


5945

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <u>1</u>		Food Establishment Inspection Report				Page 1 of <u>2</u>								
Establishment type: <u>Permanent</u> Temporary Mobile Other				Date: <u>7/15/25</u>										
Establishment <u>Peachwave</u>				Time In <u>11:30</u> AM/PM		Time Out <u>11:50</u> AM/PM								
Address <u>702 Bridgeport Ave</u>				LHD <u>NVHD</u>										
Town/City <u>Shelton</u>				Purpose of Inspection: Routine Pre-op										
Permit Holder <u>William Tejada Franco Cupillo</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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" 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				Food separated and protected										
2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<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				Food-contact surfaces: cleaned & sanitized										
Employee Health				Proper disposition of returned, previously served, reconditioned, and unsafe food										
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"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Time/Temperature Control for Safety										
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"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Proper use of restriction and exclusion				Proper cooking time and temperatures										
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"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Written procedures for responding to vomiting and diarrheal events				Proper reheating procedures for hot holding										
Good Hygienic Practices				Proper cooling time and temperatures										
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Proper eating, tasting, drinking, or tobacco products use				Proper hot holding temperatures										
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
No discharge from eyes, nose, and mouth				Proper cold holding temperatures										
Preventing Contamination by Hands				Proper date marking and disposition										
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Hands clean and properly washed				Time as a public health control: procedures and records										
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory							
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Consumer advisory provided: raw/undercooked food										
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population							
Adequate handwashing sinks, properly supplied/accessible				Pasteurized foods used; prohibited foods not offered										
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"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Food obtained from approved source				Food additives: approved and properly used										
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Food received at proper temperature				Toxic substances properly identified, stored & used										
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures							
Food in good condition, safe, and unadulterated				Compliance with variance/specialized process/ROP criteria/HACCP Plan										
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	GOOD RETAIL PRACTICES							
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										
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										
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										
Food Temperature Control				Gloves used properly										
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment							
Proper cooling methods used; adequate equipment for temperature control				Food and non-food contact surfaces cleanable, properly designed, constructed, and used										
34	<input type="checkbox"/>	<input 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				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available										
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				Non-food contact surfaces clean										
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities							
Thermometers provided and accurate				Hot and cold water available; adequate pressure										
Food Identification				Plumbing installed; proper backflow devices										
37	<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"/>				
Food properly labeled; original container				Sewage and waste water properly disposed										
Prevention of Food Contamination				Toilet facilities: properly constructed, supplied, & clean										
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Insects, rodents, and animals not present				Garbage and refuse properly disposed; facilities maintained										
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Contamination prevented during food preparation, storage & display				Physical facilities installed, maintained, and clean										
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Personal cleanliness				Adequate ventilation and lighting; designated areas used										
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Wiping cloths: properly used and stored				Natural rubber latex gloves not used per CGS §19a-36f										
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Violations documented				Date corrections due			
Washing fruits and vegetables				Permit Holder shall notify customers that a copy of the most recent inspection report is available.				Priority Item Violations						
Person in Charge (Signature) <u>T. Scott</u> Date				Person in Charge (Printed)				Priority Foundation Item Violations						
Inspector (Signature) <u>Amanda Ruchin</u> Date <u>7/15/25</u>				Inspector (Printed) <u>Amanda Ruchin</u>				Core Item Violations						
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.				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						

Food Establishment Inspection Report

LHD NVHD

Inspection Report Continuation Sheet

Date 7/15/25

Establishment Beachwave Town Shelton

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Internal therm	32°F	mini fridge	41°F		
External therm	36°F	Topping BM	29°F		
1% milk	34°F				
Fat Free milk	34°F				
Strawberries	41°F				

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	Observations and Corrective Actions
	Routine Insp 6/18/25
33/36	- Violation corrected - unit reading 32-36°F
22	- Violation corrected - items 41°F or below in unit
13	- All items in date
48	- Test Strips Available for Chlorine Sani
16	- Can opener blade clean
10/50	- Hot H2O Avail - reached 100°F +
36	- Therm in Fruit/topping BM
36	- Therm in mini fridge w/ whip cream
49	- Whip Cream mini fridge clean
49	- under cabinets → better, maintain
55	- Floors OK, mop - not in bucket → still hang to dry
28	- Lemon Scent All purpose Cleaner still on-site → <u>discard</u> , Scented cleaners not allowed in FSE *
	* Violations corrected 7/15/25

Person in Charge (Signature) <u>T. Scott</u>	Date
Inspector (Signature) <u>Amanda Kuchni</u>	Date <u>7/15/25</u>