

5601

Risk Category: <u>3</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>																									
Establishment type: <u>Permanent</u> Temporary Mobile Other			Date: <u>3/27/25</u>																										
Establishment <u>Empanadas</u>			Time In <u>12:30</u> AM/PM Time Out <u>1:00</u> AM/PM																										
Address <u>51 Bridge St.</u>			LHD <u>NVHD</u>																										
Town/City <u>Ansonia</u>			Purpose of Inspection: <u>Routine</u> Pre-op																										
Permit Holder <u>Damaris Santiago</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																													
Supervision			Protection from Contamination																										
IN	OUT	N/A	N/O	V	COS	R																							
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Pf	<input type="checkbox"/>	<input type="checkbox"/>																							
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Certified Food Protection Manager for Classes 2, 3, & 4				C	<input type="checkbox"/>	<input type="checkbox"/>																							
Employee Health			Time/Temperature Control for Safety																										
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																							
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Proper use of restriction and exclusion				P	<input type="checkbox"/>	<input type="checkbox"/>																							
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Written procedures for responding to vomiting and diarrheal events				Pf	<input type="checkbox"/>	<input type="checkbox"/>																							
Good Hygienic Practices			Consumer Advisory																										
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Proper eating, tasting, drinking, or tobacco products use				P/C	<input type="checkbox"/>	<input type="checkbox"/>																							
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
No discharge from eyes, nose, and mouth				C	<input type="checkbox"/>	<input type="checkbox"/>																							
Preventing Contamination by Hands			Highly Susceptible Population																										
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Hands clean and properly washed				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																							
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																							
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Adequate handwashing sinks, properly supplied/accessible				Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>																							
Approved Source			Food/Color Additives and Toxic Substances																										
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Food obtained from approved source				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																							
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Food received at proper temperature				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																							
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Food in good condition, safe, and unadulterated				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																							
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																										
Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																							
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																													
Safe Food and Water			Proper Use of Utensils																										
OUT	N/A	N/O	V	COS	R																								
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Pasteurized eggs used where required				P	<input type="checkbox"/>																								
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Water and ice from approved source				P/Pf/C	<input type="checkbox"/>																								
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																										
Variance obtained for specialized processing methods				Pf	<input type="checkbox"/>																								
Food Temperature Control			Utensils and Equipment																										
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Proper cooling methods used; adequate equipment for temperature control				Pf/C	<input type="checkbox"/>																								
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Plant food properly cooked for hot holding				Pf	<input type="checkbox"/>																								
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Approved thawing methods used				Pf/C	<input type="checkbox"/>																								
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Thermometers provided and accurate				Pf/C	<input type="checkbox"/>																								
Food Identification			Physical Facilities																										
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Food properly labeled; original container				Pf/C	<input type="checkbox"/>																								
Prevention of Food Contamination			Violations documented																										
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Insects, rodents, and animals not present				Pf/C	<input type="checkbox"/>																								
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Contamination prevented during food preparation, storage & display				P/Pf/C	<input type="checkbox"/>																								
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Personal cleanliness				Pf/C	<input type="checkbox"/>																								
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Wiping cloths: properly used and stored				C	<input type="checkbox"/>																								
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Washing fruits and vegetables				P/Pf/C	<input type="checkbox"/>																								
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																													
Person in Charge (Signature) <u>[Signature]</u>			Date <u>3/27/25</u>																										
Person in Charge (Printed) <u>[Signature]</u>			Date <u>3/27/25</u>																										
Inspector (Signature) <u>[Signature]</u>			Date <u>3/27/25</u>																										
Inspector (Printed) <u>John Mucha</u>																													
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Violations documented</th> <th>Date corrections due</th> <th>#</th> </tr> <tr> <td>Priority Item Violations</td> <td></td> <td>1</td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td><u>COS</u></td> <td>1</td> </tr> <tr> <td>Core Item Violations</td> <td><u>6/27/25</u></td> <td>1</td> </tr> <tr> <td>Risk Factor/Public Health Intervention Violations</td> <td></td> <td>1</td> </tr> <tr> <td>Repeat Risk Factor/Public Health Intervention Violations</td> <td></td> <td>1</td> </tr> <tr> <td>Good Retail Practices Violations</td> <td></td> <td>1</td> </tr> <tr> <td>Requires Reinspection - check box if you intend to reinspect</td> <td></td> <td></td> </tr> </table>			Violations documented	Date corrections due	#	Priority Item Violations		1	Priority Foundation Item Violations	<u>COS</u>	1	Core Item Violations	<u>6/27/25</u>	1	Risk Factor/Public Health Intervention Violations		1	Repeat Risk Factor/Public Health Intervention Violations		1	Good Retail Practices Violations		1	Requires Reinspection - check box if you intend to reinspect		
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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

Page 2 of 2

LHD NVHD

Inspection Report Continuation Sheet

Date 3/27/25

Establishment Empanadas Town Ansonia

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Beans in sauce	176°F				
Empanadas	150°F				
Rice	160°F				
Rice w/beans	157°F				
Empanadas	38°F				
Sliced cheese	40°F				
Freezer	Frozen				


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: Damarisz Santiago Exp: 2/9/2030
55C	Wall behind fryers stained → Correct by 6/27/25
10PF	No paper towel at handsink → C.O.S restocked
-	Hot/Cold H ₂ O ✓
-	Sanitizer: Quat ✓ Chlorine ✓
-	Thermometers ✓
-	Allergen Notice ✓
-	Date-Marks ✓
-	Restroom ✓

Person in Charge (Signature)

Date 3/27/25

Inspector (Signature)

 John Rucka, RS

Date 3/27/25