


#2975

Risk Category: <u>3</u>		Food Establishment Inspection Report				Page 1 of <u>2</u>													
Establishment type: Permanent Temporary Mobile Other _____				Date: <u>10/25/24</u>															
Establishment <u>Antonio's</u>				Time In <u>2:45</u> AM/PM <u>AM</u>		Time Out <u>3:45</u> AM/PM <u>AM</u>													
Address <u>90 North Main St</u>				LHD <u>NVHD</u>															
Town/City <u>Beacon Falls</u>				Purpose of Inspection: <u>Routine</u> Pre-op															
Permit Holder <u>Christian Setaro</u>				Reinspection _____ Other _____															
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																			
<small>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.</small>																			
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						
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"/>	P/C	<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"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>						
Certified Food Protection Manager for Classes 2, 3, & 4								Food-contact surfaces: cleaned & sanitized											
Employee Health				Time/Temperature Control for Safety															
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>						
Proper use of restriction and exclusion								Proper reheating procedures for hot holding											
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>						
Written procedures for responding to vomiting and diarrheal events								Proper cooling time and temperatures											
Good Hygienic Practices				Consumer Advisory															
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"/>	P/Pf	<input type="checkbox"/>	<input checked="" 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"/>	Highly Susceptible Population												
No discharge from eyes, nose, and mouth								Pasteurized foods used; prohibited foods not offered											
Preventing Contamination by Hands				Food/Color Additives and Toxic Substances															
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>						
Hands clean and properly washed								Food additives: approved and properly used											
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed								Toxic substances properly identified, stored & used											
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures												
Adequate handwashing sinks, properly supplied/accessible								Compliance with variance/specialized process/ROP criteria/HACCP Plan											
Approved Source				GOOD RETAIL PRACTICES															
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>												
Food obtained from approved source								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											
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O	V	COS	R	OUT	N/A	N/O	V	COS	R	
Food received at proper temperature								Safe Food and Water				Proper Use of Utensils							
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Food in good condition, safe, and unadulterated								Pasteurized eggs used where required				In-use utensils: properly stored							
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction								Water and ice from approved source				Utensils/equipment/linens: properly stored, dried, & handled							
GOOD RETAIL PRACTICES				Food Temperature Control				Utensils and Equipment											
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	32	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control								Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used							
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food Identification				Physical Facilities								
Plant food properly cooked for hot holding								Food properly labeled; original container				Hot and cold water available; adequate pressure							
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Prevention of Food Contamination				Violations documented								
Approved thawing methods used								Insects, rodents, and animals not present				Priority Item Violations							
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display				Priority Foundation Item Violations								
Thermometers provided and accurate								Personal cleanliness				Core Item Violations							
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored				Risk Factor/Public Health Intervention Violations								
Food properly labeled; original container								Washing fruits and vegetables				Repeat Risk Factor/Public Health Intervention Violations							
Prevention of Food Contamination				Permit Holder shall notify customers that a copy of the most recent inspection report is available.				Person in Charge (Signature)				Date							
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Person in Charge (Printed)				Inspector (Signature)								
Insects, rodents, and animals not present								Inspector (Printed)				Date							
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<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.				Violations documented								
Contamination prevented during food preparation, storage & display								Person in Charge (Signature)				Date							
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Person in Charge (Printed)				Date								
Personal cleanliness								Inspector (Signature)				Date							
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Inspector (Printed)				Date								
Wiping cloths: properly used and stored								Inspector (Printed)				Date							
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Inspector (Printed)				Date								
Washing fruits and vegetables								Inspector (Printed)				Date							
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				Person in Charge (Signature)				Date				Violations documented							
Person in Charge (Signature)				Date				Person in Charge (Signature)				Date				Violations documented			
Person in Charge (Printed)				Date				Person in Charge (Signature)				Date				Violations documented			
Inspector (Signature)				Date				Person in Charge (Signature)				Date				Violations documented			
Inspector (Printed)				Date				Person in Charge (Signature)				Date				Violations documented			
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Inspector (Printed)				Date				Person in Charge (Signature)				Date				Violations documented			
Inspector (Printed)				Date				Person in Charge (Signature)											

Food Establishment Inspection Report

LHD NVHD

Inspection Report Continuation Sheet

Date 10/25/24

Establishment Antonio's Town Beacon Falls

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Product cooling	92°F	Reach in (salad)		Reach in (Pizza)	40°F
walk 250pm		fresh mozz	42°F	clam (from can)	
meat sauce	184°F	Rsted peppers	41°F	Shredded cheese	41°F
Sausage cooked to	174°F				
hot hold:	161°F	Walk in			
Sauce		cooked broc.	42°F		
# sausage cooling on tray		Lasagna	38°F		

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.

Item Number	Observations and Corrective Actions
	CFPM: Christian Setaro NKESP
37c/23pf	Product in storage not labeled, no date mark. - Reviewed at inspection / labels available
37c	Granular containers not labeled
28pf	Spray bottles clear liquids, cleaners/sanitizer not labeled
cos	
43c	In use scoops handles in product (flour, sugar)
cos	
* 47c	Reach in refrigerator (pizza) insulation of door exposed, interior doors not in good repair
* 47c	52c Condensate build up reach in (sautee station);
47c	Bottom panel detached, not in good, cleanable repair
49c	Reach in and walk in rubber gaskets unclear, Rusted shelf
11c	Storage containers unclear (flour, sugar etc) prep table
11c	Cutting board stained, unclear (sabd)
	Food thermometer (x2) dial boiling water 210°F/212°F good.
	Sani bucket 100ppm, test papers available.
	Dishwash sanitizer (chlorine based) 50ppm
	Gloves used Indirect drain at prep sink maintained.
	Allergen notification posted.
	Reviewed illness policy
* 52c	waste water draining into HWS (previously approved) * must go into drain or other method
* 47c/15c	No splash guard at HWS, Product in prep sink not protected. (Kitchen)

Person in Charge (Signature) _____ Date _____

Inspector (Signature) Michael Deane Date 10/25/24