Connecticut Department of Public Health

IU IV					lealth		
Risk Category: 3 Food Esta	gory: 3 Food Establishment Inspection Report						2_
Establishment type Permanent Temporary Mobile Other _				Date:	129/2	5	
Establishment A DIZZ A		serging con	ecticus Healing	Time In	1225	AM/PM Time Out	AM/PI
Address 129 RUBBER AVENUE		DP	H)	LHD	AVHD		
Town/City VOOGHUCK				Purpos	e of Inspection	: Routine Pre	e-op
Permit Holder Connecticut D				Reinsp		Other	
FOODBORNE ILLNESS RISK Risk factors are important practices or procedures identified as the most prevalent or							ss or injury.
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered		The second second	compliance		not in compliance		D=not observed
P=Priority item Pf=Priority foundation item C=Core item V=violation type	e Mark i	n appropr	ate box for C	COS and/o	r R COS=correc	ted on-site during inspection	R=repeat violation
IN OUT N/A N/O Supervision	V	COS R	1 11	NA N/A		on from Contamination	V COS F
Person/Alternate Person in charge present,	Pf	00			Food separated		P/C D
demonstrates knowledge and performs duties Certified Food Protection Manager for Classes 2,			16 😂 🤇	20		urfaces: cleaned & sanitized	P/Pf/C O C
2 Certified Food Protection Manager for Classes 2, 3, & 4	С	00	17			ion of returned, previously itioned, and unsafe food	POC
Employee Health			5			ture Control for Safety	
Management food employee and conditional employee:	2/2		1800	000		time and temperatures	P/PI/C
knowledge, responsibilities and reporting	P/P					ng procedures for hot holding	POC
4 Proper use of restriction and exclusion	P	00				time and temperatures	POC
Written procedures for responding to vomiting and	Pf	00				ling temperatures	POC
diarrneal events						ding temperatures	POC
Good Hygienic Practices	- Inc		23 🧭 🤇	000	Proper date ma	arking and disposition	P/Pf O C
Proper eating, tasting, drinking, or tobacco products		_	24 0	000		ic health control: procedures	P/Pf/C
7 No discharge from eyes, nose, and mouth	С	100			and records	umer Advisory	
Preventing Contamination by Hands 8 Hands clean and properly washed	D/D	ol ol	25		Consumer advisor	y provided: raw/undercooked food	Pf OC
No bare hand contact with RTE food or a			25			ceptible Population	111010
pre-approved alternative procedure properly followed	P/Pf/C		26 0	00		used; prohibited foods not offered	P/C O C
10 Adequate handwashing sinks, properly supplied/accessible		00				ves and Toxic Substances	
Approved Source			27 0	200		approved and properly used	POC
11 O Food obtained from approved source	P/Pf/0					es properly identified,	
12 O Prood received at proper temperature	P/P	of ()	28		stored & used	MS (7) 1309	P/Pf/C
Food in good condition, safe, and unadulterated	P/P	of (0)			Conformance w	ith Approved Procedures	
Required records available: molluscan shellfish	P/Pf/0		29 0	00		th variance/specialized	P/Pf/C O C
identification, parasite destruction	OOD B	ETAIL D	RACTICES	C	process/ROP d	riteria/HACCP Plan	
Good Retail Practices are preventative measure					micals and physica	al objects into foods	
			for COS and				R=repeat violation
			OUT			se of Utensils	V COS F
30 Pasteurized eggs used where required	Р	00		n-use uter	sils: properly sto		c 0 0
31 Water and ice from approved source	P/Pf/0	00	44 O U	Itensils/equ	uipment/linens: pro	perly stored, dried, & handled	Pf/C O C
Variance obtained for specialized processing methods	Pf	00	45 O S	ingle-use/s	single-service articl	es: properly stored & used	P/C O C
Food Temperature Control			46 O G	Sloves use	ed properly		C 0 0
Proper cooling methods used; adequate equipment for	Pf/0					s and Equipment	
nemperature control			1 1 17 16 1			surfaces cleanable,	P/Pf/C O C
34 O Plant food properly cooked for hot holding	Pf				esigned, construc		4
35 Approved thawing methods used						alled, maintained and used; and test strips available	Pf/C
Thermometers provided and accurate	PIA	100			contact surfaces of		C 00
Food Identification 37 O Food properly labeled; original container	Pf/	coo	45 0 14	1000 C		sical Facilities	101010
Prevention of Food Contamination	1111	3/0/0	50 O H	lot and co		e; adequate pressure	Pf OC
38 Insects, rodents, and animals not present	Pf/0	000			nstalled; proper b		P/Pf/C O
39 Contamination prevented during food preparation, storage & display					nd waste water pr		P/Pf/C O C
40 Personal cleanliness		coc	53 O T	oilet facili	ties: properly con	structed, supplied, & clean	Pf/C O C
41 Wiping cloths: properly used and stored	С	00				lisposed; facilities maintained	C 0 C
42 Washing fruits and vegetables	P/Pf/0	000				maintained, and clean	P/Pf/C O
Permit Holder shall notify customers that a copy of the most recent inspection r	eport is a	vailable.				hting; designated areas used	c 0 0
11/1	0 = 1		A STATE OF THE PARTY OF THE PAR	latural rub		not used per CGS §19a-36f Date corrections due	#
1/4 1, 1/211 - 01	29/	2021	Priority Ite	em Violat	ions	CQS due	2
Person in Charge (Signature) Date Date			Priority F	oundation	tem Violations	Hoalas	
11/10 21 1111			Core Iten	n Violatio	ns	9/29/20	
Person in Charge (Printed) AUBEY Y(CMA)	al	25	Risk Fact	tor/Public	Health Interventi	on Violations	2
Person in Charge (Printed) AUBET Y(CMA)	29	25	Risk Fact Repeat R	tor/Public Risk Facto	Health Intervention/Public Health In	on Violations tervention Violations	2
Person in Charge (Printed) AUBET Y (CMA) Inspector (Signature) Date 1	29	25	Risk Fact Repeat R Good Re	tor/Public Risk Facto tail Practi	Health Intervention/Public Health Inces Violations	tervention Violations	2
Person in Charge (Printed) AUBO Y(CMA)	29].	25	Risk Fact Repeat R Good Re Requires	tor/Public Risk Facto tail Practi s Reinspe	Health Intervention/Public Health Inces Violations ection - check be	ex if you intend to reinspect	a hold destroy

Food Esta	ablishment Inspec	ction R	Report Page	of
LHD_NHD	Inspection Report Continuation Sheet		Date 29	25_
Establishment A 1 Pizza	Town NOUGATUC	K		
	TEMPERATURE OBSERVA	ATIONS		
Item/Location/Process Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
handlink 88 F	- WIC ambient	36 F		-
Diccool Colors		38 F		-
DICEU UNIONS 39+	- Sliced deli ham wil			
Diced tomatoes 3915	DIZZA SAUCE LUIC	35F		
Deli ham 38F	Mu herfraty	211=		
Deld GNOCK OLD	Source	1497 F		
Mi duscife 10 F	Short HTT	-10 F		
Crumbreaums 40 F	1 door treezer	- 41-		
DITTO Cheese 40 F				
FICE CHOCKS TO				
	BSERVATIONS AND CORRECT			
Item Violations cited in this report must be	be corrected within the time frames below	, or as stated i	n sections 8-405.11 & 8-406.11 of the	food code.
Number (FDM)				
Dallhandon	Classalvat	-1	1.1-	
ROTT MANYSINK	Stocked Signa	oern	10+1720~	
Sanitizado biga	oh / CHOOCA	9		
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I M C 21 11 20 0	1 222 / 1 10116 22	. \		
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101 Tollo Cili Cili O	TOTO OVER PIOCI	ou !	10016 20510	Officer of
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Person in Charge (Signature)	M		Date 0 / 23	/WW
anni Alli	7'000		_ 11201	25