

5601

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 10/30/2024	
Establishment Empanadas	Time In 11:20 AM/PM Time Out 12:10 AM/PM	
Address 51 Bridge St.	LHD NVHD	
Town/City Ansonia	Purpose of Inspection: Routine Pre-op	
Permit Holder Damariz Santiago	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
Supervision						
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				V	COS	R
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				C		
Employee Health						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf		
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				P		
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				Pf		
Good Hygienic Practices						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				P/C		
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				C		
Preventing Contamination by Hands						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				P/Pf		
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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		
10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible				Pf/C		
Approved Source						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				P/Pf/C		
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				P/Pf		
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated				P/Pf		
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C		

IN	OUT	N/A	N/O	V	COS	R
Protection from Contamination						
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food separated and protected				P/C		
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food-contact surfaces: cleaned & sanitized				P/Pf/C		
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper disposition of returned, previously served, reconditioned, and unsafe food				P		
Time/Temperature Control for Safety						
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooking time and temperatures				P/Pf/C		
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper reheating procedures for hot holding				P		
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling time and temperatures				P		
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper hot holding temperatures				P		
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cold holding temperatures				P		
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper date marking and disposition				P/Pf		
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time as a public health control: procedures and records				P/Pf/C		
Consumer Advisory						
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer advisory provided: raw/undercooked food				Pf		
Highly Susceptible Population						
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized foods used; prohibited foods not offered				P/C		
Food/Color Additives and Toxic Substances						
27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food additives: approved and properly used				P		
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic substances properly identified, stored & used				P/Pf/C		
Conformance with Approved Procedures						
29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with variance/specialized process/ROP criteria/HACCP Plan				P/Pf/C		

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

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
Safe Food and Water					
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required			P		
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source			P/Pf/C		
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods			Pf		
Food Temperature Control					
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control			Pf/C		
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding			Pf		
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used			Pf/C		
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate			Pf/C		
Food Identification					
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container			Pf/C		
Prevention of Food Contamination					
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present			Pf/C		
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display			P/Pf/C		
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness			Pf/C		
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored			C		
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits and vegetables			P/Pf/C		

OUT	V	COS	R
Proper Use of Utensils			
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-use utensils: properly stored		C	
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensils/equipment/linens: properly stored, dried, & handled		Pf/C	
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single-use/single-service articles: properly stored & used		P/C	
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves used properly		C	
Utensils and Equipment			
47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food and non-food contact surfaces cleanable, properly designed, constructed, and used		P/Pf/C	
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available		Pf/C	
49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-food contact surfaces clean		C	
Physical Facilities			
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot and cold water available; adequate pressure		Pf	
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing installed; proper backflow devices		P/Pf/C	
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewage and waste water properly disposed		P/Pf/C	
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet facilities: properly constructed, supplied, & clean		Pf/C	
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage and refuse properly disposed; facilities maintained		C	
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical facilities installed, maintained, and clean		P/Pf/C	
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate ventilation and lighting; designated areas used		C	
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) *[Signature]* Date **10/30/24**

Person in Charge (Printed) _____

Inspector (Signature) *[Signature]* Date **10/30/24**

Inspector (Printed) **John Mucha**

Violations documented	Date corrections due	#
Priority Item Violations		1
Priority Foundation Item Violations		2
Core Item Violations	C.O.S 11/30/25	1
Risk Factor/Public Health Intervention Violations		3
Repeat Risk Factor/Public Health Intervention Violations		1
Good Retail Practices Violations		1
Requires Reinspection - check box if you intend to reinspect		<input checked="" 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.

Food Establishment Inspection Report

LHD NVHD

Inspection Report Continuation Sheet

Date 10/30/2024

Establishment Empanadas

Town Ansonia

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Empanadas	144°F				
Patties	145°F				
Rice	157°F				
Mozzarella	39°F				
Freezer	Frozen				

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.
2C	No CFPM on site at time of inspection; certifications expired; course completed per conversation with worker → waiting on proctor → Correct by 1/30/2025
10PF	Articles in handsink → C.O.S removed
10PF	No paper towel at handsink → C.O.S restocked
-	Hot/Cold H ₂ O ✓
-	Sanitizer: Quat : 200ppm ✓ Chlorine ✓
-	Thermometers ✓ Test Strips ✓
-	Allergen Sign ✓ Date-Marks ✓
-	Rest Room ✓

Person in Charge (Signature) [Signature]

Date 10/30/24

Inspector (Signature) [Signature]

Date 10/30/24