

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <u>3</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>																																																																																																	
Establishment type: <u>Permanent</u> Temporary Mobile Other _____			Date: <u>1/23/25</u>																																																																																																		
Establishment <u>Shelton Kitchen</u>			Time In <u>12:55</u> AM/PM <u>0</u> Time Out <u>1:42</u> AM/PM <u>0</u>																																																																																																		
Address <u>509 A Howe Ave</u>			LHD <u>NVHD</u>																																																																																																		
Town/City <u>Shelton</u>			Purpose of Inspection: <u>Routine</u> Pre-op																																																																																																		
Permit Holder <u>Manjusri Kaniyapperuma</u>			Reinspection Other _____																																																																																																		
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																																																																																																					
<small>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.</small>																																																																																																					
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>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th>Supervision</th><th>V</th><th>COS</th><th>R</th></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input 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><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input 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><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>			IN	OUT	N/A	N/O	Supervision	V	COS	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th>Protection from Contamination</th><th>V</th><th>COS</th><th>R</th></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food separated and protected</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food-contact surfaces: cleaned & sanitized</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper disposition of returned, previously served, reconditioned, and unsafe food</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>			IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																								
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																														
IN	OUT	N/A	N/O	Food/Color Additives and Toxic Substances	V	COS	R																																																																																														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																														
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																														
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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 NUHD

Inspection Report Continuation Sheet

Date 1/23/25

Establishment Shelton Kitchen Town Shelton

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
HH- rice in cooker	168°F	WIP	20°F		
Bm					
-Chicken (cooked)	37°F				
-raw Shrimp	37°F				
-beef	37°F				
Shell eggs	53°F				
Green Sauce on Counter	52°F				
Red sauce on counter	52°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 - manjusri Kariyapperuma 11/9/27	
	Handsink - Hot H ₂ O 126°F, FOH stocked, Probe thermometer ✓
	Sanitizer - Dishmachine 50-100ppm ✓, Test strips ✓, hoods - OK ✓
	Allergen Statement posted ✓, Consumer Advisory ✓, Allergen poster ✓
	microwave ✓, mop hung ✓, vinyl gloves ✓, Labels + some dates ✓
*P 22 ✓	Red, Green, + other paste/sauces on Counter reading 52°F * Containers say "Refrigerate AFTER open" - COS, PIC discarded
*C 39 ✓	Food on floor WIC + Dry Storage + WIP
*P 22 ✓	Eggs stored in broken WIC + reading 53°F - COS, had PIC discard eggs in dumpster
C 47	WIC in disrepair
C 49/16 ✓	Interior + Exterior of FOH ice machine unclean + build up
C 10	FOH Handsink does not have signage
*C 43 ✓	rice scoop stored in Stagnant water
*P 18 ✓	Chicken + beef in Bain Marie partially cooked - COS, PIC discarded ✓
C 41	Foil used to line Shelving
*C 43/41 ✓	Scoops w/o handles (to-go bowls) submerged in product (rice/sugar)
C 41	Wiping cloths stored on counters throughout
PF 1	NO Staff on-site during 'peak' lunch hours with a CFPM certificate w/ multiple Priority + Priority Foundation violations *owner arrived @ end of inspection, instructed to train another staff + get them CFPM certified ASAP

Person in Charge (Signature)



Date

1/23/25

Inspector (Signature)

Amanda Ruchi

Date

1/23/25