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Risk Category: 3 Food Establishment Inspection Report Page 1 of 2

Establishment type: Permanent Temporary Mobile Other Date: 2/5/25

Establishment: 2015 Pizza Palace Time In: 1235 AM/PM Time Out: AM/PM

Address: 48 main street LHD: NVHD

Town/City: Seymour Purpose of Inspection: Routine Pre-op

Permit Holder: James Tzepos 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

IN	OUT	N/A	N/O	Supervision	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessibile	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source							
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
17	<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"/>
Time/Temperature Control for Safety							
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
24	<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"/>
Consumer Advisory							
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Population							
26	<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"/>
Food/Color Additives and Toxic Substances							
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
28	<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"/>
Conformance with Approved Procedures							
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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

OUT	N/A	N/O	Safe Food and Water	V	COS	R
30	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control						
33	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification						
37	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination						
38	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

OUT	Proper Use of Utensils	V	COS	R
43	<input type="checkbox"/> In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>
44	<input type="checkbox"/> Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
45	<input type="checkbox"/> Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>
46	<input type="checkbox"/> Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
Utensils and Equipment				
47	<input checked="" type="checkbox"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
48	<input type="checkbox"/> Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
49	<input type="checkbox"/> Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
Physical Facilities				
50	<input type="checkbox"/> Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
51	<input type="checkbox"/> Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
52	<input type="checkbox"/> Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
53	<input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
54	<input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>
55	<input type="checkbox"/> Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
56	<input checked="" type="checkbox"/> Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f			

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations		
Core Item Violations	5/5/25	2
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		2
Requires Reinspection - check box if you intend to reinspect		

Person in Charge (Signature) _____ Date _____

Person in Charge (Printed) James Tzepos

Inspector (Signature) Amy Durand Date 2/5/25

Inspector (Printed) Amy Durand

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 2/5/25

Establishment Zois Pizza Palace Town Seummar

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Sliced deli ham	39°F	2 door fridge	36°F		
Pizza Sauce HH	137°F	breaded chx CH	40°F		
Diced onion CH	40°F	Salami CH	39°F		
Shredded ch	40°F	Walk in freezer	0°F		
raw pork	40°F				
Walk in cooler	40°F				
Chest Wic	39°F				
BOTH handsink	98°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	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.
	CFPM: James Tze pos 4/22/29, Ethan Parker 4/22/29
	Handsink stocked ✓ signage ✓ hot h2o ✓
	thermometers in units ✓ Front handsink ok ✓
	Ice machine good ✓ Sanitizer
	Dry storage good ✓ Allergen Statement ✓
	hi-trile gloves ✓ to go containers inverted ✓
	Date marking - labeling ✓
	very clean ✓
47C	microwave unclean above baine marie
3A C	food on floor in walk in freezer
*	latex gloves in BOH near dish area - must remove

Person in Charge (Signature)

Date

2/5/25

Inspector (Signature)

Date

2/5/25