

C274

## Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

|  |                                     |   |  |                 |   |                                |                               |                                     |  |                                     |   |                      |                          |                          |                          |
|--|-------------------------------------|---|--|-----------------|---|--------------------------------|-------------------------------|-------------------------------------|--|-------------------------------------|---|----------------------|--------------------------|--------------------------|--------------------------|
| Risk Category:   | 3                                   | Food Establishment Inspection Report                                    |  |                 |   |                                |                               |                                     |  | Page 1 of 2                         |   |                      |                          |                          |                          |
| Establishment type: Permanent  |                                     | Temporary   | Mobile                                   | Other           | Date: 12/23/25                              |                                |                               |                                     |  |                                     |   |                      |                          |                          |                          |
| Establishment Copper City Bar & Grill  |                                     |   |  | Time In 3 AM/PM |   | Time Out 3:55 AM/PM            |                               |                                     |  |                                     |   |                      |                          |                          |                          |
| Address 82-84 Main St  |                                     |   |  | LHD NUTD        |   | Purpose of Inspection: Routine |                               | Pre-op                              |  |                                     |   |                      |                          |                          |                          |
| Town/City Ansonia  |                                     |   |  |                 |   | Reinspection                   |                               | Other                               |  |                                     |   |                      |                          |                          |                          |
| Permit Holder Ricardo Desousa  |                                     |   |  |                 |   |                                |                               |                                     |  |                                     |   |                      |                          |                          |                          |
| 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   |                                     |   |  |                 |   |                                |                               |                                     |  |                                     |   |                      |                          |                          |                          |
| Supervision  |                                     |   |  | V               | COS   | R                              | Protection from Contamination |                                     |  |                                     | 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"/>            | Food separated and protected  | P/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"/>       | 16                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>            | Food-contact surfaces: cleaned & sanitized  | P/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"/> |                          |
| Employee Health  |                                     |   |  |                 |   |                                |                               |                                     |  |                                     |   |                      |                          |                          |                          |
| 3  | <input checked="" type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>                 | P/Pf            | <input type="checkbox"/>                    | <input type="checkbox"/>       | 18                            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Proper cooking time and temperatures  | P/Pf/C               | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 4  | <input checked="" type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>                 | P               | <input type="checkbox"/>                    | <input type="checkbox"/>       | 19                            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Proper reheating procedures for hot holding                                       | 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"/>       | 20                            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Proper cooling time and temperatures  | P                    | <input type="checkbox"/> | <input type="checkbox"/> |                          |
|  |                                     |   |  |                 |   |                                | 21                            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Proper hot holding temperatures   | P                    | <input type="checkbox"/> | <input type="checkbox"/> |                          |
|  |                                     |   |  |                 |   |                                | 22                            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Proper cold holding temperatures  | P                    | <input type="checkbox"/> | <input type="checkbox"/> |                          |
|  |                                     |   |  |                 |   |                                | 23                            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Proper date marking and disposition   | P/Pf                 | <input type="checkbox"/> | <input type="checkbox"/> |                          |
|  |                                     |   |  |                 |   |                                | 24                            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Time as a public health control: procedures and records                           | P/Pf/C               | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Good Hygienic Practices  |                                     |   |  |                 |   |                                |                               |                                     |  |                                     |   |                      |                          |                          |                          |
| 6  | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                     | <input type="checkbox"/>                 | P/C             | <input type="checkbox"/>                    | <input type="checkbox"/>       | 25                            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Consumer advisory provided: raw/undercooked food                                  | Pf                   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 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"/> | Pasteurized foods used; prohibited foods not offered                              | P/C                  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Preventing Contamination by Hands  |                                     |   |  |                 |   |                                |                               |                                     |  |                                     |   |                      |                          |                          |                          |
| 8  | <input checked="" type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>                 | P/Pf            | <input type="checkbox"/>                    | <input type="checkbox"/>       | 27                            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Food additives: approved and properly used  | P                    | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 9  | <input checked="" type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>                 | P/Pf/C          | <input type="checkbox"/>                    | <input type="checkbox"/>       | 28                            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Toxic substances properly identified, stored & used                               | P/Pf/C               | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 10   | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                     | <input type="checkbox"/>                 | Pf/C            | <input type="checkbox"/>                    | <input type="checkbox"/>       |                               |                                     |  |                                     | Consumer Advisory   |                      |                          |                          |                          |
| Approved Source  |                                     |   |  |                 |   |                                |                               |                                     |  |                                     |   |                      |                          |                          |                          |
| 11   | <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"/> | Compliance with variance/specialized process/ROP criteria/HACCP Plan              | P/Pf/C               | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 12   | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                     | <input type="checkbox"/>                 | P/Pf            | <input type="checkbox"/>                    | <input type="checkbox"/>       |                               |                                     |  |                                     | Highly Susceptible Population   |                      |                          |                          |                          |
| 13   | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                     | <input type="checkbox"/>                 | P/Pf            | <input type="checkbox"/>                    | <input type="checkbox"/>       |                               |                                     |  |                                     | Food/Color Additives and Toxic Substances   |                      |                          |                          |                          |
| 14   | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                     | <input type="checkbox"/>                 | P/Pf/C          | <input type="checkbox"/>                    | <input type="checkbox"/>       |                               |                                     |  |                                     | Conformance with Approved Procedures  |                      |                          |                          |                          |
| 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            |                                     |  |                                     |   |                      |                          |                          |                          |
| Safe Food and Water  |                                     |   |  | V               | COS   | R                              | OUT                           | Proper Use of Utensils              |  |                                     |   | V                    | COS                      | R                        |                          |
| 30   | <input type="checkbox"/>            | Pasteurized eggs used where required                                    |  | P               | <input type="checkbox"/>                    | <input type="checkbox"/>       | 43                            | <input type="checkbox"/>            | In-use utensils: properly stored   |                                     |   |                      | C                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 31   | <input type="checkbox"/>            | Water and ice from approved source                                      |  | P/Pf/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"/> |
| 32   | <input type="checkbox"/>            | Variance obtained for specialized processing methods                    |  | Pf              | <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"/> |
| Food Temperature Control   |                                     |   |  | 46              | Gloves used properly                        |                                |                               |                                     | C  | <input type="checkbox"/>            | <input type="checkbox"/>  |                      |                          |                          |                          |
| 33   | <input type="checkbox"/>            | Proper cooling methods used; adequate equipment for temperature control |  | Pf/C            | <input type="checkbox"/>                    | <input type="checkbox"/>       | 47                            | <input type="checkbox"/>            | Food and non-food contact surfaces cleanable, properly designed, constructed, and used                         |                                     |   |                      | P/Pf/C                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 34   | <input type="checkbox"/>            | Plant food properly cooked for hot holding                              |  | Pf              | <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"/> |
| 35   | <input type="checkbox"/>            | Approved thawing methods used   |  | Pf/C            | <input type="checkbox"/>                    | <input type="checkbox"/>       | 49                            | <input type="checkbox"/>            | Non-food contact surfaces clean  |                                     |   |                      | C                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 36   | <input type="checkbox"/>            | Thermometers provided and accurate                                      |  | Pf/C            | <input type="checkbox"/>                    | <input type="checkbox"/>       |                               |                                     | Utensils and Equipment   |                                     |   |                      |                          |                          |                          |
| Food Identification  |                                     |   |  |                 |   |                                |                               |                                     | Physical Facilities  |                                     |   |                      |                          |                          |                          |
| 37   | <input type="checkbox"/>            | Food properly labeled; original container                               |  | Pf/C            | <input type="checkbox"/>                    | <input type="checkbox"/>       | 50                            | <input type="checkbox"/>            | Hot and cold water available; adequate pressure  |                                     |   |                      | Pf                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Prevention of Food Contamination   |                                     |   |  | 51              | Plumbing installed; proper backflow devices |                                |                               |                                     | P/Pf/C   | <input type="checkbox"/>            | <input type="checkbox"/>  |                      |                          |                          |                          |
| 38   | <input type="checkbox"/>            | Insects, rodents, and animals not present                               |  | 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"/> |
| 39   | <input type="checkbox"/>            | Contamination prevented during food preparation, storage & display      |  | 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"/> |
| 40   | <input type="checkbox"/>            | Personal cleanliness  |  | 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"/> |
| 41   | <input type="checkbox"/>            | Wiping cloths: properly used and stored                                 |  | 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"/> |
| 42   | <input type="checkbox"/>            | Washing fruits and vegetables   |  | P/Pf/C          | <input type="checkbox"/>                    | <input type="checkbox"/>       | 56                            | <input type="checkbox"/>            | Adequate ventilation and lighting; designated areas used   |                                     |   |                      | C                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Permit Holder shall notify customers that a copy of the most recent inspection report is available.  |                                     |   |  |                 |   |                                |                               |                                     |  |                                     |   |                      |                          |                          |                          |
| Person in Charge (Signature)   |                                     |   |  | Date 12/23/25   |   |                                |                               | Violations documented               |  |                                     |   | Date corrections due |                          |                          |                          |
| Person in Charge (Printed)   |                                     |   |  |                 |   |                                |                               | Priority Item Violations            |  |                                     |   | 12/25                |                          |                          |                          |
| Inspector (Signature)  |                                     |   |  | Date 12/23/25   |   |                                |                               | Priority Foundation Item Violations |  |                                     |   | 12/26                |                          |                          |                          |
| Inspector (Printed)  |                                     |   |  |                 |   |                                |                               | Core Item Violations                |  |                                     |   | 12/26                |                          |                          |                          |
| 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 12/23/25

Establishment Copper city

Town Ansonia

## TEMPERATURE OBSERVATIONS

| Item/Location/Process | Temp | Item/Location/Process | Temp | Item/Location/Process | Temp |
|-----------------------|------|-----------------------|------|-----------------------|------|
| Meatballs / Lo boy    | 41°F |                       |      |                       |      |
| cheese / Lo boy       | 42°F |                       |      |                       |      |
| short ribs / Lo boy   | 42°F |                       |      |                       |      |
| Fish / Walk-in        | 41°F |                       |      |                       |      |
| Shellfish / " "       | 41°F |                       |      |                       |      |
| Lo boy Ambient Air    | 89°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 - ON-SITE Ricardo Desther

PF14 - No tags on Shellfish

P 22 - chicken wings stored in bun marin at 48°F - cos discarding

C 47 - cutting board gouge

C 55 - unclean floor underneath fryer

PF16 - unclean Soda gun nozzle

PF16 - unclean Soda gun holder

OH - Dishwasher at 300ppm Quat

ON - Bathroom

C 53 - No small trash bin w/ lid

PF10 - NO paper towels at hand sink near ware washer area

C 47 - Microwave door rubber

Person in Charge (Signature)

Date 12/23/25

Inspector (Signature)

Date 12/23/25