

5468

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: 3	Food Establishment Inspection Report		Page 1 of 2
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: 5/5/25	
Establishment Creative Kitchen		Time In 12:30 AM/PM Time Out 1:00 AM/PM	
Address 2 Enterprise Dr		LHD NUHD	
Town/City Shelton		Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder Creative Kitchen Catering LLC - R. Lochm		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																																																																																																																																																																																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">Supervision</th> <th colspan="4">Protection from Contamination</th> </tr> <tr> <th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th> <th>V</th><th>COS</th><th>R</th> <th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th> <th>V</th><th>COS</th><th>R</th> </tr> <tr> <td>1</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>Person/Alternate Person in charge present, demonstrates knowledge and performs duties</td> <td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>15</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>Food separated and protected</td> <td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>2</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>Certified Food Protection Manager for Classes 2, 3, & 4</td> <td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>16</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>Food-contact surfaces: cleaned & sanitized</td> <td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Employee Health</td> <td colspan="4">Time/Temperature Control for Safety</td> </tr> <tr> <td>3</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>Management, food employee and conditional employee; knowledge, responsibilities and reporting</td> <td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>17</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>Proper disposition of returned, 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type="checkbox"/></td><td><input type="checkbox"/></td> <td>Pasteurized foods used; prohibited foods not offered</td> <td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>13</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>Food in good condition, safe, and unadulterated</td> <td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td colspan="4">Food/Color Additives and Toxic Substances</td> </tr> <tr> <td>14</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>Required records available: molluscan shellfish identification, parasite destruction</td> <td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>27</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>Food additives: approved and properly 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Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) [Signature]	Date 5/5/25	
Person in Charge (Printed)		
Inspector (Signature) [Signature]	Date 5/5/25	
Inspector (Printed) Amanda Ruchin		

Violations documented	Date corrections due	#
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		

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

Page 2 of 2

LHD NVHD

Inspection Report Continuation Sheet

Date 5/5/25

Establishment Creative Kitchen

Town Shelton

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Fruit mini fridge	39°F	4dr True Fridge	35°F	Bm/reach (grill)	
reach in FOH	34°F	Freezer	-1°F	-Tomatoes	41°F
WIC	45°F	-Straw/blueberries	41°F	-Grilled chx - ^{1hr} cooked	50°F
-Chorizo	37°F	1dr Bm/reach	40°F	Breaded chicken (grill)	166°F
-Turkey Bacon	38°F	-Balsamic/ranch	41°F		
HH - Chicken rice Soup	162°F				
Sopa Latina Soup	178°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	- R Miklus 1/22/29 ✓
	Handsink - Stocked ✓, Signage ✓, Hot H ₂ O ✓, glove use ✓
	Sanitizer - 3 Bay sink 50-100ppm ✓, JS ✓, Bucket ✓
	Allergen poster ✓, consumer Advisory ✓, Poly gloves ✓, vinyl gloves ✓
	Ice machine ✓, WIC ✓, Chest freezer ✓, Can opener ✓, microwave ✓
	FOH 2 dr reach-in + maximum (FOH) 2 dr fridge = Not in use
	Datemarking ✓, Labels ✓
	Very good 😊

Person in Charge (Signature) L Miklus

Date 5/5/25

Inspector (Signature) Shanda Ruck

Date 5/5/25