked="" type="checkbox"/>			Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>				
31	<input checked="" type="checkbox"/>			Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
32	<input checked="" type="checkbox"/>			Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
Food Temperature Control											
33	<input checked="" type="checkbox"/>			Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
34	<input checked="" type="checkbox"/>			Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
35	<input checked="" type="checkbox"/>			Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
36	<input checked="" type="checkbox"/>			Thermometers provided and accurate	Pf/C	<input type="checkbox"/>					

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Inspection Report Continuation Sheet

Date 7/14/25

TEMPERATURE OBSERVATIONS

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.

40m glva	60zman	1	17	30
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good inspection 😊

Quelques

Date _____

07/14/2025

Amy Durand

Date _____

7/14/25