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Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other	Date: 11/13/24	Time In 10:30 AM/PM Time Out 11:10 AM/PM
Establishment Ansonia Mini Market	 <p>Verifying Connecticut Health DPH Connecticut Department of Public Health</p>	LHD NVHD
Address 147 No. Main St.		Purpose of Inspection: Routine Pre-op
Town/City Ansonia		Reinspection Other
Permit Holder Ammar Ali Jibrán		
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	
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties Pf <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4 C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
Employee Health		
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting P/Pf <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food P <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion P <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Time/Temperature Control for Safety	
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events Pf <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
Good Hygienic Practices		
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use P/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding P <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures P <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
Preventing Contamination by Hands		
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed P/Pf <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures P <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures P <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessibile Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	23 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition P/Pf <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
Approved Source		
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature P/Pf <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Consumer Advisory	
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated P/Pf <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
GOOD RETAIL PRACTICES		
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>		
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		
Safe Food and Water	Proper Use of Utensils	
30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required P <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	43 <input type="checkbox"/> OUT In-use utensils: properly stored C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
31 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	44 <input type="checkbox"/> OUT Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
32 <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods Pf <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	45 <input type="checkbox"/> OUT Single-use/single-service articles: properly stored & used P/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
Food Temperature Control		
33 <input type="checkbox"/> OUT Proper cooling methods used; adequate equipment for temperature control Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	46 <input type="checkbox"/> OUT Gloves used properly C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
34 <input type="checkbox"/> OUT Plant food properly cooked for hot holding Pf <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Utensils and Equipment	
35 <input type="checkbox"/> OUT Approved thawing methods used Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	47 <input type="checkbox"/> OUT Food and non-food contact surfaces cleanable, properly designed, constructed, and used P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
36 <input type="checkbox"/> OUT Thermometers provided and accurate Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	48 <input type="checkbox"/> OUT Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
Food Identification		
37 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	49 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
Prevention of Food Contamination		
38 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Physical Facilities	
39 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	50 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure Pf <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
40 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	51 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
41 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	52 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
42 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	53 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) <i>[Signature]</i> Date 11/13/24	Violations documented	Date corrections due
Person in Charge (Printed)	Priority Item Violations	C.O.S
Inspector (Signature) <i>[Signature]</i> Date 11/13/24	Priority Foundation Item Violations	2/13/25
Inspector (Printed) John Mucha	Core Item Violations	
	Risk Factor/Public Health Intervention Violators	
	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.		

Food Establishment Inspection Report

LHD NVHD

Inspection Report Continuation Sheet

Date 11/13/24

Establishment Ansonia Mini Market Town Ansonia


TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Deli turkey	38°F	Freezer	Frozen		
Cheese	38°F				
Deli ham	39°F				
Raw chicken	37°F				
Milk	36°F				
Chicken leg	192°F	>internals			
Chicken wing	212°F				
Hot-holding unit	137°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	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.
	CFPM: Ottiman Ahmed Exp: 10/17/26
15P	Lettuce stored near raw chicken → C.O.S moved
39C	Rugs on top of boxes of sealed drinks → C.O.S moved
49C	Front door of refrigerator is unclean → Correct by 2/13/25
37PF	No allergen sign in menu → C.O.S temp. one made
-	Handsink ✓ Hot/Cold H ₂ O ✓
-	Sanitizer: Quat - Bucket: 200ppm
-	Thermometers ✓
-	Dry Goods ✓

Person in Charge (Signature) 

Date 11/17/24

Inspector (Signature) 

Date 11/13/24