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Connecticut Department of Public Health

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Risk Category: <u>2</u>		<b>Food Establishment Inspection Report</b>			Page 1 of <u>2</u>															
Establishment type: <u>Permanent</u> Temporary Mobile Other _____				Date: <u>12/17/24</u>																
Establishment <u>The Salvation Army Greater Valley</u>				Time In <u>12:35</u> AM/PM Time Out <u>12:55</u> AM/PM																
Address <u>26 Lester St.</u>				LHD <u>NVHD</u>																
Town/City <u>Ansonia</u>				Purpose of Inspection: <u>Routine</u> Pre-op																
Permit Holder <u>Michael Southwick</u>				Reinspection Other _____																
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>																				
<i>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.</i>																				
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																				
<b>Supervision</b>			<b>Protection from Contamination</b>																	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
							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"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
<b>Employee Health</b>			<b>Time/Temperature Control for Safety</b>																	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>					18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					Proper cooking time and temperatures		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
							19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					Proper reheating procedures for hot holding		P	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>					20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					Proper cooling time and temperatures		P	<input type="checkbox"/>	<input type="checkbox"/>
							21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					Proper hot holding temperatures		P	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" 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"/>
<b>Good Hygienic Practices</b>			<b>Consumer Advisory</b>																	
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>					23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					Proper date marking and disposition		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
							24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					Time as a public health control: procedures and records		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<b>Preventing Contamination by Hands</b>				<b>Highly Susceptible Population</b>									
							8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Hands clean and properly washed		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
							9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
							10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Adequate handwashing sinks, properly supplied/accessible		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>			<b>Food/Color Additives and Toxic Substances</b>																	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>					27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					Food additives: approved and properly used		P	<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"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<b>Conformance with Approved Procedures</b>				<b>GOOD RETAIL PRACTICES</b>									
							<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>													
13	<input checked="" 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													
							<b>Safe Food and Water</b>			<b>Proper Use of Utensils</b>										
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Pasteurized eggs used where required		P	<input type="checkbox"/>	<input type="checkbox"/>
							31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Water and ice from approved source		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
							32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Variance obtained for specialized processing methods		Pf	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Temperature Control</b>			<b>Utensils and Equipment</b>																	
33	<input type="checkbox"/>	<input type="checkbox"/>					33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Proper cooling methods used; adequate equipment for temperature control		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
							34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Plant food properly cooked for hot holding		Pf	<input type="checkbox"/>	<input type="checkbox"/>
							35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Approved thawing methods used		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
							36	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					Thermometers provided and accurate		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Identification</b>			<b>Physical Facilities</b>																	
37	<input type="checkbox"/>	<input type="checkbox"/>					37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Food properly labeled; original container		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Prevention of Food Contamination</b>			<b>Violations documented</b>																	
38	<input type="checkbox"/>	<input type="checkbox"/>					<b>Date corrections due</b>		<b>#</b>											
							38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Insects, rodents, and animals not present		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
							39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Contamination prevented during food preparation, storage & display		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
							40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Personal cleanliness		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
							41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Wiping cloths: properly used and stored		C	<input type="checkbox"/>	<input type="checkbox"/>
							42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Washing fruits and vegetables		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																				
Person in Charge (Signature) <u>Alisha Freejore</u> Date <u>12/17/24</u>				Violations documented																
Person in Charge (Printed) <u>Alisha Freejore</u>				Date corrections due																
Inspector (Signature) <u>John Mucha</u> Date <u>12/17/24</u>				#																
Inspector (Printed) <u>John Mucha</u>				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.																				

