Connecticut Department of Public Health

5575										
Risk Category: Food Establ	on Re	eport		Page 1	of					
Establishment type: Permanent Temporary Mobile Other						1/8/2	5			
Establishment CW HOP BLOOK DIZZO	Asserting Connecticus Mealing			ecticus Health	Time In	11:030	AM/PM	Time Out	AM/PM	
Address (Q1-103 QUINN STYCCT	DPH)			H)	LHD	NVHD				
Town/City Paugatuck					Purpos	e of Inspection	: F	Routine Pr	e-op	
Permit Holder V PLON DONC	Connecticut Department of Public Health			lealth	Reinsp	2. 45. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	Other			
FOODBORNE ILLNESS RISK FA									an ar lalum	
Risk factors are important practices or procedures identified as the most prevalent conti									O=not observed	
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it			_	compliance	Value of the second	not in compliance				
P=Priority item Pf=Priority foundation item C=Core item V=violation type	v v	cos						te during inspection	v cos R	
IN OUT N/A N/O Supervision Person/Alternate Person in charge present,	V	COS	R		UT N/A N/	Food separate		Contamination	P/C O O	
demonstrates knowledge and performs duties	Pf	0	\circ	15 16	2000			cleaned & sanitized	P/Pf/C O O	
Certified Food Protection Manager for Classes 2,	-			10				turned, previously		
2 3, & 4	C	0	0	17				and unsafe food	POO	
Employee Health								ntrol for Safety		
Management food employee and conditional employee:				18 0	200	Proper cooking			P/Pf/C O	
knowledge, responsibilities and reporting	P/Pf	0	0	19				dures for hot holding		
4 Proper use of restriction and exclusion	Р	0		20 0		Proper cooling			POO	
Written procedures for responding to vomiting and						Proper hot hold			POO	
diarrheal events	Pf	0	0	22		Proper cold ho			POO	
Good Hygienic Practices				23 🔾		Proper date ma			P/Pf O O	
6 Proper eating, tasting, drinking, or tobacco products us	e P/C	0	0	24 0 0	100			control: procedures	P/Pf/C O O	
7 No discharge from eyes, nose, and mouth	С	0	0	24		and records			P/PI/C	
Preventing Contamination by Hands						Cons	umer Ac	dvisory		
8	P/Pf	0	0	25 🗷 🤇		Consumer adviso	ry provided	d: raw/undercooked food	Pf O O	
9 No bare hand contact with RTE food or a	P/Pf/C				/	Highly Sus	sceptible	Population		
pre-approved alternative procedure properly followed	F/FI/C			26 🔾		Pasteurized foods	used; pro	hibited foods not offered	P/C O O	
10 O Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0			ood/Color Addit	ives and	Toxic Substances		
/ Approved Source				27 0		The state of the s		ed and properly used	POO	
11 O Food obtained from approved source	P/Pf/C	_	0	28		Toxic substant	ces prope	erly identified,	P/Pf/C	
Food received at proper temperature	P/Pf	-	0	20		stored & used			1,,,,,,	
Food in good condition, safe, and unadulterated	(P/Pf	8	0		/			oved Procedures		
Required records available: molluscan shellfish	P/Pf/C	0	0	29 0		Compliance wi			P/Pf/C O	
identification, parasite destruction	OD DE	TAIL	DE	RACTICES		process/ROP of	illena/n/	ACCP PIAII		
Good Retail Practices are preventative measures to						micals and physics	al objects	into foods		
				for COS and				uring inspection	R=repeat violation	
OUT N/A N/O Safe Food and Water	V	cos	R	OUT	I/OI K	Proper U	Very Committee of the	A ALCOHOL COMPANY CONTRACTOR CONT	V COS R	
30 Pasteurized eggs used where required	P	000			use uter	nsils: properly sto		113113	c 00	
31 Water and ice from approved source	P/Pf/C	0	0					ed, dried, & handled	Pf/C O O	
32 Variance obtained for specialized processing methods	Pf	0	0			single-service artic			P/C 0 0	
Food Temperature Control						ed properly	oo. p.opo	,	c 00	
Proper cooling methods used: adequate equipment for				.0			s and Ed	quipment		
temperature control	Pf/C	0	0	- E	od and r	non-food contact				
34 O Plant food properly cooked for hot holding	Pf	0	0	A 7 10 A		esigned, construc			P/P(C)	
35 O Approved thawing methods used		-	0	I W				intained and used;	DIIO O	
36 Thermometers provided and accurate			0	1481001		gents, sanitizers,			Pf/C O O	
Food Identification						contact surfaces of			000	
37 Food properly labeled; original container	Pf/C	0	0			Phy:	sical Fac	cilities		
Prevention of Food Contamination				50 O H	ot and co	old water available	e; adequa	ate pressure	Pf O O	
38 Insects, rodents, and animals not present	Pf/C	0	0	51 O PI	umbing i	nstalled; proper b	ackflow	devices	P/Pf/C O	
Contamination prevented during food preparation, storage & display	P/Pf/C	6	0	52 O Se	ewage ar	nd waste water pr	operly di	sposed	P/Pf/C O	
40 Personal cleanliness	Pf/C		0					, supplied, & clean	Pf/C O	
41 Wiping cloths: properly used and stored	C		0					facilities maintained	C 00	
42 Washing fruits and vegetables	P/Pf/C		0		,	cilities installed,			P/Pf/CO	
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is av	ailable						esignated areas used per CGS §19a-36f	C O O	
Andre Oliv				Violation	s docum	nented		e corrections due	2#	
Person in Charge (Signature)	(2 (1 .	_	Priority Ite		ions Item Violations		cos_	5	
Person in Charge (Printed) Hindiam Polisi	p-0	-)		Core Item				119125	(0 -	
Occord durchal ila	125					Health Interventi	on Violat	ions	3	
Inspector (Signature)					Repeat Risk Factor/Public Health Intervention Violations					
nm , hurand					Good Retail Practices Violations Requires Reinspection - check box if you intend to reinspect					
Inspector (Printed)										
Appeal: The owner or operator of a food establishment aggrieved by the or dispose of unsafe food, may appeal such order to the	his ord	er to	corr Hea	ect any ins	spection er than for	violation identifie orty-eight hours	ed by the	tood inspector or	o hold, destroy,	

	Food	Establish	ment Inspe	ction Rep	ort Pageo	f_ <u></u>						
LHD NY+	tD	Inspection	on Report Continuation Shee	et	Date 82	5_						
Establishment New HOP Brook Pitta Town NOVOOHUCK												
TEMPERATURE OBSERVATIONS												
FOH NO PIZZA SO MECHBA CNESSE YUW CN DICEOL H	ation/Process INCISINA INCICH A ICICH	TE Chese	n/Location/Process HOULD HH CHHH CHYBER Chy Wings Wic	Temp 55 F 38 F 38 F	Item/Location/Process	Temp						
2000 io	moon Di											
Item Number	Violations cited in this report APAI APA	ort must be corrected an Polis Howell y Altitude Lets 50 Jess Lets 0	SIGNAGO CORRECT Within the time frames below 8/10/25	v, or as stated in sect	ions 8-405.11 & 8-406.11 of the f	ood code.						
			0.04		20 -)							
2011	Moroper, h	ot holdin	ya of sauce	d meath	Dalls, cas pic							
LAMA Y	Matea	- HOT ha	Kling items	Shalla	De 1357 E)						
10D 11	MOVDOEN VER	PAHIM OR	OPOWIVES - M	HINNEY FU	to 165°F (F)							
490 H	mad Unci	Pan -	debus hui	10 00								
5501	IALL Dehir	Ol DIZZOL	CHOILIND	nciena								
4700	Dellec In I	1011 115	12 VI DIKILI	111541								
1471	ine in had	VIII CAG	PK duch	4014								
390	auce on FII	MV (N 11)	all in mais	OV								
300 VI	and on f	100 × 10	hacement	STURONA	os moved							
120 D	POLEN MINS	in baceh	rent CHOMAC	10 COS								
N N	ATICA (CITO	m wot	TUTT STORAG	re w	pic vemoved							
* V	11- KADANIL	- Vinortin	from ore	Mich le In	spection							
			from pre	VIVIU) III	1-8-	25						
	Choos 1 /	odian 1	olisi		Date	25						
Inspector (Sic	anature) / / / / /	MALL			Date							