

1947

Connecticut Department of Public Health

Risk Category: 3 Food Establishment Inspection Report Page 1 of 2

Establishment type: Permanent Temporary Mobile Other _____ Date: 10/31/25

Establishment Europa Deli & Gifts Time In 11 AM/PM Time Out 11:35 AM/PM

Address 354 Main St LHD NUTHS

Town/City Ansonia Purpose of Inspection: Routine Pre-op

Permit Holder Elzbieta Baran Reinspection Other _____



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						
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties						
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4						
Employee Health						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Proper use of restriction and exclusion						
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed						
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible						
Approved Source						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source						
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated						
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction						

IN	OUT	N/A	N/O	V	COS	R
Protection from Contamination						
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food separated and protected						
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food-contact surfaces: cleaned & sanitized						
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper disposition of returned, previously served, reconditioned, and unsafe food						
Time/Temperature Control for Safety						
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooking time and temperatures						
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper reheating procedures for hot holding						
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling time and temperatures						
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper hot holding temperatures						
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cold holding temperatures						
23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper date marking and disposition						
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time as a public health control: procedures and records						

IN	OUT	N/A	N/O	V	COS	R
Consumer Advisory						
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer advisory provided: raw/undercooked food						
Highly Susceptible Population						
26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances						
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food additives: approved and properly used						
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic substances properly identified, stored & used						
Conformance with Approved Procedures						
29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with variance/specialized process/ROP criteria/HACCP Plan						

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

OUT	N/A	N/O	V	COS	R
Safe Food and Water					
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required					
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source					
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods					
Food Temperature Control					
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control					
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding					
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used					
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate					
Food Identification					
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container					
Prevention of Food Contamination					
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present					
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display					
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness					
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored					
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits and vegetables					

OUT	V	COS	R
Proper Use of Utensils			
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-use utensils: properly stored			
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensils/equipment/linens: properly stored, dried, & handled			
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single-use/single-service articles: properly stored & used			
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves used properly			
Utensils and Equipment			
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>
Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			
49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-food contact surfaces clean			

OUT	V	COS	R
Physical Facilities			
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot and cold water available; adequate pressure			
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing installed; proper backflow devices			
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewage and waste water properly disposed			
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet facilities: properly constructed, supplied, & clean			
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage and refuse properly disposed; facilities maintained			
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical facilities installed, maintained, and clean			
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate ventilation and lighting; designated areas used			
Natural rubber latex gloves not used per CGS §19a-36f			

Permit Holder shall notify customers that a copy of the most recent inspection report is available.

Person in Charge (Signature) A. J. [Signature] Date 10/31/25

Person in Charge (Printed) A. J. [Printed]

Inspector (Signature) [Signature] Date 10/31/25

Inspector (Printed) Michael DeLassus

Violations documented	Date corrections due	#
Priority Item Violations		2
Priority Foundation Item Violations	<u>11/14/25</u>	4
Core Item Violations	<u>11/31/26</u>	3
Risk Factor/Public Health Intervention Violations		1
Repeat Risk Factor/Public Health Intervention Violations		1
Good Retail Practices Violations		3
Requires Reinspection - check box if you intend to reinspect		<u>no</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.

