

5909

Risk Category: 3		Food Establishment Inspection Report		Page 1 of 2	
Establishment type: <u>Permanent</u> Temporary Mobile Other			Date: <u>4/3/25</u>		
Establishment <u>Ansonia Deli &amp; Catering</u>			Time In <u>11:05</u> AM/PM Time Out <u>11:55</u> AM/PM		
Address <u>344 Main St.</u>			LHD <u>NV HD</u>		
Town/City <u>Ansonia</u>			Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder <u>Henry A. Rodriguez</u>			Reinspection Other		
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>					
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		
1	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"/> <input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties					
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4					
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"/> <input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting					
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Proper use of restriction and exclusion					
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events					
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"/> <input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use					
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C <input type="checkbox"/> <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"/> <input type="checkbox"/>
Hands clean and properly washed					
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C <input type="checkbox"/> <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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessibile					
Approved Source			Food/Color Additives and Toxic Substances		
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Food obtained from approved source					
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf <input type="checkbox"/> <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"/> <input type="checkbox"/>
Food in good condition, safe, and unadulterated					
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction					
<b>GOOD RETAIL PRACTICES</b>					
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					
Safe Food and Water			Proper Use of Utensils		
30	OUT	N/A	N/O	V COS R	OUT
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P <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"/>	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Water and ice from approved source					
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Variance obtained for specialized processing methods					
Food Temperature Control			Utensils and Equipment		
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C <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"/>	Pf <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"/>	Pf/C <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"/>	Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Thermometers provided and accurate					
Food Identification			Physical Facilities		
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Food properly labeled; original container					
Prevention of Food Contamination			Violations documented		
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Insects, rodents, and animals not present					
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C <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"/>	Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Personal cleanliness					
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C <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"/>	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Washing fruits and vegetables					
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>4/3/25</u>			Date corrections due <u>C.O.S</u>		
Person in Charge (Printed) <u>[Signature]</u>			# <u>1</u>		
Inspector (Signature) <u>[Signature]</u> Date <u>4/3/25</u>			Priority Item Violations <u>7/3/25</u>		
Inspector (Printed) <u>John Mucha, RS</u>			Priority Foundation Item Violations <u>1</u>		
			Core Item Violations <u>1</u>		
			Risk Factor/Public Health Intervention Violations <u>1</u>		
			Repeat Risk Factor/Public Health Intervention Violations <u>1</u>		
			Good Retail Practices Violations <u>1</u>		
			Requires Reinspection - check box if you intend to reinspect <u>1</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.					



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Inspection Report Continuation Sheet

Date 4/3/25

## TEMPERATURE OBSERVATIONS

### 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.

- Restroom ✓

Date 4/31/25

Date 4/3/25