

5953

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category:		Food Establishment Inspection Report										Page 1 of 2											
Establishment type: Permanent		Temporary	Mobile	Other	Date: 11/12/25																		
Establishment Family Restaurant						Time In 11:50 AM/PM Time Out 12:40 AM/PM																	
Address 143 N. Main St						LHD NVHD																	
Town/City Ansonia						Purpose of Inspection: Routine Pre-op																	
Permit Holder Carmen Flores						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																							
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"/>	<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"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Employee Health																							
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"/>	17 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<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"/>	18 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<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"/>	19 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>	
Good Hygienic Practices																							
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use								P/C	<input type="checkbox"/>	<input type="checkbox"/>	20 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<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"/>	21 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	
Preventing Contamination by Hands																							
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed								P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<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"/>	23 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<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"/>	24 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Approved Source																							
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"/>	25 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature								P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	27 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances	P	<input type="checkbox"/>	<input type="checkbox"/>	
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
GOOD RETAIL PRACTICES																							
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																							
30	<input type="checkbox"/>	Pasteurized eggs used where required								P	<input type="checkbox"/>	<input type="checkbox"/>	43 <input type="checkbox"/>	Proper Use of Utensils									
31	<input type="checkbox"/>	Water and ice from approved source								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44 <input type="checkbox"/>	Proper Use of Utensils									
32	<input type="checkbox"/>	Variance obtained for specialized processing methods								Pf	<input type="checkbox"/>	<input type="checkbox"/>	45 <input checked="" type="checkbox"/>	Food Temperature Control									
Food Temperature Control																							
33	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control								Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46 <input type="checkbox"/>	Food Temperature Control									
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding								Pf	<input type="checkbox"/>	<input type="checkbox"/>	47 <input type="checkbox"/>	Food Temperature Control							
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used								Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48 <input type="checkbox"/>	Food Temperature Control							
36	<input type="checkbox"/>	Thermometers provided and accurate								Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49 <input type="checkbox"/>	Food Temperature Control									
Food Identification																							
37	<input type="checkbox"/>	Food properly labeled; original container								Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50 <input type="checkbox"/>	Physical Facilities									
Prevention of Food Contamination																							
38	<input type="checkbox"/>	Insects, rodents, and animals not present								Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51 <input checked="" type="checkbox"/>	Physical Facilities									
39	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52 <input type="checkbox"/>	Physical Facilities									
40	<input type="checkbox"/>	Personal cleanliness								Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53 <input type="checkbox"/>	Physical Facilities									
41	<input type="checkbox"/>	Wiping cloths: properly used and stored								C	<input type="checkbox"/>	<input type="checkbox"/>	54 <input type="checkbox"/>	Physical Facilities									
42	<input type="checkbox"/>	Washing fruits and vegetables								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55 <input type="checkbox"/>	Physical Facilities									
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																							
Person in Charge (Signature) Carmen Flores Date 11/12/25																							
Person in Charge (Printed) Carmen Flores																							
Inspector (Signature) Michael Delessert Date 11/17/25																							
Inspector (Printed) Michael Delessert																							
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.																							
Violations documented												Date corrections due		#									
Priority Item Violations												11/15/25		2									
Priority Foundation Item Violations												11/15/25		1									
Core Item Violations												11/12/26		1									
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																							

Food Establishment Inspection Report

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LHD NVHD

Inspection Report Continuation Sheet

Date 11/12/25

Establishment familiar restaurant Town Ansonia

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Rice / Steamtable	150°F				
chicken	140°F				
Beef empanada	138°F				
cheese / Lobony	38°F				
ground beef / with-in	38°F				
raw chicken	38°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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 On-site - Carmen M Flores

P 21 - Fried Pork temp at 120°F made at 10 AM - temp taken at 12PM - COS - ~~not with~~ discard fried pork

P 51 - No air gap for prep sink
OK - Bucket sanitizer at 200ppm - Quilt

C 45 - Hollow straw expose in coffee area
OK - observed thermometer thin probe
OK - observed clean walls, floors and ceiling
OK - Bathroom
OK - observed handwashing

Person in Charge (Signature)

Carrie M Flores

Date

11/12/25

Inspector (Signature)

Mark C. M. Flores

Date

11/12/25