
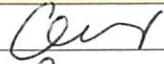
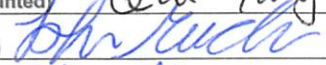


5318

Risk Category: 3		Food Establishment Inspection Report		Page 1 of 2	
Establishment type: Permanent Temporary Mobile Other		Date: 6/3/25		Time In 10:50 AM/PM Time Out 11:35 AM/PM	
Establishment New China Sea				LHD NVHD	
Address 25 Maple St.				Purpose of Inspection: Routine Pre-op	
Town/City Ansonia				Reinspection Other	
Permit Holder Qiu Yang					
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS					
<i>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.</i>					
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	Supervision	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					
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					
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					
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 type="checkbox"/> <input type="checkbox"/>
Approved Source					
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 checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C <input type="checkbox"/> <input type="checkbox"/>
GOOD RETAIL PRACTICES					
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>					
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	Safe Food and Water	V COS R	
30	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P <input type="checkbox"/> <input type="checkbox"/>	
31	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C <input type="checkbox"/> <input type="checkbox"/>	
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf <input type="checkbox"/> <input type="checkbox"/>	
Food Temperature Control					
33	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C <input type="checkbox"/> <input type="checkbox"/>	
34	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf <input type="checkbox"/> <input type="checkbox"/>	
35	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C <input type="checkbox"/> <input type="checkbox"/>	
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C <input type="checkbox"/> <input type="checkbox"/>	
Food Identification					
37	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C <input type="checkbox"/> <input type="checkbox"/>	
Prevention of Food Contamination					
38	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C <input type="checkbox"/> <input type="checkbox"/>	
39	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C <input type="checkbox"/> <input type="checkbox"/>	
40	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C <input type="checkbox"/> <input type="checkbox"/>	
41	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C <input type="checkbox"/> <input type="checkbox"/>	
42	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/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 6/3/25			
Person in Charge (Printed) Qiu Yang					
Inspector (Signature) 		Date 6/3/25			
Inspector (Printed) John Mucha, RS					
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.					

Violations documented		Date corrections due	#
Priority Item Violations			
Priority Foundation Item Violations			
Core Item Violations	9/3/25		5
Risk Factor/Public Health Intervention Violations			
Repeat Risk Factor/Public Health Intervention Violations			
Good Retail Practices Violations			5
Requires Reinspection - check box if you intend to reinspect			

Food Establishment Inspection Report

Page 2 of 2

LHD NVHD

Inspection Report Continuation Sheet

Date 6/3/25

Establishment New China Sea Town Ansonia

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Chicken	40°F	Freezers	Frozen		
Shrimp	39°F				
Pork	40°F				
Breaded chicken	40°F				
Egg roll	41°F				
Rice	158°F				
Egg drop soup	161°F				
Brown Rice	159°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: Qiu Yang Exp: 12/19/29
44C	Knives wedged between prep tables → C.O.S removed
36C	No thermometer in fridge → Correct by 9/3/25
47C	Non-commercial fridge used → Correct by 9/3/25
55C	Floor tiles in kitchen deteriorated → 9/3/25
55C	Ceiling tiles in kitchen are stained → 9/3/25
	- Handsink ✓ Hot/Cold H ₂ O ✓
	- Sanitizer: Chlorine - Bucket: 100ppm
	- Thermometers ✓ - Test Strips ✓
	- Date-Marks ✓ - Allergen Notice ✓
	- Restroom ✓ - Dry Goods/Cans ✓

Person in Charge (Signature) [Signature]
Inspector (Signature) [Signature] RS

Date 6/3/25
Date 6/3/25