

6271

Risk Category: 3 **Food Establishment Inspection Report** Page 1 of 2

Establishment type: Permanent Temporary Mobile Other _____ Date: 3/4/26

Establishment: Island Den Time In: 12:40 AM/PM Time Out: 1:20 AM/PM

Address: 252 Main St LHD: NVHI

Town/City: Ansonia Purpose of Inspection: Routine Pre-op

Permit Holder: _____ 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					
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R	
Supervision				Protection from Contamination																	
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Pf			15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Certified Food Protection Manager for Classes 2, 3, & 4				C			16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Employee Health				Time/Temperature Control for Safety																	
3	<input checked="" 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			19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
4	<input checked="" 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			21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
5	<input checked="" 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			23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
Good Hygienic Practices				Consumer Advisory																	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Proper eating, tasting, drinking, or tobacco products use				P/C			25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
No discharge from eyes, nose, and mouth				C			Highly Susceptible Population				Food/Color Additives and Toxic Substances				Conformance with Approved Procedures						
Preventing Contamination by Hands				Safe Food and Water																	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Hands clean and properly washed				P/Pf			31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				32	<input 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			Food Temperature Control				Proper Use of Utensils				Utensils and Equipment						
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Adequate handwashing sinks, properly supplied/accessible				Pf/C			34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Approved Source				Food Identification																	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Food obtained from approved source				P/Pf/C			36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Food received at proper temperature				P/Pf			Prevention of Food Contamination				Physical Facilities				Violations documented						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Food in good condition, safe, and unadulterated				P/Pf			39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C			41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
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	OUT				V	COS	R	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Pasteurized eggs used where required				P			44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Water and ice from approved source				P/Pf/C			46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Utensils and Equipment				Physical Facilities				Violations documented						
Variance obtained for specialized processing methods				Pf			47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Food Temperature Control				Safe Food and Water																	
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Proper cooling methods used; adequate equipment for temperature control				Pf/C			49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Plant food properly cooked for hot holding				Pf			51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Approved thawing methods used				Pf/C			53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Thermometers provided and accurate				Pf/C			55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Food Identification				Prevention of Food Contamination																	
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Food properly labeled; original container				Pf/C			Physical Facilities				Violations documented				Violations documented						
Prevention of Food Contamination				Safe Food and Water																	
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Insects, rodents, and animals not present				Pf/C			51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Contamination prevented during food preparation, storage & display				P/Pf/C			53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Personal cleanliness				Pf/C			55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Wiping cloths: properly used and stored				C			Physical Facilities				Violations documented				Violations documented						
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Washing fruits and vegetables				P/Pf/C			51	<input type="checkbox"/>	<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) _____ Date <u>3/4/27</u>				Person in Charge (Printed) <u>Peter-Gray Coates</u>				Inspector (Signature) _____ Date <u>3/4/27</u>				Inspector (Printed) <u>Michael Delossantos</u>				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.					
Violations documented				Date corrections due				#													
Priority Item Violations				-				-				-									
Priority Foundation Item Violations				-				-				-									
Core Item Violations				6/20/26				7				-									
Risk Factor/Public Health Intervention Violations				-				-				-									
Repeat Risk Factor/Public Health Intervention Violations				-				-				-									
Good Retail Practices Violations				-				4				-									
Requires Reinspection - check box if you intend to reinspect				-				N				-									

