Connecticut Department of Public Health

5944

Risk Category: 2 Food Establishment Inspection Report Page 1 of 2										
Establishment type: Permanent Temporary Mobile Other	Date: 11/19/24									
Establishment Wakelee Market OLL	Time In 12:30 AM/PM Time Out 1:10 AM/PM									
Address 192 Wakelee Ave.	LHD NVHD									
Town/City Ansonia	Purpose of Inspection: Routine Pre-op									
	artment alth Reinspection Other									
	ACTO	RS AN	ND 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 it			n 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 IN OUT N/A N/O Supervision	V	cos R								
Person/Alternate Person in charge present	1000		15 © O Food separated and protected P/C O							
demonstrates knowledge and performs duties	Pf	00	16 Food-contact surfaces: cleaned & sanitized R/Pf/C & O							
2 Certified Food Protection Manager for Classes 2, 3, & 4	С	00	Proper disposition of returned, previously served, reconditioned, and unsafe food							
Employee Health			Time/Temperature Control for Safety							
Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	00	18 😻 O Proper cooking time and temperatures P/Pf/C O 19 O Proper reheating procedures for hot holding P O							
4 O Proper use of restriction and exclusion	Р	00								
Written procedures for responding to vomiting and	Pf	00	21 Proper hot holding temperatures							
diarrheal events			22 🗸 🔾 Proper cold holding temperatures P 🔾							
Good Hygienic Practices	- D/O		23 O Proper date marking and disposition P/Pf O							
6 OProper eating, tasting, drinking, or tobacco products us	e P/C	00	Time as a public health control: procedures P/Pf/C P/Pf/C							
Preventing Contamination by Hands	0	1010	Consumer Advisory							
8 W C Hands clean and properly washed	P/Pf	00								
9 No bare hand contact with RTE food or a	P/Pf/C	00	Highly Susceptible Population							
pre-approved alternative procedure properly followed	PfC	1	26 Pasteurized foods used; prohibited foods not offered P/C							
Adequate handwashing sinks, properly supplied/accessible Approved Source	PIC		Food/Color Additives and Toxic Substances 27 Food additives: approved and properly used P							
11 Food obtained from approved source	P/Pf/C	1010	Toxic substances properly identified							
12 O Food received at proper temperature	P/Pf	_	stored & used							
13 🗸 Cod in good condition, safe, and unadulterated	P/Pf	00								
Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	00	Compliance with variance/specialized process/ROP criteria/HACCP Plan							
	OD RE	TAIL P	PRACTICES							
			lition of pathogens, chemicals, and physical objects into foods.							
			x 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 Pasteurized eggs used where required Water and ice from approved source	P P/Pf/C	00	io C III dec dictions, properly stored							
32 Variance obtained for specialized processing methods	Pf	00								
Food Temperature Control			46 Gloves used properly C C							
Proper cooling methods used; adequate equipment for	Pf/C	00	Utensils and Equipment							
temperature control			47 Food and non-lood contact surfaces clearlable,							
34 OP Plant food properly cooked for hot holding 35 OP Approved thawing methods used	Pf/C	00	Warewashing facilities: installed maintained and used:							
36 Thermometers provided and accurate	Pf/C									
Food Identification			49 Non-food contact surfaces clean C C							
37 Food properly labeled; original container	Pf/C	00								
Prevention of Food Contamination	DUC		50 Hot and cold water available; adequate pressure Pf 51 Plumbing installed; proper backflow devices P/Pf/C 51							
38 Insects, rodents, and animals not present 39 Contamination prevented during food preparation, storage & display	P/Pf/C	00								
40 Personal cleanliness	Pf/C	-								
41 Wiping cloths: properly used and stored	С	00								
42 Washing fruits and vegetables	P/Pf/C	00								
Permit Holder shall notify customers that a copy of the most recent inspection report is available. Solid Adequate ventilation and lighting; designated areas used C Natural rubber latex gloves not used per CGS §19a-36f										
Person in Charge (Signature) Salla (Li Date //-/	Violations documented Date corrections due # Priority Item Violations									
Person in Charge (Printed)	Priority Foundation Item Violations Core Item Violations 2/19/25									
Inspector (Signature) Ph McM Date 11/1	Risk Factor/Public Health Intervention Violations Repeat Risk Factor/Public Health Intervention Violations									
Inspector (Printed) Tohm Much d Good Retail Practices Violations 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 identified by the food inspector or to hold, destroy, or dispose of unself 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 Page 2 of 2

LHD	IVHD		Inspection Report Continuation Shee	t	Date_/1//9/5	14					
Establishment Wakelee Market Ol Town Ansonia											
TEMPERATURE OBSERVATIONS											
72.00	/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp					
	ed tomato	34°F									
	x hamburger	32°F									
	ese	40°F									
	turkey	Froze	^								
	(201)	11020									
	Violations cited in this		SERVATIONS AND CORRECT corrected within the time frames below			food code.					
Item Number	Violations area in this	roport made be	, corrected within the time marines below	, or as stated if	1000,0110 0 100.11 0 0 100.11 0 100.	1000 00001					
	C.F.P.M. J	ibran	Ammar Ali	Evn: 12	122/26						
55C	Some by	roken	floor tiles -	Cor	rect by 2/19/	25					
16PF											
	cleaned	W 121.2	,								
55C											
	Correct by 2/19/25										
IOPF	PF No paper towel at bothroom handsink > C.O.S										
	restocked										
	-		1		/						
-	- Sanitizer: Quat - Spray: 300ppm										
			1 3	LIM							
-	Thermom	eters	- A	Merg	en Sign						
-	Test St	trios/	· - H	+100	ld H20 V						
					2						
		01.1	1.0			0.0					
Person in	Charge (Signature)	rage	New york		Date //- / 9	-24					
Inspector	(Signature)	hr/1	was		Date / / 9	124					