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Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <b>3</b>		<b>Food Establishment Inspection Report</b>				Page 1 of <b>2</b>											
Establishment type: <u>Permanent</u> Temporary Mobile Other _____				Date: <b>9/4/24</b>													
Establishment <b>The Original Terrys Apizza</b>				Time In <b>10:51</b> AM/PM		Time Out <b>11:08</b> AM/PM											
Address <b>49 Pershing Dr</b>				LHD <b>NVHD</b>													
Town/City <b>Derby</b>				Purpose of Inspection: <u>Routine</u> Pre-op													
Permit Holder <b>Anthony Dizenzo</b>				Reinspection Other _____													
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>																	
<i>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.</i>																	
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	V	COS	R	IN	OUT	N/A	N/O	V	COS	R				
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>				
Person/Alternate Person in charge present, demonstrates knowledge and performs duties								16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>				
Certified Food Protection Manager for Classes 2, 3, & 4								<b>Time/Temperature Control for Safety</b>									
<b>Employee Health</b>								18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>				
Management, food employee and conditional employee; knowledge, responsibilities and reporting								20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>			
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>				
Proper use of restriction and exclusion								22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>			
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>				
Written procedures for responding to vomiting and diarrheal events								24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<b>Good Hygienic Practices</b>								<b>Consumer Advisory</b>									
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
Proper eating, tasting, drinking, or tobacco products use								<b>Highly Susceptible Population</b>									
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>				
No discharge from eyes, nose, and mouth								<b>Food/Color Additives and Toxic Substances</b>									
<b>Preventing Contamination by Hands</b>								27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Hands clean and properly washed								<b>Conformance with Approved Procedures</b>									
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed								<b>GOOD RETAIL PRACTICES</b>									
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>										
Adequate handwashing sinks, properly supplied/accessible								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>Approved Source</b>								<b>Safe Food and Water</b>		<b>Proper Use of Utensils</b>		<b>Utensils and Equipment</b>					
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O	V	COS	R	OUT	V	COS	R	
Food obtained from approved source								30	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food received at proper temperature								32	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food Temperature Control</b>				46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food in good condition, safe, and unadulterated								33	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>			
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	34	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Required records available: molluscan shellfish identification, parasite destruction								35	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								36	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<b>Food Identification</b>				53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
								37	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<b>Prevention of Food Contamination</b>				55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
								38	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								39	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Violations documented</b>			
								40	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Date corrections due</b>			
								41	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Priority Item Violations		#	
								42	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Priority Foundation Item Violations			
								<b>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</b>				Core Item Violations					
								<b>Person in Charge (Signature)</b> <i>Fredrick Becas</i> <b>Date</b> <b>9-4-24</b>				Risk Factor/Public Health Intervention Violations					
								<b>Person in Charge (Printed)</b>				Repeat Risk Factor/Public Health Intervention Violations					
								<b>Inspector (Signature)</b> <i>Amanda Michaud</i> <b>Date</b> <b>9/4/24</b>				Good Retail Practices Violations					
								<b>Inspector (Printed)</b> <i>Amanda Michaud</i>				Requires Reinspection - check box if you intend to reinspect	<input type="checkbox"/>				
								<b>Appeal:</b> 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.									

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# Food Establishment Inspection Report

LHD NVHD

Inspection Report Continuation Sheet

Date 9/4/24

Establishment The Original Terry's Apizza Town Derby

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
pizza by slice		Pizza Bm		meatball sub	155°F
- Cheese	73°F	- Sauce	42°F		
- pepperoni	75°F	- mozz cheese	41°F	2 dr B0H fridge	32°F
- Broc / Bacon	77°F	- Broccoli	41°F		
		- Sausage	41°F		
		reach in - Breaded chy	41°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	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.
	Mon-site ✓
C 45	Frederick Barnes 2/22/29
	Handsink - stocked ✓, Signage ✓, Hot H2O 117°F ✓
	Sanitizer ✓ - Quat
	Allergen Statement
	Gloves - vinyl ✓
	Thermometer - probe ✓
	Sanitizing wipes ✓ (Add own sani)
# 24	TO-go containers not inverted - COS, using for stock ✓
1	No time stamp procedure for pizza by slice → COS, had PIC put time stamp sticker w/ pizzas → continue this from now on + discard after 4 hours

Person in Charge (Signature) Frederick Barnes  
 Inspector (Signature) Shirley Johnson

Date 9-4-24  
 Date 9/4/24