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Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category:		Food Establishment Inspection Report				Page 1 of <u>2</u>										
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <u>12/11/25</u>														
Establishment <u>Beacon Hose co #1</u>				Time In <u>10:30</u> AM/PM		Time Out <u>10:45</u> AM/PM										
Address <u>35 North main st</u>				LHD <u>NUHD</u>												
Town/City <u>Beacon Falls</u>				Purpose of Inspection: <u>Routine</u> Pre-op												
Permit Holder <u>erin swan - Buhl</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																
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"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							Food separated and protected					P/C	<input type="checkbox"/>			
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized					P/Pf/C	<input type="checkbox"/>			
Employee Health																
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Proper disposition of returned, previously served, reconditioned, and unsafe food					P	<input type="checkbox"/>			
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	Time/Temperature Control for Safety									
Proper use of restriction and exclusion							18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>			
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>			
Written procedures for responding to vomiting and diarrheal events							20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>			
Good Hygienic Practices																
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>			
Proper eating, tasting, drinking, or tobacco products use							22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>			
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>			
No discharge from eyes, nose, and mouth							24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>			
Preventing Contamination by Hands																
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	Consumer Advisory									
Hands clean and properly washed							25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>			
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	Highly Susceptible Population									
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>			
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Food/Color Additives and Toxic Substances									
Adequate handwashing sinks, properly supplied/accessible							27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>			
Approved Source																
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>			
Food obtained from approved source							Conformance with Approved Procedures									
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>			
Food received at proper temperature							Compliance with variance/specialized process/ROP criteria/HACCP Plan									
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	GOOD RETAIL PRACTICES									
Food in good condition, safe, and unadulterated							<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>									
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	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									
Required records available: molluscan shellfish identification, parasite destruction							Safe Food and Water		Proper Use of Utensils		V		COS		R	
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OUT	N/A	N/O	V	COS	R	OUT	V	COS	R							
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	43	<input type="checkbox"/>		<input type="checkbox"/>		C	<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"/>		Pf/C	<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"/>		P/C	<input type="checkbox"/>		<input type="checkbox"/>	
Variance obtained for specialized processing methods							Single-use/single-service articles: properly stored & used									
Food Temperature Control																
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"/>		C	<input type="checkbox"/>		<input type="checkbox"/>	
Proper cooling methods used; adequate equipment for temperature control							Utensils and Equipment									
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>		<input type="checkbox"/>	
Plant food properly cooked for hot holding							Food and non-food contact surfaces cleanable, properly designed, constructed, and used									
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>		<input type="checkbox"/>	
Approved thawing methods used							Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available									
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>		<input type="checkbox"/>	
Thermometers provided and accurate							Physical Facilities									
Food Identification																
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>		<input type="checkbox"/>	
Food properly labeled; original container							Hot and cold water available; adequate pressure									
Prevention of Food Contamination																
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>		<input type="checkbox"/>	
Insects, rodents, and animals not present							Plumbing installed; proper backflow devices									
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>		<input type="checkbox"/>	
Contamination prevented during food preparation, storage & display							Sewage and waste water properly disposed									
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>		<input type="checkbox"/>	
Personal cleanliness							Toilet facilities: properly constructed, supplied, & clean									
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>		<input type="checkbox"/>	
Wiping cloths: properly used and stored							Garbage and refuse properly disposed; facilities maintained									
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>		<input type="checkbox"/>	
Washing fruits and vegetables							Physical facilities installed, maintained, and clean									
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>12/11/25</u>		Violations documented		Date corrections due		#								
Person in Charge (Printed) <u>Kristen Trzaski</u>				Priority Item Violations												
Inspector (Signature) <u>[Signature]</u>		Date <u>12/11/25</u>		Priority Foundation Item Violations												
Inspector (Printed) <u>Michael Delossantos</u>				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.																

