


#1869

Risk Category: 3		Food Establishment Inspection Report				Page 1 of _____					
Establishment type: Permanent Temporary Mobile Other _____						Date: 4/23/2025					
Establishment Woodland Regional HS		Time In 1:00 AM/PM PM Time Out 1:45 AM/PM LHD NVHD Purpose of Inspection: Routine Pre-op Reinspection Other _____				Time In 1:00 AM/PM PM Time Out 1:45 AM/PM					
Address 135 Back Linneman Rd											
Town/City Beacon Falls											
Permit Holder Regional School District 16											
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	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"/>	
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected				P/C	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Employee Health				Time/Temperature Control for Safety							
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"/>	
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper cooking time and temperatures				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
Proper use of restriction and exclusion				Proper reheating procedures for hot holding				P	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
Written procedures for responding to vomiting and diarrheal events on site				Proper cooling time and temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>	
Good Hygienic Practices				Consumer Advisory							
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper eating, tasting, drinking, or tobacco products use				Consumer advisory provided: raw/undercooked food				Pf	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
No discharge from eyes, nose, and mouth				Time as a public health control: procedures and records				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Preventing Contamination by Hands				Highly Susceptible Population							
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hands clean and properly washed				Consumer advisory provided: raw/undercooked food				Pf	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Pasteurized foods used; prohibited foods not offered				P/C	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Adequate handwashing sinks, properly supplied/accessibile				Food additives: approved and properly used				P	<input type="checkbox"/>	<input type="checkbox"/>	
Approved Source				Food/Color Additives and Toxic Substances							
11	<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"/>	
Food obtained from approved source				Toxic substances properly identified, stored & used				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Food received at proper temperature				Compliance with variance/specialized process/ROP criteria/HACCP Plan				P/Pf/C	<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"/>					
Food in good condition, safe, and unadulterated				GOOD RETAIL PRACTICES							
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
Required records available: molluscan shellfish identification, parasite destruction				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							
Safe Food and Water				Proper Use of Utensils							
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"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pasteurized eggs used where required				In-use utensils: properly stored				C	<input type="checkbox"/>	<input type="checkbox"/>	
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water and ice from approved source				Utensils/equipment/linens: properly stored, dried, & handled				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used				P/C	<input type="checkbox"/>	<input type="checkbox"/>	
Food Temperature Control				Utensils and Equipment							
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper cooling methods used; adequate equipment for temperature control				Gloves used properly				C	<input type="checkbox"/>	<input type="checkbox"/>	
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<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				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Approved thawing methods used (under refrigeration)				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thermometers provided and accurate				Non-food contact surfaces clean				C	<input type="checkbox"/>	<input type="checkbox"/>	
Food Identification				Physical Facilities							
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food properly labeled; original container				Hot and cold water available; adequate pressure				Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Prevention of Food Contamination				Plumbing installed; proper backflow devices				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insects, rodents, and animals not present				Sewage and waste water properly disposed				P/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"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contamination prevented during food preparation, storage & display				Toilet facilities: properly constructed, supplied, & clean				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"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal cleanliness				Garbage and refuse properly disposed; facilities maintained				C	<input type="checkbox"/>	<input type="checkbox"/>	
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wiping cloths: properly used and stored				Physical facilities installed, maintained, and clean				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"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Washing fruits and vegetables				Adequate ventilation and lighting; designated areas used				C	<input type="checkbox"/>	<input type="checkbox"/>	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				Natural rubber latex gloves not used per CGS §19a-36f							
Person in Charge (Signature) Laura Blaho Date 4/23/25		Person in Charge (Printed) Laura Blaho		Inspector (Signature) Laurel Shaw Date 4/23/25		Inspector (Printed) Laurel Shaw		Violations documented 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		Date corrections due 90 Days # 1	
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 4/23/2025

Establishment Woodland Regional KS Town Beacon Falls

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Reach in (Sandwich meats)				No food preparation observed at inspection.	
Sliced cheese	41°F				
Sliced turkey	40°F				
Walk in Ambient	36°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: (Servsafe) Laura Blaho exp. 2027 Catherine Valinsky exp 2027 Pamela Tully exp. 2029
37c	Missing allergen notice. Discussed Allergen notification: Place on menu calendar, provided info.
	Thermometers: no longer stored in sanitizer liquids <u>good</u> alcohol swabs avail.
	Product date marked <u>ok</u>
	Slicer / can opener clean/sanitized in place <u>good repair</u> Food prep s/s tables clean, <u>good repair</u> Prep sinks / HWS air gap @ floor drain
	Reach in refrigeration units / clean-maintained <u>good repair</u> Walk in incld floor: clean, <u>good repair</u>
	Thermometers (x2) NVHD 32°F yours 32°F / 31°F <u>good</u> ice water bath
	Ecolab surface cleaner/sanitizer, test strips available (lactic acid base)
	Ecolab Peroxide cleaner <u>non-food contact</u> Surfaces only <u>ok</u>
Person in Charge (Signature)	<u>Laura Blaho</u> Date <u>4/23/25</u>
Inspector (Signature)	<u>Noel Shaw</u> Date <u>4/23/25</u>