

Connecticut Department of Public Health

Risk Category: 3 Food Establishment Inspection Report Page 1 of											
Establishment type: Permanent Temporary Mobile Other					Date:	MANAR	7 15 25				
Establishment INCOM WINGY INSTITUTE Address & Progress DI			Conne	cticut Health	Time In	12:68 2	/PM Time Out	AM/PIN			
Address & Progress DI			DPH)			IVHD		.10222			
Town/City Shelton					Purpose o	f Inspection:	Routine	Pre-op			
Permit Holder	C		ut De	partment ealth	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	appro	opria	te box for Co	OS and/or R	COS=correcte	ed on-site during inspectio				
IN OUT N/A N/O Supervision	V	cos	R		JT N/A N/O	PROPERTY OF STREET	n from Contamination	V COS R			
Person/Alternate Person in charge present,	Pf			15	- Constant	ood separated		P/C 0 0			
demonstrates knowledge and performs duties				16	The second liverage and the second		rfaces: cleaned & sanitiz				
2 Certified Food Protection Manager for Classes 2,	С	0		17) house the same of		on of returned, previously	y POO			
3, & 4				"	A Part of the Part		oned, and unsafe food	1,1010			
Employee Health							ure Control for Safety				
Management, food employee and conditional employee;	P/Pf	0		18 0 0			ime and temperatures	P/Pf/C O			
knowledge, responsibilities and reporting				19 🔾 <			procedures for hot hold				
4 Proper use of restriction and exclusion	P	0	0	20 0 0			me and temperatures	POO			
Written procedures for responding to vomiting and	Pf	0		21 0 9			ng temperatures	POO			
diarrheal events				22			ing temperatures	POO			
Good Hygienic Practices				23			king and disposition	P/Pf O O			
6 Proper eating, tasting, drinking, or tobacco products us			\bigcirc	24 0 0			health control: procedu	res P/Pf/C O			
7 No discharge from eyes, nose, and mouth	С	0	0		aı	nd records					
Preventing Contamination by Hands							mer Advisory				
8 Hands clean and properly washed	P/Pf	0		25 0 0			provided: raw/undercooked f	ood Pf O			
No bare hand contact with RTE food or a	P/Pf/C	0					eptible Population	1 20 0 0			
pre-approved alternative procedure properly followed				26 0 0	The second second		sed; prohibited foods not offe				
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0				es and Toxic Substant				
Approved Source				27 0 0	1000000		approved and properly u	sed POO			
11 C Food obtained from approved source	P/Pf/C	_		28			s properly identified,	P/Pf/C O			
12 C Food received at proper temperature	P/Pf	-	0			tored & used					
13 Food in good condition, safe, and unadulterated	P/Pf	0					h Approved Procedure	S			
Required records available: molluscan shellfish	P/Pf/C	0		29 0 0			variance/specialized	P/Pf/C O O			
identification, parasite destruction	111111111111111111111111111111111111111		-		The second secon	rocess/ROP cn	teria/HACCP Plan				
				ACTICES			-1-11111111				
Good Retail Practices are preventative measures to								D			
				for COS and	l/or R C	A STATE OF THE PARTY OF T	n-site during inspection	R=repeat violation			
OUT N/A N/O Safe Food and Water	٧	cos		OUT			of Utensils	V COS R			
30 Pasteurized eggs used where required	Р		0			: properly store		C O O			
31 Water and ice from approved source	P/Pf/C	-	0				erly stored, dried, & handle				
32 O Variance obtained for specialized processing methods	Pf	0	0		0		s: properly stored & used	P/C 0 0			
Food Temperature Control			-	46 O GI	oves used p		and Faulament	C O O			
Proper cooling methods used; adequate equipment for	Pf/C	0			/		and Equipment				
temperature control							urfaces cleanable,	P/PM O			
34 O Plant food properly cooked for hot holding	Pf					ned, constructe		Control Control			
35 Approved thawing methods used Thermometers provided and accurate		0	-				led, maintained and use nd test strips available	d, Pf/C O			
- Jacobson	Pf/C)0	9			act surfaces cle		c 00			
Food Identification	DUC			49 0 100	311-1000 COTIL		cal Facilities	0 00			
37 Food properly labeled; original container	PI/C	0		50 DU	at and sold u		adequate pressure	Pf O O			
Prevention of Food Contamination	500					alled; proper ba		P/Pf/C O O			
38 Insects, rodents, and animals not present	P/Pf/C	9				vaste water pro		P/Pf/C O O			
39 Contamination prevented during food preparation, storage & display 40 Personal cleanliness	Pf/C	-					tructed, supplied, & clea				
41 Wiping cloths: properly used and stored	C	0					sposed; facilities maintaine				
42 Washing fruits and vegetables	P/Pf/C	_					aintained, and clean	P/Pf/C O O			
				56 O Ac	dequate vent	tilation and ligh	ting; designated areas u				
Permit Holder shall notify customers that a copy of the most recent inspection rep	ort is ava	ailable		O Na	atural rubber	latex gloves no	ot used per CGS §19a-3	36f			
1 11	1				s document		Date corrections of				
Person in Charge (Signature) Date 715	120	7			m Violations						
1/	,					m Violations	71-1	6 8			
Person in Charge (Printed)					Violations		10/15/2) >			
	MANAGE	A.				alth Intervention		0			
Inspector (Signature) The Date (M)	<i>צשא</i> אי	V					ervention Violations	0			
Amanda Runhing	cla	5			ail Practices			7			
Inspector (Printed) Hmanda Kuchin 7	10/2)					if you intend to reinsp				
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	Direct	or of l	Hea	Ith, not late	er than forty	-eight hours at	ter issuance of such o	rder.			

* Closing

LHD NVHD

Person in Charge (Signature)

Inspector (Signature)

Food Establishment Inspection Report Inspection Report Continuation Sheet Lincoln Culinary Mst. TEMPERATURE OBSERVATIONS Item/Location/Process Item/Location/Process Temp Item/Location/Process 2 dv Bev Air 4 no product 4001

Temp

		- Strawberrits	39°F						
		85.40.00							
			THE A OWNER	2116					
OBSERVATIONS AND CORRECTIVE ACTIONS Violations cited jn 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	2/1/27	5/24/28	12/1	7/29					
CFPM -	- Peter Crouth	, Briana Quirk, Ar	Hwr L	eech /	/				
	Handsink-Stock	ed Signage Hot	H20 1	00°F + V					
	Canificer - Qua	+10,							
Number S 1 71 S 24 28 12 17 29 CFPM - Peter Crouth Briana Quirk, Arthur Leech Handsink - Stocked, Signage, Hot H20 100°F + V Canificer - Quat V Allergen poster V, VID BB PUth Kits									
Barrey-hoods bins labeled , TS Avail, HW Sink									
2nd temp logs, Dishmachiner, Deli Slicer, HW Sink, Hoods-ok									
#3 Vinyl gloves, containers labeled * keep up on temp logs, Ts. Dry Storage, maps hung									
Dry Storage mops hungs									
	U								
360	No therm in 2	door reach in Kita	lun 3						
47	Fan in WIC	V							
	~ Clean: 00 00	MINKING LINGIN # 7++	12 Ral	MINI- MAN KIND					
	Top of collar	wring Insp # 2+#	10, but	ery madrey					
	Fair Cares								
		1							

Date Date (