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

Establishment type: Permanent Temporary Mobile Other _____ Date: 11/5/25

Establishment JLB's Family Restaurant Time In 11:30 AM/PM Time Out 12:05 AM/PM

Address 411 Bridge St LHD NVHD

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

Permit Holder Down Kahyaoglu 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					
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R		
Supervision							Protection from Contamination								
1	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				15	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							Food separated and protected								
2	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				16	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized								
Employee Health							Time/Temperature Control for Safety								
3	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Proper cooking time and temperatures								
4	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Proper use of restriction and exclusion							Proper reheating procedures for hot holding								
5	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Written procedures for responding to vomiting and diarrheal events							Proper cooling time and temperatures								
Good Hygienic Practices							Consumer Advisory								
6	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Proper eating, tasting, drinking, or tobacco products use							Consumer advisory provided: raw/undercooked food								
7	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				22	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>					
No discharge from eyes, nose, and mouth							Highly Susceptible Population								
Preventing Contamination by Hands							Pasteurized foods used; prohibited foods not offered								
8	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Hands clean and properly washed							Food/Color Additives and Toxic Substances								
9	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							Food additives: approved and properly used								
10	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>				25	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Adequate handwashing sinks, properly supplied/accessible							Toxic substances properly identified, stored & used								
Approved Source							Conformance with Approved Procedures								
11	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Food obtained from approved source							Compliance with variance/specialized process/ROP criteria/HACCP Plan								
12	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Food received at proper temperature							GOOD RETAIL PRACTICES								
13	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.								
Food in good condition, safe, and unadulterated							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								
14	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				Safe Food and Water								
Required records available: molluscan shellfish identification, parasite destruction							OUT N/A N/O V COS R								
Proper Use of Utensils							OUT V COS R								
30 <input type="radio"/> Pasteurized eggs used where required							43 <input type="radio"/> In-use utensils: properly stored								
31 <input type="radio"/> Water and ice from approved source							44 <input type="radio"/> Utensils/equipment/linens: properly stored, dried, & handled								
32 <input type="radio"/> Variance obtained for specialized processing methods							45 <input type="radio"/> Single-use/single-service articles: properly stored & used								
Food Temperature Control							46 <input type="radio"/> Gloves used properly								
33 <input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control						Utensils and Equipment								
34 <input type="radio"/>	Plant food properly cooked for hot holding						47 <input checked="" type="radio"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used								
35 <input type="radio"/>	Approved thawing methods used						48 <input type="radio"/> Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available								
36 <input type="radio"/>	Thermometers provided and accurate						49 <input type="radio"/> Non-food contact surfaces clean								
Food Identification							Physical Facilities								
37 <input type="radio"/>	Food properly labeled; original container						50 <input type="radio"/> Hot and cold water available; adequate pressure								
Prevention of Food Contamination							51 <input checked="" type="radio"/> Plumbing installed; proper backflow devices								
38 <input type="radio"/>	Insects, rodents, and animals not present						52 <input type="radio"/> Sewage and waste water properly disposed								
39 <input type="radio"/>	Contamination prevented during food preparation, storage & display						53 <input type="radio"/> Toilet facilities: properly constructed, supplied, & clean								
40 <input type="radio"/>	Personal cleanliness						54 <input type="radio"/> Garbage and refuse properly disposed; facilities maintained								
41 <input type="radio"/>	Wiping cloths: properly used and stored						55 <input checked="" type="radio"/> Physical facilities installed, maintained, and clean								
42 <input type="radio"/>	Washing fruits and vegetables						56 <input type="radio"/> Adequate ventilation and lighting; designated areas used								
Permit Holder shall notify customers that a copy of the most recent inspection report is available.							57 <input type="radio"/> Natural rubber latex gloves not used per CGS §19a-36f								
Person in Charge (Signature) <u>Down Kahyaoglu</u> Date <u>11/5/25</u>							Violations documented								
Person in Charge (Printed) <u>Down Kahyaoglu</u>							Date corrections due								
Inspector (Signature) <u>Michael Delosantos</u> Date <u>11/5/25</u>							#								
Inspector (Printed) <u>Michael Delosantos</u>							Priority Item Violations <u>C.O.S</u> <u>1</u>								
							Priority Foundation Item Violations <u>11/17/25</u> <u>1</u>								
							Core Item Violations <u>2/3/24</u> <u>3</u>								
							Risk Factor/Public Health Intervention Violations <u>2</u>								
							Repeat Risk Factor/Public Health Intervention Violations <u>1</u>								
							Good Retail Practices Violations <u>3</u>								
							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.

Food Establishment Inspection Report

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LHD NVHID Inspection Report Continuation Sheet

Date 11/5/25

Establishment JRB'S Family Restaurant Town Ansonia

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cheese/walk-in cooler	41°F				
Turkey " "	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.

CFPM - ON-site - Dawn Kalyoglu

- P 22 - cheese at 44°F in reach-in cooler - CFPM - COS place cheese in reach-in bin more
- PF 10 - using sink in cook area for both handsink and sanitize cloth
- C 55 - Basement dry storage area ceiling exposed
- C 51 - No mop sink
note - 2 buy sink with dishwasher
- C 47 - Storage food on milk crate
note - owner stated that they will close 12/29/25

Person in Charge (Signature) Dawn Kalyoglu
 Inspector (Signature) Mich Dea

Date 11/5/25
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