

2904

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: 3		Food Establishment Inspection Report		Page 1 of 2		
Establishment type: Permanent Temporary Mobile Other		Date: 7/15/25				
Establishment Lincoln Culinary Institute		Time In 12:00 AM/PM Time Out 1:10 AM/PM				
Address 8 Progress Dr		LHD NVHD				
Town/City Shelton		Purpose of Inspection: Routine Pre-op				
Permit Holder		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						
IN OUT N/A N/O		Supervision		V COS R		
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	PF	<input type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Employee Health		V COS R		
3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/PI	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	PF	<input type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Good Hygienic Practices		V COS R		
6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Preventing Contamination by Hands		V COS R		
8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hands clean and properly washed	P/PI	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/PI/C	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	PI/C	<input type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Approved Source		V COS R		
11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food obtained from approved source	P/PI/C	<input type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/PI	<input type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food in good condition, safe, and unadulterated	P/PI	<input type="checkbox"/>	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/PI/C	<input type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES						
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>						
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water and ice from approved source	P/PI/C	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	PF	<input type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Food Temperature Control		V COS R		
33	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	PI/C	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	PF	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	PI/C	<input type="checkbox"/>	<input type="checkbox"/>
36	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate	PI/C	<input type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Food Identification		V COS R		
37	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food properly labeled; original container	PI/C	<input type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Prevention of Food Contamination		V COS R		
38	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present	PI/C	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/PI/C	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Personal cleanliness	PI/C	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Washing fruits and vegetables	P/PI/C	<input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.						
Person in Charge (Signature) [Signature]		Date 7/15/25				
Person in Charge (Printed) [Signature]		Date 7/15/25				
Inspector (Signature) [Signature]		Date 7/15/25				
Inspector (Printed) Amanda Ruchin		Date 7/15/25				
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			0
Priority Foundation Item Violations			0
Core Item Violations		10/15/25	2
Risk Factor/Public Health Intervention Violations			0
Repeat Risk Factor/Public Health Intervention Violations			0
Good Retail Practices Violations			2
Requires Reinspection - check box if you intend to reinspect			

* Closing
Dec 2025

Food Establishment Inspection Report

Page 2 of 2

LHD NVHD

Inspection Report Continuation Sheet

Date 6/17/25 7/15/25

Establishment Lincoln Culinary Inst. Town Shelton

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2nd Rev Air	40°F	WIF	1°F		
↳ no product		WIC	40°F		
		- Cheese, yogurt	41°F		
		- milk	40°F		
		- Strawberries	39°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
CFPM	2/1/27 5/24/28 12/17/29 Peter Crowth, Briana Quirk, Arthur Leech Handsink - stocked, Signage, Hot H2O 100°F + Sanitizer - quat Allergen poster, V/D BB Path Kits
Bakery	hoods, bins labeled, TS Avail, HW Sink
2nd	temp logs, Dish machine, Deli Slicer, HW Sink, Hoods - ok
#3	Vinyl gloves, containers labeled * keep up on temp logs, TS Dry Storage, mops hung
C 36	No therm in 2 door reach in, Kitchen 3
C 47	Fan in WIC
	* Cleaning up during Insp # 2 + #3, Bakery making Foam cakes

Person in Charge (Signature)

Date

Inspector (Signature)

Date