


4529

Risk Category: <b>3</b>		<b>Food Establishment Inspection Report</b>				Page 1 of <b>2</b>													
Establishment type: <b>Permanent</b> Temporary Mobile Other				Date: <b>4/8/2026</b>															
Establishment <b>BIC Corporation</b>				Time In <b>1:15</b> AM/PM		Time Out <b>1:50</b> AM/PM													
Address <b>One Bic Way</b>				LHD <b>NVHD</b>															
Town/City <b>Shelton</b>				Purpose of Inspection: <b>Routine</b> Pre-op															
Permit Holder <b>Cafe Services Inc.</b>				Reinspection Other															
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>																			
<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																			
<b>Supervision</b>				<b>Protection from Contamination</b>															
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															
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>															
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>						
Written procedures for responding to vomiting and diarrheal events				Proper cooling time and temperatures															
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>															
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input 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"/>	<b>Highly Susceptible Population</b>												
No discharge from eyes, nose, and mouth				Pasteurized foods used; prohibited foods not offered															
<b>Preventing Contamination by Hands</b>				<b>Food/Color Additives and Toxic Substances</b>															
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input 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"/>	<b>Conformance with Approved Procedures</b>												
Adequate handwashing sinks, properly supplied/accessible				Compliance with variance/specialized process/ROP criteria/HACCP Plan															
<b>Approved Source</b>				<b>GOOD RETAIL PRACTICES</b>															
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>												
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O	V	COS	R							
Food received at proper temperature				<b>Safe Food and Water</b>				43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>					
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required				44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Food in good condition, safe, and unadulterated				Water and ice from approved source				45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>					
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods				46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
Required records available: molluscan shellfish identification, parasite destruction				<b>Food Temperature Control</b>				<b>Utensils and Equipment</b>											
<b>Prevention of Food Contamination</b>				Proper cooling methods used; adequate equipment for temperature control				Food and non-food contact surfaces cleanable, properly designed, constructed, and used											
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Insects, rodents, and animals not present				Plant food properly cooked for hot holding				Non-food contact surfaces clean				48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>				Hot and cold water available; adequate pressure								
Contamination prevented during food preparation, storage & display				Approved thawing methods used				Plumbing installed; proper backflow devices				51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed				52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Personal cleanliness				Thermometers provided and accurate				Toilet facilities: properly constructed, supplied, & clean				53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained				54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
Wiping cloths: properly used and stored				<b>Food Identification</b>				Physical facilities installed, maintained, and clean				55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used				56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
Washing fruits and vegetables				Food properly labeled; original container				Natural rubber latex gloves not used per CGS §19a-36f				<b>Violations documented</b>							
Permit Holder shall notify customers that a copy of the most recent inspection report is available.								Priority Item Violations				Date corrections due				#			
Person in Charge (Signature) <i>[Signature]</i>				Date <b>04/08/26</b>				Priority Foundation Item Violations				Core Item Violations				Risk Factor/Public Health Intervention Violations			
Person in Charge (Printed) <i>John Mucha</i>				Date <b>04/08/26</b>				Repeat Risk Factor/Public Health Intervention Violations				Good Retail Practices Violations				Requires Reinspection - check box if you intend to reinspect			
Inspector (Signature) <i>[Signature]</i>				Date <b>4/8/26</b>				7/8/26				1				1			
Inspector (Printed) <i>John Mucha RS</i>																			
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

Page 2 of 2

LHD NVHD

Inspection Report Continuation Sheet

Date 4/8/2026

Establishment BIC Corporation Town Shelton

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Shredded cheese	42°F	Barley	136°F		
Grilled chicken	41°F	Freezer	Frozen		
Pasta salad	39°F	Roast beef	40°F		
Barley salad	37°F				
Grilled chicken	39°F				
Sweet potato	38°F				
Cut melon	37°F				
Deli turkey	39°F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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: Ian Purdy Exp: 10/30/29
- 55C Fans in walk-ins have some dust build-up  
→ Correct by 7/8/2026
- Handsink ✓ Hot/Cold H<sub>2</sub>O ✓
- Sanitizer: Quat - 300ppm ✓
- Thermometers ✓ Dry Goods ✓
- Dish-Machine: Final Rinse ✓
- Date-Marks ✓ Allergen Notice ✓

Person in Charge (Signature)



Date

04/08/26

Inspector (Signature)

John Yuchin, RS

Date

4/8/26