Yori Caruso 8/8/25

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: 4

Food Establishment Inspection Report

Page 1 of 2

Establishment type: (Permanent) Temporary Mobile Other _____

Establishment Brightview Shelton LLC

Address 38 Bead Tavern Rd

Town/City Shelton #5723

Permit Holder

Keeping Connecticut Healthy — DPH — Connecticut Department of Public Health

Date: 9/16/25

Time In 1:40 AM/PM **Time Out** 2:30 AM/PM

LHD NVHD

Purpose of Inspection: (Routine) Pre-op Reinspection Other _____

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	Supervision	V	COS	R
1	✓				Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf		
2	✓				Certified Food Protection Manager for Classes 2, 3, & 4	C		

	IN	OUT	N/A	N/O	Employee Health	V	COS	R
3	✓				Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf		
4	✓				Proper use of restriction and exclusion	P		
5	✓				Written procedures for responding to vomiting and diarrheal events	Pf		

	IN	OUT	N/A	N/O	Good Hygienic Practices	V	COS	R
6	✓				Proper eating, tasting, drinking, or tobacco products use	P/C		
7	✓				No discharge from eyes, nose, and mouth	C		

	IN	OUT	N/A	N/O	Preventing Contamination by Hands	V	COS	R
8	✓				Hands clean and properly washed	P/Pf		
9	✓				No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C		
10	✓				Adequate handwashing sinks, properly supplied/accessible	Pf/C		

	IN	OUT	N/A	N/O	Approved Source	V	COS	R
11	✓				Food obtained from approved source	P/Pf/C		
12					Food received at proper temperature	P/Pf		
13	✓				Food in good condition, safe, and unadulterated	P/Pf		
14					Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C		

	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
15	✓				Food separated and protected	P/C		
16	✓				Food-contact surfaces: cleaned & sanitized	P/Pf/C		
17	✓				Proper disposition of returned, previously served, reconditioned, and unsafe food	P		

	IN	OUT	N/A	N/O	Time/Temperature Control for Safety	V	COS	R
18					Proper cooking time and temperatures	P/Pf/C		
19					Proper reheating procedures for hot holding	P		
20	✓				Proper cooling time and temperatures	P		
21	✓				Proper hot holding temperatures	P		
22	✓				Proper cold holding temperatures	P		
23	✓				Proper date marking and disposition	P/Pf		
24					Time as a public health control: procedures and records	P/Pf/C		

	IN	OUT	N/A	N/O	Consumer Advisory	V	COS	R
25	✓				Consumer advisory provided: raw/undercooked food	Pf		

	IN	OUT	N/A	N/O	Highly Susceptible Population	V	COS	R
26	✓				Pasteurized foods used; prohibited foods not offered	P/C		

	IN	OUT	N/A	N/O	Food/Color Additives and Toxic Substances	V	COS	R
27	✓				Food additives: approved and properly used	P		
28	✓				Toxic substances properly identified, stored & used	P/Pf/C		

	IN	OUT	N/A	N/O	Conformance with Approved Procedures	V	COS	R
29					Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C		

GOOD RETAIL PRACTICES

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	Safe Food and Water	V	COS	R
30				Pasteurized eggs used where required	P		
31				Water and ice from approved source	P/Pf/C		
32				Variance obtained for specialized processing methods	Pf		

	OUT	N/A	N/O	Food Temperature Control	V	COS	R
33				Proper cooling methods used; adequate equipment for temperature control	Pf/C		
34				Plant food properly cooked for hot holding	Pf		
35				Approved thawing methods used	Pf/C		
36				Thermometers provided and accurate	Pf/C		

	OUT	N/A	N/O	Food Identification	V	COS	R
37				Food properly labeled; original container	Pf/C		

	OUT	N/A	N/O	Prevention of Food Contamination	V	COS	R
38				Insects, rodents, and animals not present	Pf/C		
39				Contamination prevented during food preparation, storage & display	P/Pf/C		
40				Personal cleanliness	Pf/C		
41				Wiping cloths: properly used and stored	C		
42				Washing fruits and vegetables	P/Pf/C		

	OUT	Proper Use of Utensils	V	COS	R
43		In-use utensils: properly stored	C		
44		Utensils/equipment/linens: properly stored, dried, & handled	Pf/C		
45		Single-use/single-service articles: properly stored & used	P/C		
46		Gloves used properly	C		

	OUT	Utensils and Equipment	V	COS	R
47		Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C		
48		Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C		
49		Non-food contact surfaces clean	C		

	OUT	Physical Facilities	V	COS	R
50		Hot and cold water available; adequate pressure	Pf		
51		Plumbing installed; proper backflow devices	P/Pf/C		
52		Sewage and waste water properly disposed	P/Pf/C		
53		Toilet facilities: properly constructed, supplied, & clean	Pf/C		
54		Garbage and refuse properly disposed; facilities maintained	C		
55		Physical facilities installed, maintained, and clean	P/Pf/C		
56		Adequate ventilation and lighting; designated areas used	C		
		Natural rubber latex gloves not used per CGS §19a-36f			

Permit Holder shall notify customers that a copy of the most recent inspection report is available.

Person in Charge (Signature) _____ **Date** 9/16/25

Person in Charge (Printed) THOMAS MINOTTI

Inspector (Signature) _____ **Date** 9/16/25

Inspector (Printed) Glenda Brunson

Violations documented	Date corrections due	#
Priority Item Violations	—	—
Priority Foundation Item Violations	—	—
Core Item Violations	COS	1
Risk Factor/Public Health Intervention Violations		—
Repeat Risk Factor/Public Health Intervention Violations		—
Good Retail Practices Violations		1
Requires Reinspection - check box if you intend to reinspect		NO

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.

hamburger 40.0
eggplant rollatini 39.5
tuna salad 40.0
chicken salad 40.0
egg salad 40.0

coleslaw 39.5
hotdog 39.0
pasta 39.0
veal 38.5
raw ground

chicken noodle soup 168.
split pea soup 163.
bourbon chicken sauce 167.
veal sauce 169.
raw steak 39.5
ground steak 38.3

INSPECTION REPORT
FOOD SERVICE ESTABLISHMENTS
CONTINUATION SHEET

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME OF ESTABLISHMENT	TOWN	DATE OF INSPECTION
Brightview Shelton LLC	Shelton	9/16/21

INSPECTION FORM #	REMARKS
37C	spices not in original containers not labeled (COS)
	* handsinks stocked
	* food allergen poster posted
	* sanitizer good.
	* good date marking
	* practicing good thawing methods - use of ice wands

INITIAL (INSPECTOR)	INITIAL (PERSON IN CHARGE)
GPB	TW

Distribution: 1st - White - Health Department 2nd - Yellow - Owner/Manager

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