


JM

6132

Risk Category: 1	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other	Date: 2/5/2025	
Establishment 12 Mile Bar	Time In 4:25 AM/PM	Time Out 4:50 AM/PM
Address 8 Water St.	LHD NVHD	
Town/City Ansonia	Purpose of Inspection: Routine Pre-op	
Permit Holder Simone Hall	Reinspection Other	



Connecticut Department of Public Health

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															
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R										
Supervision																							
1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
				Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected				P/C	<input type="checkbox"/>	<input type="checkbox"/>									
2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
				Certified Food Protection Manager for Classes 2, 3, & 4				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"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
				Management, food employee and conditional employee; knowledge, responsibilities and reporting				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"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety																
				Proper use of restriction and exclusion				18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>					Proper cooking time and temperatures				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>						
				Written procedures for responding to vomiting and diarrheal events				19	<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"/>						
Good Hygienic Practices																							
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
				Proper eating, tasting, drinking, or tobacco products use								Proper reheating procedures for hot holding				P	<input type="checkbox"/>	<input type="checkbox"/>					
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
				No discharge from eyes, nose, and mouth								Proper cooling time and temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>					
Preventing Contamination by Hands																							
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
				Hands clean and properly washed								Proper hot holding temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>					
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
				No bare hand contact with RTE food or a pre-approved alternative procedure properly followed								Proper cold holding temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>					
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
				Adequate handwashing sinks, properly supplied/accessible								Proper date marking and disposition				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>					
Approved Source																							
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory																
				Food obtained from approved source								Consumer advisory provided: raw/undercooked food				Pf	<input type="checkbox"/>	<input type="checkbox"/>					
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population																
				Food received at proper temperature								Pasteurized foods used; prohibited foods not offered				P/C	<input type="checkbox"/>	<input type="checkbox"/>					
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances																
				Food in good condition, safe, and unadulterated								Food additives: approved and properly used				P	<input type="checkbox"/>	<input type="checkbox"/>					
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures																
				Required records available: molluscan shellfish identification, parasite destruction								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																							
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R														
Safe Food and Water																							
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Proper Use of Utensils																
				Pasteurized eggs used where required								In-use utensils: properly stored				C	<input type="checkbox"/>	<input type="checkbox"/>					
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
				Water and ice from approved source								Utensils/equipment/linens: properly stored, dried, & handled				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
				Variance obtained for specialized processing methods								Single-use/single-service articles: properly stored & used				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
Food Temperature Control																							
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
				Proper cooling methods used; adequate equipment for temperature control								Gloves used properly				C	<input type="checkbox"/>	<input type="checkbox"/>					
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment																
				Plant food properly cooked for hot holding								Food and non-food contact surfaces cleanable, properly designed, constructed, and used				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
				Approved thawing methods used								Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
				Thermometers provided and accurate								Non-food contact surfaces clean				C	<input type="checkbox"/>	<input type="checkbox"/>					
Food Identification																							
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities																
				Food properly labeled; original container								Hot and cold water available; adequate pressure				Pf	<input type="checkbox"/>	<input type="checkbox"/>					
Prevention of Food Contamination																							
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
				Insects, rodents, and animals not present								Plumbing installed; proper backflow devices				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
				Contamination prevented during food preparation, storage & display								Sewage and waste water properly disposed				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
				Personal cleanliness								Toilet facilities: properly constructed, supplied, & clean				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
				Wiping cloths: properly used and stored								Garbage and refuse properly disposed; facilities maintained				C	<input type="checkbox"/>	<input type="checkbox"/>					
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
				Washing fruits and vegetables								Physical facilities installed, maintained, and clean				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
Violations and Corrections																							
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																							
				Person in Charge (Signature) <i>[Signature]</i> Date 2/5/25								Violations documented				Date corrections due				#			
				Person in Charge (Printed) Simone Hall								Priority Item Violations				-				-			
				Inspector (Signature) <i>[Signature]</i> Date 2/5/25								Priority Foundation Item Violations				-				-			
				Inspector (Printed) John Mucha R S								Core Item Violations				-				-			
												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				<input type="checkbox"/>							
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.																							

