

Carlos Garcia 7/3/28

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: 3

Establishment type: Permanent Temporary Mobile Other

Establishment: Longhorn Steakhouse

Address: 838 Bridgeport Ave

Town/City: Shelton # 2000

Permit Holder:

DPH

Connecticut Department of Public Health

Date: 11/14/24

Time In: 2:00 AM/PM Time Out: 2:40 AM/PM

LHD: NUTR

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		V	COS	R
Supervision								
1					Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf		
2					Certified Food Protection Manager for Classes 2, 3, & 4	C		
Employee Health								
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		
Good Hygienic Practices								
6					Proper eating, tasting, drinking, or tobacco products use	P/C		
7					No discharge from eyes, nose, and mouth	C		
Preventing Contamination by Hands								
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		
Approved Source								
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		
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		V	COS	R	
Safe Food and Water								
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			
Food Temperature Control								
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			
Food Identification								
37				Food properly labeled; original container	Pf/C			
Prevention of Food Contamination								
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			
Proper Use of Utensils								
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			
Utensils and Equipment								
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			
Physical Facilities								
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				
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								

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

Person in Charge (Signature): Carlos M. Garcia Date: 11/14/24

Person in Charge (Printed): Carlos M. Garcia

Inspector (Signature): Glenda Bulman Date: 11/14/24

Inspector (Printed): Glenda Bulman

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.

1st - White: Health Department

410 Capitol Avenue MS#11FDP  
Hartford, CT 06134

2nd - Yellow: Owner/Operator/Person in Charge



Sunazi (Upper-  
Chlorine)

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

NAME OF ESTABLISHMENT		TOWN	DATE OF INSPECTION
<i>Lanham Steakhouses &amp; Diner Shreveport</i>		<i>District 9</i>	<i>11/14/24</i>
INSPECTION FORM #	REMARKS		
<i>STC</i>	<i>unclean, dusty ceiling vents / ceilings esp in office</i>		
	<i>* dusting strips available</i>		
	<i>* hand sanitizers storage at all hand sinks</i>		
	<i>* allergen poster posted</i>		
	<i>+ date marking of PREP areas - compliant</i>		
INITIAL (INSPECTOR)		INITIAL (PERSON IN CHARGE)	
<i>GMB</i>		<i>CC</i>	

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