

5936

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other	Date: 1/15/25	
Establishment Zuppardi's Slice Shop	Time In 12:15 AM/PM	Time Out 12:50 AM/PM
Address 58 Beaver St.	LHD NVHD	
Town/City Ansonia	Purpose of Inspection: Routine Pre-op	
Permit Holder James Ormrod	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	Supervision						V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination						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"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected						P/C	<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"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health										Time/Temperature Control for Safety															
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"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures						P/Pf/C	<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"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding						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"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures						P	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices										Consumer Advisory															
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"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided: raw/undercooked food						Pf	<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"/>	Highly Susceptible Population												
Preventing Contamination by Hands										Food/Color Additives and Toxic Substances															
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed						P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered						P/C	<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"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved and properly used						P	<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"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source										Conformance with Approved Procedures															
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"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan						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"/>	GOOD RETAIL PRACTICES												
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"/>	<i>Good Retail Practices</i> 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"/>	Required records available: molluscan shellfish identification, parasite destruction						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												

OUT	N/A	N/O	Safe Food and Water						V	COS	R	OUT	Proper Use of Utensils						V	COS	R	
30	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required						P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	In-use utensils: properly stored						C	<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"/>	44	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods						Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control										Utensils and Equipment												
33	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	Gloves used properly						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"/>	47	<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used						P/Pf/C	<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"/>	48	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	Non-food contact surfaces clean						C	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification										Physical Facilities												
37	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	Hot and cold water available; adequate pressure						Pf	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination										51	<input type="checkbox"/>	Plumbing installed; proper backflow devices						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
38	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	Sewage and waste water properly disposed						P/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"/>	53	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean						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"/>	54	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained						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"/>	55	<input type="checkbox"/>	Physical facilities installed, maintained, and clean						P/Pf/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"/>	56	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used						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) <i>[Signature]</i>	Date 1/15/25
Person in Charge (Printed) James Ormrod	
Inspector (Signature) <i>[Signature]</i>	Date 1/15/25
Inspector (Printed) John Mucha	

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations		
Core Item Violations	4/15/25	1
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		1
Requires Reinspection - check box if you intend to reinspect		

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.

