

Risk Category: <u>2</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other			Date: <u>1/31/25</u>		
Establishment <u>Roseland Pizza @ Bad Sons</u>			Time In <u>12:05</u> AM/PM Time Out _____ AM/PM		
Address <u>251 Roosevelt Dr</u>			LHD <u>NVHD</u>		
Town/City <u>Derby</u>			Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder <u>John Lucarelli</u>			Reinspection _____ Other _____		
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS					
<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
IN	OUT	N/A	N/O	V	COS
Supervision			V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties					
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4					
Employee Health			V	COS	R
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting					
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>
Proper use of restriction and exclusion					
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events					
Good Hygienic Practices			V	COS	R
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use					
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands			V	COS	R
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>
Hands clean and properly washed					
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed					
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible					
Approved Source			V	COS	R
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Food obtained from approved source					
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>
Food received at proper temperature					
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>
Food in good condition, safe, and unadulterated					
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction					
GOOD RETAIL PRACTICES					
<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					
OUT	N/A	N/O	V	COS	R
Safe Food and Water			V	COS	R
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>
Pasteurized eggs used where required					
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Water and ice from approved source					
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Variance obtained for specialized processing methods					
Food Temperature Control			V	COS	R
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control					
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Plant food properly cooked for hot holding					
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Approved thawing methods used					
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Thermometers provided and accurate					
Food Identification			V	COS	R
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Food properly labeled; original container					
Prevention of Food Contamination			V	COS	R
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Insects, rodents, and animals not present					
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display					
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Personal cleanliness					
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
Wiping cloths: properly used and stored					
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Washing fruits and vegetables					
Permit Holder shall notify customers that a copy of the most recent inspection report is available.					
Person in Charge (Signature) <u>[Signature]</u>			Date _____		
Person in Charge (Printed) _____					
Inspector (Signature) <u>[Signature]</u>			Date <u>1/31/25</u>		
Inspector (Printed) <u>Amanda Ruchin</u>					
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.					
Protection from Contamination			V	COS	R
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>
Food separated and protected					
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Food-contact surfaces: cleaned & sanitized					
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>
Proper disposition of returned, previously served, reconditioned, and unsafe food					
Time/Temperature Control for Safety			V	COS	R
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Proper cooking time and temperatures					
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>
Proper reheating procedures for hot holding					
20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>
Proper cooling time and temperatures					
21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>
Proper hot holding temperatures					
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>
Proper cold holding temperatures					
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>
Proper date marking and disposition					
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Time as a public health control: procedures and records					
Consumer Advisory			V	COS	R
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>
Consumer advisory provided: raw/undercooked food					
Highly Susceptible Population			V	COS	R
26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>
Pasteurized foods used; prohibited foods not offered					
Food/Color Additives and Toxic Substances			V	COS	R
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>
Food additives: approved and properly used					
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Toxic substances properly identified, stored & used					
Conformance with Approved Procedures			V	COS	R
29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Compliance with variance/specialized process/ROP criteria/HACCP Plan					
Proper Use of Utensils			V	COS	R
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
In-use utensils: properly stored					
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Utensils/equipment/linens: properly stored, dried, & handled					
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>
Single-use/single-service articles: properly stored & used					
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
Gloves used properly					
Utensils and Equipment			V	COS	R
47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Food and non-food contact surfaces cleanable, properly designed, constructed, and used					
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available					
49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
Non-food contact surfaces clean					
Physical Facilities			V	COS	R
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Hot and cold water available; adequate pressure					
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Plumbing installed; proper backflow devices					
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Sewage and waste water properly disposed					
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Toilet facilities: properly constructed, supplied, & clean					
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
Garbage and refuse properly disposed; facilities maintained					
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Physical facilities installed, maintained, and clean					
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
Adequate ventilation and lighting; designated areas used					
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			<u>4/31/25</u>		
Risk Factor/Public Health Intervention Violations					
Repeat Risk Factor/Public Health Intervention Violations					
Good Retail Practices Violations					
Requires Reinspection - check box if you intend to reinspect					

Page 2 of 2

Date 1/31/25

Town Derby

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Bm					
- meat (raw)	33°F				
- raw chx	33°F				
- mashed pot	33°F				
- mozz Cheese	40°F				
- Ranch/mayo	40°F				

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 Roy 1/31/2029 → on-site ✓ Handsink - Stocked ✓, Signage ✓, Hot H ₂ O 116°F ✓ Allergen Statement ✓ Quat Sanitizer ✓, Test Strips ✓, 3 Bay Sani 300ppm ✓ Hoods ✓
	* Change NVHD License to new one w/ 12/31/25 Expiration
38	Some gnats/drain flies noticed → not too bad, explained ways to clean, if continues have PC come out.
55	mop stored in bucket → hang to dry when not in use

000000

Date _____

Amanda Ruchi

Date _____

1/31/25