

5327

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>10/22/24</b>	
Establishment <b>Emmett O'Brien Tech.</b>	Time In <b>11:45</b> AM/PM Time Out <b>12:30</b> AM/PM	
Address <b>141 Prindle Ave.</b>	LHD <b>NVHD</b>	
Town/City <b>Ansonia</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <b>Emmett O'Brien</b>	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									
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"/>				<input checked="" type="checkbox"/>	<input 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"/>			
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"/>			
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				18	<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"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper use of restriction and exclusion				P	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				22	<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"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Proper eating, tasting, drinking, or tobacco products use				P/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
No discharge from eyes, nose, and mouth				C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Population</b>						
<b>Preventing Contamination by Hands</b>				<b>Food/Color Additives and Toxic Substances</b>									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Hands clean and properly washed				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				28	<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"/>	Toxic substances properly identified, stored & used						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Adequate handwashing sinks, properly supplied/accessible				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan						
<b>Approved Source</b>				<b>GOOD RETAIL PRACTICES</b>									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>						
Food obtained from approved source				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	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						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food received at proper temperature				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Safe Food and Water</b>						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food in good condition, safe, and unadulterated				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
							Variance obtained for specialized processing methods						
							<b>Food Temperature Control</b>						
							33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
							Proper cooling methods used; adequate equipment for temperature control						
							34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
							Plant food properly cooked for hot holding						
							35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
							Approved thawing methods used						
							36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
							Thermometers provided and accurate						
							<b>Food Identification</b>						
							37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
							Food properly labeled; original container						
							<b>Prevention of Food Contamination</b>						
							38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
							Insects, rodents, and animals not present						
							39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
							Contamination prevented during food preparation, storage & display						
							40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
							Personal cleanliness						
							41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
							Wiping cloths: properly used and stored						
							42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
							Washing fruits and vegetables						

Permit Holder shall notify customers that a copy of the most recent inspection report is available.

Person in Charge (Signature) *G. D. Costa* Date **10/22/24**

Person in Charge (Printed) **Gregory D. Costa**

Inspector (Signature) *John Mucha* Date **10/22/24**

Inspector (Printed) **John Mucha**

Violations documented	Date corrections due	#
Priority Item Violations	—	—
Priority Foundation Item Violations	—	—
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		

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.

