
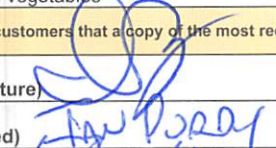
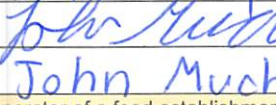


4529

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>11/4/25</b>
Establishment <b>Bic Corporation</b>		Time In <b>1:30</b> AM/PM Time Out <b>2:05</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>Brian Stone</b>		Reinspection Other _____



Connecticut Department of Public Health

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					
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<b>Supervision</b>													
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Person/Alternate Person in charge present, demonstrates knowledge and performs duties													
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Certified Food Protection Manager for Classes 2, 3, & 4													
<b>Employee Health</b>													
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Management, food employee and conditional employee; knowledge, responsibilities and reporting													
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Proper use of restriction and exclusion													
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Written procedures for responding to vomiting and diarrheal events													
<b>Good Hygienic Practices</b>													
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Proper eating, tasting, drinking, or tobacco products use													
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
No discharge from eyes, nose, and mouth													
<b>Preventing Contamination by Hands</b>													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Hands clean and properly washed													
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed													
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Adequate handwashing sinks, properly supplied/accessible													
<b>Approved Source</b>													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Food obtained from approved source													
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Food received at proper temperature													
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Food in good condition, safe, and unadulterated													
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
Required records available: molluscan shellfish identification, parasite destruction													
<b>GOOD RETAIL PRACTICES</b>													
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	OUT	V	COS	R				
<b>Safe Food and Water</b>													
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Pasteurized eggs used where required													
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Water and ice from approved source													
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>										
Variance obtained for specialized processing methods													
<b>Food Temperature Control</b>													
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Proper cooling methods used; adequate equipment for temperature control													
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Plant food properly cooked for hot holding													
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Approved thawing methods used													
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Thermometers provided and accurate													
<b>Food Identification</b>													
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Food properly labeled; original container													
<b>Prevention of Food Contamination</b>													
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Insects, rodents, and animals not present													
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Contamination prevented during food preparation, storage & display													
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Personal cleanliness													
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Wiping cloths: properly used and stored													
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Washing fruits and vegetables													
Permit Holder shall notify customers that a copy of the most recent inspection report is available.													
Person in Charge (Signature) 		Date <b>11/4/25</b>											
Person in Charge (Printed) <b>John Mucha</b>													
Inspector (Signature) 		Date <b>11/4/25</b>											
Inspector (Printed) <b>John Mucha RS</b>													
<b>Violations documented</b>													
Priority Item Violations _____													
Priority Foundation Item Violations _____													
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 _____													
<b>Date corrections due</b>													
_____													
<b>#</b>													
_____													
<b>Violations Summary</b>													
Total Violations _____													
Total Foundation Violations _____													
Total Core Violations _____													
Total Risk Factor Violations _____													
Total Repeat Risk Factor Violations _____													
Total Good Retail Practices Violations _____													
Total Requires Reinspection _____													

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.

