


Risk Category: 3		Food Establishment Inspection Report		Page 1 of 2	
Establishment type: Permanent Temporary Mobile Other		Date: 8/26/25		Time In 2:00 AM/PM Time Out 2:35 AM/PM	
Establishment Outback Steakhouse				LHD NUTR	
Address 698 Bridgeport Ave				Purpose of Inspection: Routine Pre-op	
Town/City Shelton # 2309				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		V COS R	
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion			P	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input checked="" type="checkbox"/>	<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			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible			Pf/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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
IN		OUT		N/A		N/O		Protection from Contamination		V COS R	
15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected			P/C	<input type="checkbox"/>	<input type="checkbox"/>	
16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food			P	<input type="checkbox"/>	<input type="checkbox"/>	
IN		OUT		N/A		N/O		Time/Temperature Control for Safety		V COS R	
18	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding			P	<input type="checkbox"/>	<input type="checkbox"/>	
20	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures			P	<input type="checkbox"/>	<input type="checkbox"/>	
21	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures			P	<input type="checkbox"/>	<input type="checkbox"/>	
22	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			P	<input type="checkbox"/>	<input type="checkbox"/>	
23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
IN		OUT		N/A		N/O		Consumer Advisory		V COS R	
25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food			Pf	<input type="checkbox"/>	<input type="checkbox"/>	
IN		OUT		N/A		N/O		Highly Susceptible Population		V COS R	
26											

ribs 38.5
 mashed pot 38.0
 beef tenderloin 33.5
 New Chicken 22.5
 ribeye steak 34.5
 shrimp 38.0
 lobster 38.5
 mashed pot 38.0
 rice 1.00
 pasta 38.0
 french onion soup 1.00
 almond soup 1.00
 chicken 38.0
 ribs 1.00

INSPECTION REPORT
 FOOD SERVICE ESTABLISHMENTS
 CONTINUATION SHEET

STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH

NAME OF ESTABLISHMENT <i>Outback Steakhouse</i>		TOWN <i>Shelton</i>	DATE OF INSPECTION <i>8/26/25</i>
INSPECTION FORM #	REMARKS		
	<i>handwash stocked</i>		
	<i>& sanitizing strips avail.</i>		
	<i>& good date-marking</i>		
	<i>& allergen poster posted</i>		
INITIAL (INSPECTOR)	INITIAL (PERSON IN CHARGE)		
<i>gms</i>	<i>ZN</i>		