


5980

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <u>3</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <u>4/23/25</u>		Time In <u>10:25</u> AM/PM Time Out <u>10:55</u> AM/PM	
Establishment <u>Creative Kitchen + Catering LLC</u>				LHD <u>NVHD</u>	
Address <u>1 Corporate Dr</u>				Purpose of Inspection: <u>Routine</u> Pre-op	
Town/City <u>Shelton</u>				Reinspection Other	
Permit Holder					
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		IN OUT N/A N/O	
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	<input type="checkbox"/>
IN OUT N/A N/O		Employee Health		IN OUT N/A N/O	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	<input type="checkbox"/>
IN OUT N/A N/O		Good Hygienic Practices		IN OUT N/A N/O	
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	<input type="checkbox"/>
IN OUT N/A N/O		Preventing Contamination by Hands		IN OUT N/A N/O	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	<input type="checkbox"/>
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	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessory	<input type="checkbox"/>
IN OUT N/A N/O		Approved Source		IN OUT N/A N/O	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	<input type="checkbox"/>
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		OUT N/A N/O	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	<input type="checkbox"/>
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	<input type="checkbox"/>
OUT N/A N/O		Food Temperature Control		OUT N/A N/O	
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	<input type="checkbox"/>
OUT N/A N/O		Food Identification		OUT N/A N/O	
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	<input type="checkbox"/>
OUT N/A N/O		Prevention of Food Contamination		OUT N/A N/O	
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.					
Person in Charge (Signature) <u>[Signature]</u>		Date <u>4/23/25</u>			
Person in Charge (Printed)					
Inspector (Signature) <u>[Signature]</u>		Date <u>4/23/25</u>			
Inspector (Printed) <u>Amanda Richlin</u>					
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.					

Violations documented		Date corrections due	#
Priority Item Violations			8
Priority Foundation Item Violations			1
Core Item Violations			1
Risk Factor/Public Health Intervention Violations			1
Repeat Risk Factor/Public Health Intervention Violations			0
Good Retail Practices Violations			0
Requires Reinspection - check box if you intend to reinspect			

Page 8 of 8

Inspection Report Continuation Sheet

Date 4/23/25

Town Shelton

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Yogurt / part. unit	40°F	Salad Bar		Bm @ cookline	
Grab + go unit		- pasta (just made)	49°F	- Diced / Sliced tom)	45°F
- Tuna / chx Salad	38°F	- cheese	39°F	- grilled chx	48°F
- Deviled eggs	38°F	- Cucumber / corn / tom	41°F	W/C	38°F
+ H - jamaican St Chx Soup	147°F	- Edam Salad	38°F	- Fruit cups	38°F
- Chicken rice	179°F	2 dr	41°F	- rice	38°F
- rice & beans	140°F	- greek yogurt / cream	38°F	- chx tortilla soup	35°F
* - Chx *	135°F	Both Bm - saus patty	42°F		

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	Dana Loehn 2/23/29
	Allergen Statement ✓, Vinyl gloves ✓, Allergen poster ✓ Handsink - Hot H ₂ O 111°F, Stocked ✓ Can opener ✓, Deli Slicer ✓, Dry Storage - ok ✓, datemarking/labels ✓ good meat storage w/c ✓, probe thermometer ✓ Sanitizer - Chlorine 3 Bay 50-100 ppm ✓, TS ✓
10	Handsinks missing signage - COS, PIC put signage @ sink
	* make sure chx @ hot holding maintains 135°F temp if dropped below must reheat 165°F

Date _____

Date _____