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Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <u>3</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <u>11/12/25</u>			
Establishment <u>Family Restaurant</u>		Time In <u>11:50</u> AM/PM Time Out <u>12:40</u> AM/PM			
Address <u>143 N. Main St</u>		LHD <u>NVH</u>			
Town/City <u>Ansonia</u>		Purpose of Inspection: <u>Routine</u> Pre-op			
Permit Holder <u>Carmen Flores</u>		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				Protection from Contamination				Time/Temperature Control for Safety					
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties							15 Food separated and protected						
2 Certified Food Protection Manager for Classes 2, 3, & 4				C	<input type="checkbox"/>	<input type="checkbox"/>	16 Food-contact surfaces: cleaned & sanitized				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health				Consumer Advisory				Highly Susceptible Population					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting							25 Consumer advisory provided: raw/undercooked food						
4 Proper use of restriction and exclusion				P	<input type="checkbox"/>	<input type="checkbox"/>	26 Pasteurized foods used; prohibited foods not offered				P/C	<input type="checkbox"/>	<input type="checkbox"/>
5 Written procedures for responding to vomiting and diarrheal events				Pf	<input type="checkbox"/>	<input type="checkbox"/>	27 Food additives: approved and properly used				P	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices				Food/Color Additives and Toxic Substances				Conformance with Approved Procedures					
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
6 Proper eating, tasting, drinking, or tobacco products use							28 Toxic substances properly identified, stored & used				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
7 No discharge from eyes, nose, and mouth				C	<input type="checkbox"/>	<input type="checkbox"/>	29 Compliance with variance/specialized process/ROP criteria/HACCP Plan				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands				GOOD RETAIL PRACTICES									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.						
8 Hands clean and properly washed							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						
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	OUT N/A N/O Safe Food and Water						
10 Adequate handwashing sinks, properly supplied/accessible				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V	COS	R
Approved Source				Proper Use of Utensils				Utensils and Equipment					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
11 Food obtained from approved source							43 In-use utensils: properly stored				C	<input type="checkbox"/>	<input type="checkbox"/>
12 Food received at proper temperature				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	44 Utensils/equipment/linens: properly stored, dried, & handled				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
13 Food in good condition, safe, and unadulterated				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	45 Single-use/single-service articles: properly stored & used				P/C	<input type="checkbox"/>	<input type="checkbox"/>
14 Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46 Gloves used properly				C	<input type="checkbox"/>	<input type="checkbox"/>
Safe Food and Water				Food Temperature Control				Physical Facilities					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
30 Pasteurized eggs used where required							50 Hot and cold water available; adequate pressure						
31 Water and ice from approved source				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51 Plumbing installed; proper backflow devices				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
32 Variance obtained for specialized processing methods				Pf	<input type="checkbox"/>	<input type="checkbox"/>	52 Sewage and waste water properly disposed				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
33 Proper cooling methods used; adequate equipment for temperature control				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53 Toilet facilities: properly constructed, supplied, & clean				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
34 Plant food properly cooked for hot holding				Pf	<input type="checkbox"/>	<input type="checkbox"/>	54 Garbage and refuse properly disposed; facilities maintained				C	<input type="checkbox"/>	<input type="checkbox"/>
35 Approved thawing methods used				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55 Physical facilities installed, maintained, and clean				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
36 Thermometers provided and accurate				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	56 Adequate ventilation and lighting; designated areas used				C	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification				Prevention of Food Contamination				Violations documented					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	57 Natural rubber latex gloves not used per CGS §19a-36f						
37 Food properly labeled; original container							Date corrections due						
Prevention of Food Contamination				Person in Charge (Signature)				Person in Charge (Printed)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<u>Carmen Flores</u> Date <u>11/12/25</u>				Priority Item Violations <u>2</u>		
38 Insects, rodents, and animals not present							<u>Carmen Flores</u>				Priority Foundation Item Violations <u>1</u>		
39 Contamination prevented during food preparation, storage & display				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<u>Michael Delossantos</u> Date <u>11/17/25</u>				Core Item Violations <u>1</u>		
40 Personal cleanliness				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					Risk Factor/Public Health Intervention Violations <u>1</u>		
41 Wiping cloths: properly used and stored				C	<input type="checkbox"/>	<input type="checkbox"/>					Repeat Risk Factor/Public Health Intervention Violations <u>2</u>		
42 Washing fruits and vegetables				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					Good Retail Practices Violations <u>2</u>		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.											Requires Reinspection - check box if you intend to reinspect <u>No</u>		
Person in Charge (Signature) <u>Carmen Flores</u> Date <u>11/12/25</u>													
Person in Charge (Printed) <u>Carmen Flores</u>													
Inspector (Signature) <u>Michael Delossantos</u> Date <u>11/17/25</u>													
Inspector (Printed) <u>Michael Delossantos</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.													

Food Establishment Inspection Report

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LHD NUTD

Inspection Report Continuation Sheet

Date 11/12/25

Establishment family restaurant Town Arsonia

TEMPERATURE OBSERVATIONS

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

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.

Item
Number

C FPM On-site - corners m Flores

21 - Fried Pork temp at 120°F made at 10 Am - temp taken at 12pm - COS - ~~newest~~ discard fried pork

51 - No air gap for Prep sink
OK - Bucket sanitizer at 200ppm - Quat

C 45 - Hollow straw expose in coffee area

OK - observed thermometer thru probe

OK - observed clean walls, floors and ceiling

OK - Bathroom

OK - observed handwashing

Person in Charge (Signature)

Date

11/12/25

Inspector (Signature)

Date

11/12/25