

3289

## 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>Planet Pizza</u>			Time In <u>1100</u> AM/PM Time Out <u>1145</u> AM/PM								
Address <u>350 Bridgeport Ave</u>			LHD <u>NVHD</u>								
Town/City <u>Shelton</u>			Purpose of Inspection: <u>Routine</u> Pre-op								
Permit Holder <u>MB Pizza of Shelton</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											
<b>Supervision</b>			<b>Protection from Contamination</b>								
IN	OUT	N/A	N/O	IN	OUT	N/A	N/O	V	COS	R	
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Person/Alternate Person in charge present, demonstrates knowledge and performs duties			Pf		16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Certified Food Protection Manager for Classes 2, 3, & 4			C		Food separated and protected			P/C	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Employee Health</b>					Food-contact surfaces: cleaned & sanitized			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Proper disposition of returned, previously served, reconditioned, and unsafe food			P	<input type="checkbox"/>	<input type="checkbox"/>	
Management, food employee and conditional employee; knowledge, responsibilities and reporting			P/Pf		<b>Time/Temperature Control for Safety</b>						
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper use of restriction and exclusion			P		19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Written procedures for responding to vomiting and diarrheal events			Pf		21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Good Hygienic Practices</b>					22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper eating, tasting, drinking, or tobacco products use			P/C		24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Time as a public health control: procedures and records			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
No discharge from eyes, nose, and mouth			C		<b>Consumer Advisory</b>						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hands clean and properly washed			P/Pf		Consumer advisory provided: raw/undercooked food			Pf	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Highly Susceptible Population</b>						
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed			P/Pf/C		26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pasteurized foods used; prohibited foods not offered			P/C	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate handwashing sinks, properly supplied/accessible			Pf/C		<b>Food/Color Additives and Toxic Substances</b>						
<b>Approved Source</b>					27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food additives: approved and properly used			P	<input type="checkbox"/>	<input type="checkbox"/>	
Food obtained from approved source			P/Pf/C		28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Toxic substances properly identified, stored & used			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Food received at proper temperature			P/Pf		<b>Conformance with Approved Procedures</b>						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		29	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food in good condition, safe, and unadulterated			P/Pf		Compliance with variance/specialized process/ROP criteria/HACCP Plan			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Required records available: molluscan shellfish identification, parasite destruction			P/Pf/C								
<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											
<b>Safe Food and Water</b>			V	COS	R	<b>Proper Use of Utensils</b>			V	COS	R
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required			P			In-use utensils: properly stored			C	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source			P/Pf/C			Utensils/equipment/linens: properly stored, dried, & handled			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods			Pf			Single-use/single-service articles: properly stored & used			P/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Temperature Control</b>						46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Gloves used properly			C	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control			Pf/C			<b>Utensils and Equipment</b>					
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding			Pf			Food and non-food contact surfaces cleanable, properly designed, constructed, and used			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used			Pf/C			Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate			Pf/C			Non-food contact surfaces clean			C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Identification</b>						<b>Physical Facilities</b>					
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container			Pf/C			Hot and cold water available; adequate pressure			Pf	<input type="checkbox"/>	<input type="checkbox"/>
<b>Prevention of Food Contamination</b>						51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Plumbing installed; proper backflow devices			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present			Pf/C			52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Sewage and waste water properly disposed			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display			P/Pf/C			53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Toilet facilities: properly constructed, supplied, & clean			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness			Pf/C			54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Garbage and refuse properly disposed; facilities maintained			C	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored			C			55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Physical facilities installed, maintained, and clean			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits and vegetables			P/Pf/C			56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Adequate ventilation and lighting; designated areas used			C	<input type="checkbox"/>	<input type="checkbox"/>
						Natural rubber latex gloves not used per CGS §19a-36f					
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>		<b>Violations documented</b>			<b>Date corrections due</b>		<b>#</b>	
Person in Charge (Printed) _____					Priority Item Violations					0	
Inspector (Signature) <u>Amanda Richin</u>			Date <u>12/18/24</u>		Priority Foundation Item Violations			<u>COS</u>		2	
Inspector (Printed) <u>Amanda Richin</u>					Core Item Violations			<u>3/18/25</u>		7	
					Risk Factor/Public Health Intervention Violations					0	
					Repeat Risk Factor/Public Health Intervention Violations					0	
					Good Retail Practices Violations					0	
					Requires Reinspection - check box if you intend to reinspect					<input type="checkbox"/>	
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

Page 2 of 2

LHD NVHD

Inspection Report Continuation Sheet

Date 12/18/24


Establishment Planet Pizza Town Shelton

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC (Ambient)	38°F	2dr True dough unit	40°F	Pizza Bm/ready	37°F
-milk	38°F	Salad 1 dr		-Tomatoes	35°F
-Sauce (cooked)	36°F	-Strawberries/cucumber	39°F	-Sausage	39°F
-Bacon, meatballs, saus	36°F	Bm 1 reach in	36°F	Pizza	180°F
2 dr Sliding Pepsi		-Olives	37°F		
-Sliced Am Cheese	37°F	-Blue cheese crumbles	41°F		
-Sausage	36°F	-Sliced cucumber/tomato	37°F		
1 dr freezer	5°F	HH-meatballs	145°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	
CFM	Eddie Maestre 7/15/27
	Handsink - stocked, Hot H2O 110°F
	Sanitizer - 3 Bay Chlorine 50-100 ppm, Test Strips
	Menu has Allergen Statement, Vinyl gloves, mop
	Containers inverted, Pizza by Slice - logbook every 4 hrs
C 31/23	No Labeling/datemarking for items in WIC → items homemade or out of orig package
C 10/21	NO handwashing Signage @ sinks → provided 1 sign + started <sup>Should be labeled + dated</sup> copies
C 37	White granulated powder (in white bin on wheels) w/o Label - COS, PIC labeled
pt 10	BOTH Handsink being used for other purposes - dirty dishes - COS, removed
C 39	Boxes stored on fl w/lf + Containers w/ cheese in WIC - COS, PIC moved
C 41	Wiping Cloths stored on counters
C 47	Shelving for spices/deli slicer is dusty
C 36	NO probe thermometer on-site to temp food items
	* Datemark + Label all food items homemade/out of orig packaging in WIC → provided datemarking instructions
	* Provided 1 Handwash sign, hang + label other/remaining sinks w/ <del>own</del> sign.
Person in Charge (Signature) 	
Inspector (Signature) <u>Amanda Paoletti</u>	
Date <u>12/18/24</u>	
Date <u>12/18/24</u>	