Connecticut Department of Public Health

4919

Risk Category: 2 Food Establishment Inspection Report Page 1 of 2												
Establishment type: Permanent Temporary Mobile Other		Date:	3/26/2	5								
Establishment Ansonia Mini Market		4 e e ci	and Conne	ecticut Mealing	Time In_	10:35	2 2	15 AM)PM				
Address 147 No. Main St.				H	LHD	NVHD						
Town/City Ansonia					Purpose	of Inspection:	Routine Pre	-ор				
Permit Holder Ammac Ali Jibcan Connecticut De of Public H					Reinspe	ction	Other					
FOODBORNE ILLNESS RISK FA												
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			UT N/A N/C	T	on from Contamination	V COS R				
Person/Alternate Person in charge present,	Pf		0	15		Food separated	and protected	P/C O O				
demonstrates knowledge and performs duties	FI			16 🔾 🤇			urfaces: cleaned & sanitized	P/Pf/C O				
Certified Food Protection Manager for Classes 2, 3, & 4	С	0		17			on of returned, previously tioned, and unsafe food	POO				
Employee Health				-	and the same of		ture Control for Safety					
Management, food employee and conditional employee;	P/Pf			18 😻 🤇			time and temperatures	P/Pf/C O				
knowledge, responsibilities and reporting				19 0			g procedures for hot holding	P 0 0				
Proper use of restriction and exclusion	P	10	0				time and temperatures	P 0 0				
Written procedures for responding to vomiting and diarrheal events	Pf	0	0				ing temperatures ding temperatures	POO				
/ Good Hygienic Practices	_						rking and disposition R XV					
6 Proper eating, tasting, drinking, or tobacco products use	e P/C	10	0	102.01	/		c health control: procedures					
7 O No discharge from eyes, nose, and mouth	С	0	0	24		and records		P/Pf/C				
/ Preventing Contamination by Hands					,	Consi	umer Advisory					
8 O Hands clean and properly washed	P/P	0	0	25 🔾	0		y provided: raw/undercooked food	Pf OO				
No bare hand contact with RTE food or a	P/Pf/C	0			-		ceptible Population	D/0				
pre-approved alternative procedure properly followed				26 0			used; prohibited foods not offered	P/C O O				
Adequate handwashing sinks, properly supplied/accessible	Pf/C		0	07	-		ves and Toxic Substances	POO				
Approved Source 11 Food obtained from approved source	P/Pf/C	10	0	27 0			approved and properly used es properly identified,	POO				
11 Food obtained from approved source 12 Food received at proper temperature	P/PI/C	-	8	28 🗸 🤇		stored & used	es property identified,	P/Pf/C				
13 Composition, safe, and unadulterated	P/P	-			, (th Approved Procedures					
Required records available: molluscan shellfish	P/Pf/C	0		29			h variance/specialized	P/Pf/C O O				
identification, parasite destruction	000000000000000000000000000000000000000					process/ROP c	riteria/HACCP Plan	111110				
				RACTICES		sizele and abusine	Labiaata inta faada					
Good Retail Practices are preventative measures to								R=repeat violation				
Mark OUT if numbered item is not in compliance V=violation type Mark in OUT N/A N/O Safe Food and Water	v	cos		for COS and	J/OF K		e of Utensils	V COS R				
30 Pasteurized eggs used where required	P	0			-use utens	sils: properly stor		c 00				
31 Water and ice from approved source	P/Pf/C	-	_				perly stored, dried, & handled	Pf/C O O				
32 Variance obtained for specialized processing methods	Pf	0	0	45 O Si	P/C O							
Food Temperature Control				46 O G	46 Gloves used properly C C							
Proper cooling methods used; adequate equipment for	Pf/C	0	0				and Equipment					
temperature control		-				on-food contact s signed, construct	surfaces cleanable,	P/PfC O				
34 O Plant food properly cooked for hot holding 35 O Approved thawing methods used	Pf	0	0				lled, maintained and used;					
36 Thermometers provided and accurate							and test strips available	Pf/C				
Food Identification	1. "	1_				ontact surfaces c		(0)00				
37 Food properly labeled; original container	Pf/C	:0	0	0			ical Facilities					
Prevention of Food Contamination				50 O H	ot and col	d water available	; adequate pressure	Pf O O				
38 O Insects, rodents, and animals not present						stalled; proper b		P/Pf/C O				
39 Contamination prevented during food preparation, storage & display	P/Pf/C	_	_			d waste water pro		P/Pf/C O O				
40 Personal cleanliness	Pf/C	-	0				structed, supplied, & clean isposed; facilities maintained	Pf/C O O				
41 Wiping cloths: properly used and stored 42 Washing fruits and vegetables	P/Pf/C	10	0				naintained, and clean	P/P(C) O				
Permit Holder shall notify customers that a copy of the most recent inspection repo				56 O A	dequate v	entilation and ligh	nting; designated areas used	600				
, , , , , , , , , , , , , , , , , , , ,					atural rubl s docume		not used per CGS §19a-36f Date corrections due	#				
Person in Charge (Signature) Date 0 }	26	12	5	Priority Ite	em Violatio	ons	Date corrections due					
Person in Charge (Printed)		,			oundation Violation	Item Violations	6/26/25	6				
orson in onarge ir rinted)	- 1	Na State				Health Intervention		-				
Inspector (Signature) Oh / U// Date 3/2	6%	25		Repeat R	isk Factor	/Public Health In	tervention Violations					
Tolon Marks DS	1					es Violations		6				
Inspector (Printed) John Mucha, Rolling Requires Reinspection - check box if you intend to reinspect							- h-ld dt					
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,												

Food Establishment Inspection Report Page 2 of 2

	100	u Lotar		Specific	OII I L	Poit	<u> </u>		
LHD NVHD Inspection Report Continuation Sheet Date 3/26/25									
Establishment Ansonia Mini Marketrown Ansonia									
			TEMPERATURE O		INS				
Item	/Location/Process	Temp	Item/Location/Proce	ess T	emp	Item/Locati	on/Process	Temp	
DP	li ham	4100							
Be	ef patty	40°F							
C1-	and lalandes	42°F							
	ced cheese	421							
M;		40°F							
tron	it Cooler	34eF							
Fre	ezers	Frazen							
	cken lea	202°F							
	ken thiah	204°F							
CHic	Ken Phigh		ERVATIONS AND CO	ORRECTIVE	ACTIONS	\$			
	Violations cited in this		corrected within the time fra				& 8-406.11 of the f	food code.	
Item									
Number									
	CFPM:0+	timan	Anmed E	xp: 11/	17/26				
55C	Floor St	oined	Anmed E	ers -	Corre	ect by	6/26/2	5	
55C	Some b	roken	floor ti	les in	from	nt are	$a \rightarrow$		
	Correct								
47C	Some si	nelves	in deli	cooler	ch	ipping -	> Correc	ct	
100	by 0/26	125							
49C			good syste	m hai	18 50	ome ac	cumula	ation	
	> Correc	+ by 6	126/25						
49C	Front o	f fric	ge in ba	ck roo	m is	uncle	an -> Coi	rect	
4-27-11-07-27	by 6/26	/25							
55C	Dust bu	ild-up	on ceilin	g vent	- in	backr	00m >		
	Correct	by 16	5/26/25	<i></i>					
	1.5		. 1 1 1 2 1 1 .						
_	Handsin	K -	Hot/Cold H	120					
_	Sanitize	r: Quat	Bucket:	200pp	m				
						-			
-	Thermon	neters	✓ - Te	est St	rips				
	0 00-	A 60 /		^ ^ -	10.1	۸ ۰ ۵ ۱	001		
	Coffee	HICAY	- DY	9 600	as	Aisl	ES		
Deres !	Charge (Cian-turn)	M	7				Date 03/2	5/25	
	Charge (Signature)	Br. 11	ucha R	5			Date 3/25		
inspector	(Signature)	100/0	MINN				- U X U	100	