


6131

Connecticut Department of Public Health

|   |  |   |  |  |  |                            |  |
|---|--|---|--|--|--|----------------------------|--|
| Risk Category: <u>2</u>   |  | <b>Food Establishment Inspection Report</b> |  |  |  | Page 1 of <u>2</u>         |  |
| Establishment type: Permanent Temporary <b>Mobile</b> Other _____ |  |   |  | Date: <u>9/12/25</u>                         |  |                            |  |
| Establishment <u>Cricket Food Truck</u>                           |  |   |  | Time In <u>2:35</u> AM/PM                    |  | Time Out <u>7:50</u> AM/PM |  |
| Address <u>ITV</u>  |  |   |  | LHD <u>NVHD</u>                              |  |                            |  |
| Town/City <u>Ansonia</u>  |  |   |  | Purpose of Inspection: <b>Routine</b> Pre-op |  |                            |  |
| Permit Holder <u>CT Food &amp; Beverage</u>                       |  |   |  | Reinspection Other _____                     |  |                            |  |



| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS   |                                     |                          |                                     |  |                          |                          |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|-------------------------------------|--|--------------------------|--------------------------|--|-------------------------------------|--------------------------|--------------------------|
| <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 |                                     |                          |                          |
| IN   | OUT                                 | N/A                      | N/O                                 | V  | COS                      | R                        | IN   | OUT                                 | N/A                      | N/O                      |
| <b>Supervision</b>   |                                     |                          |                                     | <b>Protection from Contamination</b>                                 |                          |                          |  |                                     |                          |                          |
| 1  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Pf   | <input type="checkbox"/> | <input type="checkbox"/> | 15   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Person/Alternate Person in charge present, demonstrates knowledge and performs duties  |                                     |                          |                                     | Food separated and protected   |                          |                          |  |                                     |                          |                          |
| 2  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | C  | <input type="checkbox"/> | <input type="checkbox"/> | 16   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Certified Food Protection Manager for Classes 2, 3, & 4  |                                     |                          |                                     | Food-contact surfaces: cleaned & sanitized                           |                          |                          |  |                                     |                          |                          |
| <b>Employee Health</b>   |                                     |                          |                                     | <b>Time/Temperature Control for Safety</b>                           |                          |                          |  |                                     |                          |                          |
| 3  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | P/Pf   | <input type="checkbox"/> | <input type="checkbox"/> | 18   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Management, food employee and conditional employee; knowledge, responsibilities and reporting  |                                     |                          |                                     | Proper cooking time and temperatures                                 |                          |                          |  |                                     |                          |                          |
| 4  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | P  | <input type="checkbox"/> | <input type="checkbox"/> | 19   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Proper use of restriction and exclusion  |                                     |                          |                                     | Proper reheating procedures for hot holding                          |                          |                          |  |                                     |                          |                          |
| 5  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Pf   | <input type="checkbox"/> | <input type="checkbox"/> | 20   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Written procedures for responding to vomiting and diarrheal events   |                                     |                          |                                     | Proper cooling time and temperatures                                 |                          |                          |  |                                     |                          |                          |
| <b>Good Hygienic Practices</b>   |                                     |                          |                                     | <b>Consumer Advisory</b>   |                          |                          |  |                                     |                          |                          |
| 6  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | P/C  | <input type="checkbox"/> | <input type="checkbox"/> | 23   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proper eating, tasting, drinking, or tobacco products use  |                                     |                          |                                     | Consumer advisory provided: raw/undercooked food                     |                          |                          |  |                                     |                          |                          |
| 7  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | C  | <input type="checkbox"/> | <input type="checkbox"/> | 24   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| No discharge from eyes, nose, and mouth  |                                     |                          |                                     | <b>Highly Susceptible Population</b>                                 |                          |                          |  |                                     |                          |                          |
| <b>Preventing Contamination by Hands</b>   |                                     |                          |                                     | Pasteurized foods used; prohibited foods not offered                 |                          |                          |  |                                     |                          |                          |
| 8  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | P/Pf   | <input type="checkbox"/> | <input type="checkbox"/> | 25   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hands clean and properly washed  |                                     |                          |                                     | <b>Food/Color Additives and Toxic Substances</b>                     |                          |                          |  |                                     |                          |                          |
| 9  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | P/Pf/C   | <input type="checkbox"/> | <input type="checkbox"/> | 27   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| No bare hand contact with RTE food or a pre-approved alternative procedure properly followed   |                                     |                          |                                     | Food additives: approved and properly used                           |                          |                          |  |                                     |                          |                          |
| 10   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Pf/C   | <input type="checkbox"/> | <input type="checkbox"/> | 28   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adequate handwashing sinks, properly supplied/accessible   |                                     |                          |                                     | Toxic substances properly identified, stored & used                  |                          |                          |  |                                     |                          |                          |
| <b>Approved Source</b>   |                                     |                          |                                     | <b>Conformance with Approved Procedures</b>                          |                          |                          |  |                                     |                          |                          |
| 11   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | P/Pf/C   | <input type="checkbox"/> | <input type="checkbox"/> | 29   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Food obtained from approved source   |                                     |                          |                                     | Compliance with variance/specialized process/ROP criteria/HACCP Plan |                          |                          |  |                                     |                          |                          |
| 12   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | P/Pf   | <input type="checkbox"/> | <input type="checkbox"/> |  |                                     |                          |                          |
| Food received at proper temperature  |                                     |                          |                                     |  |                          |                          |  |                                     |                          |                          |
| 13   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | P/Pf   | <input type="checkbox"/> | <input type="checkbox"/> |  |                                     |                          |                          |
| Food in good condition, safe, and unadulterated  |                                     |                          |                                     |  |                          |                          |  |                                     |                          |                          |
| 14   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | P/Pf/C   | <input type="checkbox"/> | <input type="checkbox"/> |  |                                     |                          |                          |
| Required records available: molluscan shellfish identification, parasite destruction   |                                     |                          |                                     |  |                          |                          |  |                                     |                          |                          |

| GOOD RETAIL PRACTICES   |                          |                          |                                     |        |  |     |                                     |                          |                          |
|---|--------------------------|--------------------------|-------------------------------------|--------|--|-----|-------------------------------------|--------------------------|--------------------------|
| <i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>                            |                          |                          |                                     |        |  |     |                                     |                          |                          |
| 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                        |
| <b>Safe Food and Water</b>  |                          |                          |                                     |        | <b>Proper Use of Utensils</b>  |     |                                     |                          |                          |
| 30  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | P      | <input type="checkbox"/>   | 43  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Pasteurized eggs used where required  |                          |                          |                                     |        | In-use utensils: properly stored   |     |                                     |                          |                          |
| 31  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | P/Pf/C | <input type="checkbox"/>   | 44  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Water and ice from approved source  |                          |                          |                                     |        | Utensils/equipment/linens: properly stored, dried, & handled   |     |                                     |                          |                          |
| 32  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Pf     | <input type="checkbox"/>   | 45  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Variance obtained for specialized processing methods  |                          |                          |                                     |        | Single-use/single-service articles: properly stored & used   |     |                                     |                          |                          |
| <b>Food Temperature Control</b>   |                          |                          |                                     |        | <b>Utensils and Equipment</b>  |     |                                     |                          |                          |
| 33  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Pf/C   | <input type="checkbox"/>   | 46  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Proper cooling methods used; adequate equipment for temperature control   |                          |                          |                                     |        | Food and non-food contact surfaces cleanable, properly designed, constructed, and used                         |     |                                     |                          |                          |
| 34  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pf     | <input type="checkbox"/>   | 47  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plant food properly cooked for hot holding  |                          |                          |                                     |        | Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available |     |                                     |                          |                          |
| 35  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pf/C   | <input type="checkbox"/>   | 48  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Approved thawing methods used   |                          |                          |                                     |        | Non-food contact surfaces clean  |     |                                     |                          |                          |
| 36  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pf/C   | <input type="checkbox"/>   |     |                                     |                          |                          |
| Thermometers provided and accurate  |                          |                          |                                     |        | <b>Physical Facilities</b>   |     |                                     |                          |                          |
| <b>Food Identification</b>  |                          |                          |                                     |        | 50 <input type="checkbox"/> Hot and cold water available; adequate pressure                                    |     |                                     |                          |                          |
| 37  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Pf/C   | <input type="checkbox"/>   | 51  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Food properly labeled; original container   |                          |                          |                                     |        | 52 <input type="checkbox"/> Plumbing installed; proper backflow devices  |     |                                     |                          |                          |
| <b>Prevention of Food Contamination</b>   |                          |                          |                                     |        | 53 <input type="checkbox"/> Sewage and waste water properly disposed   |     |                                     |                          |                          |
| 38  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Pf/C   | <input type="checkbox"/>   | 54  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Insects, rodents, and animals not present   |                          |                          |                                     |        | 55 <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean                         |     |                                     |                          |                          |
| 39  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | P/Pf/C | <input type="checkbox"/>   | 56  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Contamination prevented during food preparation, storage & display  |                          |                          |                                     |        | 57 <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained                        |     |                                     |                          |                          |
| 40  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Pf/C   | <input type="checkbox"/>   |     |                                     |                          |                          |
| Personal cleanliness  |                          |                          |                                     |        | 58 <input type="checkbox"/> Physical facilities installed, maintained, and clean                               |     |                                     |                          |                          |
| 41  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | C      | <input type="checkbox"/>   |     |                                     |                          |                          |
| Wiping cloths: properly used and stored   |                          |                          |                                     |        | 59 <input type="checkbox"/> Adequate ventilation and lighting; designated areas used                           |     |                                     |                          |                          |
| 42  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | P/Pf/C | <input type="checkbox"/>   |     |                                     |                          |                          |
| Washing fruits and vegetables   |                          |                          |                                     |        | 60 <input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f                              |     |                                     |                          |                          |
| Permit Holder shall notify customers that a copy of the most recent inspection report is available.   |                          |                          |                                     |        |  |     |                                     |                          |                          |
| Person in Charge (Signature) <u>[Signature]</u> Date <u>9/12/25</u>   |                          |                          |                                     |        | Violations documented  |     |                                     |                          |                          |
| Person in Charge (Printed)  |                          |                          |                                     |        | Date corrections due   |     |                                     |                          |                          |
| Inspector (Signature) <u>[Signature]</u> Date <u>9/12/25</u>  |                          |                          |                                     |        | #  |     |                                     |                          |                          |
| Inspector (Printed) <u>Amanda Richin</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.

