

4538

Connecticut Department of Public Health

JM

EHS-108 Rev. 2/16/23

Risk Category: 3		Food Establishment Inspection Report		Page 1 of 2	
Establishment type: Permanent Temporary Mobile Other		Date: 5/5/25			
Establishment Taco Bell #029311		Time In 1:20 AM/PM Time Out 2:00 AM/PM			
Address 205 Division St.		LHD NVHD			
Town/City Ansonia		Purpose of Inspection: Routine Pre-op			
Permit Holder Taco Bell		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					Protection from Contamination								
	IN	OUT	N/A	N/O	V	COS	R		IN	OUT	N/A	N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							Food separated and protected								
2	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized								
							Proper disposition of returned, previously served, reconditioned, and unsafe food								
Employee Health							Time/Temperature Control for Safety								
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Proper cooking time and temperatures								
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion							Proper reheating procedures for hot holding								
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events							Proper cooling time and temperatures								
							Proper hot holding temperatures								
							Proper cold holding temperatures								
Good Hygienic Practices							Consumer Advisory								
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use							Time as a public health control: procedures and records								
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth															
Preventing Contamination by Hands							Highly Susceptible Population								
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed							Consumer advisory provided: raw/undercooked food								
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							Pasteurized foods used; prohibited foods not offered								
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances							
Adequate handwashing sinks, properly supplied/accessibile							Food additives: approved and properly used								
							Toxic substances properly identified, stored & used								
Approved Source							Conformance with Approved Procedures								
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source							Compliance with variance/specialized process/ROP criteria/HACCP Plan								
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature															
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	GOOD RETAIL PRACTICES							
Food in good condition, safe, and unadulterated							Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.								
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	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							
Required records available: molluscan shellfish identification, parasite destruction															

Safe Food and Water		Proper Use of Utensils								
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pasteurized eggs used where required					In-use utensils: properly stored					
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water and ice from approved source					Utensils/equipment/linens: properly stored, dried, & handled					
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Variance obtained for specialized processing methods					Single-use/single-service articles: properly stored & used					
					Gloves used properly					
Food Temperature Control					Utensils and Equipment					
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper cooling methods used; adequate equipment for temperature control					Food and non-food contact surfaces cleanable, properly designed, constructed, and used					
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plant food properly cooked for hot holding					Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available					
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Approved thawing methods used					Non-food contact surfaces clean					
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	Physical Facilities				
Thermometers provided and accurate					50 <input type="checkbox"/> Hot and cold water available; adequate pressure					
Food Identification					51 <input type="checkbox"/> Plumbing installed; proper backflow devices					
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	52 <input type="checkbox"/> Sewage and waste water properly disposed				
Food properly labeled; original container					53 <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean					
Prevention of Food Contamination					54 <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained					
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	55 <input type="checkbox"/> Physical facilities installed, maintained, and clean				
Insects, rodents, and animals not present					56 <input type="checkbox"/> Adequate ventilation and lighting; designated areas used					
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	57 <input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f				
Contamination prevented during food preparation, storage & display										
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	Violations documented				
Personal cleanliness					Date corrections due					
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	#				
Wiping cloths: properly used and stored					Priority Item Violations					
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	Priority Foundation Item Violations				
Washing fruits and vegetables					Core Item Violations					
					Risk Factor/Public Health Intervention Violations					
					Repeat Risk Factor/Public Health Intervention Violations					
					Good Retail Practices Violations					
					Requires Reinspection - check box if you intend to reinspect					

Permit Holder shall notify customers that a copy of the most recent inspection report is available.	
Person in Charge (Signature) <i>John Mucha</i>	Date 5/5/25
Person in Charge (Printed) John Mucha	
Inspector (Signature) <i>John Mucha</i>	Date 5/5/25
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.	

Page 2 of 2

Date 5/5/25

TEMPERATURE OBSERVATIONS					
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Ground beef	155°F				
Diced chicken	180°F				
Ground beef	171°F				
Cheese	38°F				
Diced tomato	37°F				
Freezer	Frozen				

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: Nathan Delvalle Exp: 4/27/28
21P	Steak at 90°F, Rice 110°F in steam table → Unit not turned on → C.O.S voluntarily discarded and unit turned on
	- Handsink ✓ Hot/Cold H ₂ O ✓
	- Sanitizer: Quat: 200ppm ✓
	- Thermometers ✓
	- Dry Goods ✓ - Labels ✓
	- Restroom ✓

Date 5/5/25