6079

0471												
Risk Category: 3 Food Establishment Inspection Report Page 1 of 2												
Establishment type: Permanent Temporary Mobile Other					Date: 5/20/25							
Establishment Casa Bianca Pizza			acciling connecticus Health			1.	M/PM Time Out	45 AMPM				
Address 669 Main 5t.			DPH)			LHD NVFID						
Town/City Ansonia						Purpose of Inspection: Routine Pre-op						
- i			Connecticut Department of Public Health			Reinspection Other						
Permit Holder 1 h 5 an // h 0 a FOODBORNE ILLNESS RISK F					C HEA							
Risk factors are important practices or procedures identified as the most prevalent cont	ributing fa	actors o	of food	dborne illness o	r injury. <b>In</b>	terventions are contro	I measures to prevent foodborne illne	ss 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 ir	appr	opria	ate box for Co	OS and/o	r R COS=correc	ted on-site during inspection	R=repeat violation				
IN OUT N/A N/O Supervision	V	cos	R	IN OL	JT N/A N	o Protecti	on from Contamination	V COS R				
1 Person/Alternate Person in charge present,	Pf			15 🐼 🤇	000	Food separated	and protected	P/C O O				
demonstrates knowledge and performs duties	FI			16 V C		Food-contact su	urfaces: cleaned & sanitized	P/Pf/C O				
2 Certified Food Protection Manager for Classes 2,	С	0	0	17 <b>S</b>			ion of returned, previously	POO				
3, & 4 served, reconditioned, and unsafe food  Employee Health  / Time/Temperature Control for Safety												
Management, food employee and conditional employee;	-	1		18	106		time and temperatures	P/Pf/C O O				
knowledge, responsibilities and reporting	P/Pf	0	0	19 0		0	g procedures for hot holding					
4 Proper use of restriction and exclusion	P	0		20 0			time and temperatures	POO				
Written procedures for responding to vomiting and				21 0		Proper hot hold		POO				
diarrheal events	Pf	0	0	22 0			ding temperatures	POO				
Good Hygienic Practices		133		23 0 0			rking and disposition	P/Pf O O				
6 O Proper eating, tasting, drinking, or tobacco products us	e P/C	0	0		1		c health control: procedures	BIRUO O				
7 No discharge from eyes, nose, and mouth	С	0	0	24 0 0		and records	# 100 P 100	P/Pf/C O				
Preventing Contamination by Hands						Const	umer Advisory					
8 V	P/Pf	0	0	25 0 0	5 W	Consumer advisor	y provided: raw/undercooked food	Pf OO				
No bare hand contact with RTE food or a	DIDUO				1	Highly Sus	ceptible Population					
pre-approved alternative procedure properly followed	P/Pf/C	0	0	26 0 0			used; prohibited foods not offered	P/C O O				
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0		, F	ood/Color Additi	ves and Toxic Substances					
Approved Source				27 0 0	5	Food additives:	approved and properly used	POO				
11 Food obtained from approved source	P/Pf/C	0	0	2016		Toxic substance	es properly identified,	P/Pf/C O				
12 O Food received at proper temperature	P/Pf	0	0	28 🗸 🤇		stored & used	h 22 25	P/Pf/C				
13 V C Food in good condition, safe, and unadulterated	P/Pf	0	0			Conformance wi	th Approved Procedures					
Required records available: molluscan shellfish	P/Pf/C	0		29 0 0	0		h variance/specialized	P/Pf/C O				
identification, parasite destruction	SAVENI DEVISO					process/ROP c	riteria/HACCP Plan	1,,,,,,				
		_		RACTICES								
Good Retail Practices are preventative measures t												
		_	-	for COS and	/or R	- Transfer of the Control of the Con	TO CONTRACT OF THE PERSON OF T	R=repeat violation				
OUT N/A N/O Safe Food and Water	V	cos	_	OUT			e of Utensils	V COS R				
Pasteurized eggs used where required	Р	0	0			nsils: properly stor		C O O				
Water and ice from approved source	P/Pf/C	-	0				perly stored, dried, & handled es: properly stored & used	Pf/C O O				
32 Variance obtained for specialized processing methods	Pf	0	0		P/C O O							
Food Temperature Control		-		46 0 610	oves us	ed properly	and Equipment	1000				
Proper cooling methods used; adequate equipment for	Pf/C	0	0	Fo	od and		surfaces cleanable,	1				
temperature control  34	Pf	0	0			esigned, construct		P/Pf/C O				
35 O Approved thawing methods used	Pf/C	_	0	1			lled, maintained and used;	+				
36 Thermometers provided and accurate	_	0		148 ( )			and test strips available	Pf/C				
Food Identification	FIIC	10				contact surfaces c		000				
37 Food properly labeled; original container	Df/C	0	0	43	711-1000		ical Facilities					
Prevention of Food Contamination	1110	10		50 O Ho	and co		; adequate pressure	Pf OO				
38 Insects, rodents, and animals not present	Pf/C	0	0			nstalled; proper ba		P/Pf/C O O				
39 Contamination prevented during food preparation, storage & display	P/P//C		0			nd waste water pro		P/Pf/C O				
40 Personal cleanliness	Pf/C		0				structed, supplied, & clean	Pf/C O O				
41 Wiping cloths: properly used and stored	С	0	0				isposed; facilities maintained	C 00				
42 Washing fruits and vegetables	P/Pf/C	0	0	55 Ph	ysical fa	cilities installed, n	naintained, and clean	P/P(C) 0				
		-11-1-1		56 Ad	lequate	ventilation and ligh	nting; designated areas used	100				
Permit Holder shall notify customers that a copy of the most recent inspection rep	ort is av	allable	Э.				not used per CGS §19a-36f					
	Violations	docum	ented	Date corrections due	#							
Person in Charge (Signature) Date 5/30/30/35					m Violat		_	_				
Priority Foundation Item Violations							P 10 - 10 E	5				
Person in Charge (Printeg)				Core Item		ns     Health Intervention	8/20/25	5				
Inspector (Signature) DMV/UV/M Date 5/2	115	5		Repeat Ris		==						
mispector (signature)				1		5						
Inspector (Printed) John Much of Requires Reinspection - check to							x if you intend to reinspect					
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, dest												
or dispose of unsafe food, may appeal such order to the												

**Food Establishment Inspection Report** 

Page 2 of 2

	100	u Lota	Dilaillicii	rillabe	CHOII IX	Port						
LHD NVHD Inspection Report Continuation Sheet Date 5/20/25							15_					
Establishment Casa Bianca Pizza Town Ansonia												
TEMPERATURE OBSERVATIONS												
Item	/Location/Process	Temp	Item/Location	/Process	Temp	Item/Location/P	rocess	Temp				
	1 1	41°F			202°F							
DIC	ed tomato		Meatha	115	a va r							
	ken wings	40°F	Freezer	G	Frozen							
			1100201	)	110201							
Sal	usage J	40°F										
		40°F										
FCO	perdni	-			-							
Mala	zarella	39°F										
		30°E										
La5	agna											
Chi	cken wings	38°F										
/ lar	cinara	197°F										
		OB:	SERVATIONS AN	ID CORREC	TIVE ACTION	S						
	Violations cited in this						-406.11 of the for	od code.				
Item				70 70 70 70 70 70 70 70 70 70 70 70 70 7								
Number												
	0 N A 4	1		-	1							
	CFPM: I Outside	nama	When F.	10. 5/18	127							
		113011	V11144 -1	h 110	/ × /							
490	1 Atole	of m'	ANDIA MAR	01:00		clean >1	Carnert					
110	UNISIDE	9+ 111)	CIOWGIVE	uven	15 UN	CICUTI 7	UTTCC					
_												
	by 8/20/	CL										
CCC	1	^	lge is i	1		- 1 i	0/20/21	~				
55C	Wall nea	r Trig	ae 15 1	inclea	n -> Cor	rect by	0/20/2	5				
	7	1					0/00/-	-				
49C	Top She	IVES	are a	nclean	- Cor	rect bil	8/20/2	5				
12	1	1	^ 1	,		, ,	/ /					
55C	Area be	hind	tan ha	5 dus	it hui	101-40	Corre	rt				
	THE WOLL				001			•				
	h. 8/20/	75				,						
	by 8/20/25											
39C	I listomered food in walk-in a will be not and maked											
010	Uncovered food in walk-in - will be cut and packed											
	ok											
	OK											
-	1-1-1	/	1/0-11	LI AV								
	- Handsink Hot/Cold HoD											
			/									
	c . l .	. 011	, , D	1 1	100	22019011						
	Danitizer	. Chlo	rine - B	ucket	HUUPPY	$\gamma$						
	- Sanitizer: Chlorine - Bucket: 100ppm											
	1771	- 1		h 1	1 -							
	Thermom	eters	/	Dry G	Opds							
				7								
				~								
		4100										
	Allernen	Motion	PU	TPC+ 0	String	/						
	Allergen	UIL		101	Strips							
	J				T.							
		-										
		Λ. Λ										
		11/1/1/4					10	la a a				
		THU					5/201	2025				
Person in Charge (Signature)  Date 5 30 3 9 5												
	1	0 4.	6									
Inspector	(Signature)	will	cha R.	S		Dat	e 5/20/	25				