Risk Category: 2 Food Establishment Inspection Report Page 1 of 2											
Establishment type: Permanent Temporary Mobile Other			Date:	6/11/2	15						
Establishment Wakelee Market OI, LL	C	4seci	ing Conn	ecticut He	NA.	Time	In 10:10 @	MVPM Time Out_10	: 45	AM	РМ
Address 192 Wakelee Ave.		D	P	H		LHD	HVA				
Town/City Ansonia	J						se of Inspection		e-op		
Permit Holder Khaled Ali Ahmed Go	abr	are	uplic F	lealth	ent.		pection	Other			_
FOODBORNE ILLNESS RISK FA	ACTO	RS	AN	D PI	JBL				an an inium.		200
Risk factors are important practices or procedures identified as the most prevalent cont Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered if				comp			=not in compliance		0=not obs		od
P=Priority item Pf=Priority foundation item C=Core item V=violation type			_						R=repeat	V4-10	-
IN OUT N/A N/O Supervision	V	cos	1	le bo		OUT N/A		on from Contamination	V	cos	-
Person/Alternate Person in charge present				15			Food separated		P/C	-	0
demonstrates knowledge and performs duties	Pf	0	0	16	V			urfaces: cleaned & sanitized	P/Pf/C	0	0
2 Certified Food Protection Manager for Classes 2,	С	0	0	17	0		Proper disposit	ion of returned, previously	Р	0	0
3, & 4				11	~			itioned, and unsafe food			
Employee Health		7						ture Control for Safety			
Management, food employee and conditional employee;	P/Pf	0	0					time and temperatures	P/Pf/C	-	-
knowledge, responsibilities and reporting Proper use of restriction and exclusion	Р	0	0		-			ng procedures for hot holding time and temperatures	P	-	-
Written procedures for responding to vomiting and		10					Proper hot hold		P	-	-
diarrheal events	Pf	0	0		-		Proper cold hol		P	0	0
/ Good Hygienic Practices					~			rking and disposition	P/Pf	0	0
6 6 Proper eating, tasting, drinking, or tobacco products us	e P/C	10	0	24		00		ic health control: procedures	P/Pf/C		
7 No discharge from eyes, nose, and mouth	С	0	0	24		9	and records		P/FI/C		
/ Preventing Contamination by Hands							the same of the sa	umer Advisory			
8 O Hands clean and properly washed	P/Pf	0	0	25	0	00	-	y provided: raw/undercooked food	Pf	0	0
No bare hand contact with RTE food or a	P/Pf/C	0				-	Marian Ma	ceptible Population	1000		
pre-approved alternative procedure properly followed				26	0	00		used; prohibited foods not offered	P/C	0	0
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	10	0			-/		ves and Toxic Substances	- 15		
Approved Source				27	0	\circ		approved and properly used	P	0	0
11 V C Food obtained from approved source	P/Pf/C	-	-	28	V	00		es properly identified,	P/Pf/C	0	0
12 Food received at proper temperature	P/Pf	-	0				stored & used	ith Approved Broadures			
Food in good condition, safe, and unadulterated Required records available: molluscan shellfish	P/PI	0	0				Compliance wit	ith Approved Procedures th variance/specialized	7		
identification, parasite destruction	P/Pf/C	0	0	29	0	0		riteria/HACCP Plan	P/Pf/C	0	0
	OD RE	TAI	L PF	RACT	TICE	S	processive			100	
Good Retail Practices are preventative measures t							nemicals, and physica	al objects into foods.			
						nd/or R			R=repeat	viola	ation
OUT N/A N/O Safe Food and Water	V	cos	R	(TUC		Proper Us	se of Utensils	V	cos	R
30 Pasteurized eggs used where required	Р	0	0	43	01	In-use ut	ensils: properly stor	red	С	0	0
31 Water and ice from approved source	P/Pf/C	0	0	44	01	Utensils/e	quipment/linens: prop	perly stored, dried, & handled	Pf/C	0	0
32 Variance obtained for specialized processing methods	Pf	0	0					es: properly stored & used	P/C	0	-
Food Temperature Control				46	0	Gloves u	sed properly		С	0	0
Proper cooling methods used; adequate equipment for	Pf/C	0	0				Utensils	s and Equipment			
temperature control				47				surfaces cleanable,	P/Pf/C	0	0
34 O Plant food properly cooked for hot holding	Pf						designed, construct				-
35 O Approved thawing methods used		0		48				alled, maintained and used;	Pf/C	0	0
Thermometers provided and accurate	Pt/C		0	6			agents, sanitizers, I contact surfaces c	and test strips available	(c)	0	
Food Identification Food properly labeled; original container	PIC	1	10	49		NON-1000		sical Facilities		10	10
Food properly labeled; original container Prevention of Food Contamination	PIC		0	50		Hot and		e; adequate pressure	Pf	0	0
38 Insects, rodents, and animals not present	Df/C	:0	0				installed; proper b		P/Pf/C	0	0
39 Contamination prevented during food preparation, storage & display	P/Pf/C	_					and waste water pro		P/Pf/C	-	0
40 Personal cleanliness	Pf/C	-	0	53	0	Toilet fac	cilities: properly con	structed, supplied, & clean	Pf/C	0	0
41 Wiping cloths: properly used and stored	С	-	0	54	0	Garbage	and refuse properly d	isposed; facilities maintained	C	0	0
42 Washing fruits and vegetables	P/Pf/C	0	0					maintained, and clean	P/Pf/C	0	0
	art is au	ailabl		56	0	Adequate	e ventilation and lig	hting; designated areas used	C	0	0
Permit Holder shall notify customers that a copy of the most recent inspection rep	ort is av				_			not used per CGS §19a-36f			
Man Done G		2	5			ns docu		Date corrections due		#	
Person in Charge (Signature)	1	-				tem Viol					
Bonnes in Charma (Brinted) AMMOD - Tibles	5						on Item Violations	0/11/50	-	5	
Person in Charge (Printed)	<u> </u>		-			m Violati	ons ic Health Intervention	on Violations	-	_	
Inspector (Signature) Date 6/1	1/2	15						tervention Violations	-	_	_
mispector (signature)/// V/ V/ V/ Date 0/ 1/ X)							ctices Violations		3		
Inspector (Printed) Tohy MILCO O R S Requires Reinspection - check box if you intend to reinspect											
Appeal: The owner or operator of a food establishment aggrieved by t	his ord	er to	corr	rect a	ny ir	nspectio	n violation identifie	ed by the food inspector or t	o hold, o	destr	roy,
or dispose of unsafe food, may appeal such order to the	Direct	or of	Hea	alth, r	not la	ater than	forty-eight hours a	after issuance of such orde	r.		

Fo	od Esta	blishment Inspe	ction R	eport Page	of						
LHD NVHD		Inspection Report Continuation Sh	Date 6/11/	01105							
Establishment Works	elee Ma	rket Town Anso	onia								
TEMPERATURE OBSERVATIONS											
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp						
Sliced toma											
Row hambure	er 38°F										
Deli ham	_		_								
Freezers	Frozer	7			-						
			270/5 407/01	20							
Violations cited in		SERVATIONS AND CORRECT CORRECT CONTROL CORRECT CONTROL CORRECT			e food code.						
Item Number	this report must be	o corrected within the time frames before	on, or do oldlod in								
CFDM.	T. hean	Ammac Ali	Eva: 1)	122/26							
C/T/	0:01 W/1	/ ((1111))	- Ap . 12	120/20							
55C Some 1	ncaken	floor tiles.	> Carne	at h. 0/11/24							
220 00 110	Some broken floor tiles > Correct by 9/11/25 OC Condiment bottle with oil not labeted > Correct										
37C Condime	10 Condiment bottle with oil not labeled - correct										
bu 9/1	by 9/11/25										
49C Food d											
170 1000	10 1000 depris in stider don of trigge > correct										
by 9/1	by 9/11/25										
	1										
- Handein	- Handeinky Hot/Cold 11 AV										
TUNGSTE	- Handsink Hot/Cold Haor										
- Sanitiz	- Sanitizer: Quat - Spray Bottle: 200ppm										
- Thermometers - Dry Goods											
T. C. T. T. O	inc (Cr.	y y									
Λ.ι.	۸ ۸	/									
MILETA	- Allergen Notice										
J											
	4	,									
Person in Charge (Signature	Anna	2 colo		Date C / j/	125						
Inspector (Signature)	6h. 19	uch RS		Date 6/11	125						
mapector (orginature)	1000	Wy Va		200	/~~						