


6267

Risk Category: 2		Food Establishment Inspection Report						Page 1 of 2					
Establishment type: <u>Permanent</u> Temporary Mobile Other				Date: 3/13/26									
Establishment Dunkin						Time In 10:40 AM/PM		Time Out _____ AM/PM					
Address 484 Bridgeport Ave						LHD NVHD		Purpose of Inspection: <u>Routine</u> Pre-op					
Town/City Shelton				Reinspection _____		Other _____							
Permit Holder Gmon Henk LLC													
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													
Supervision					Protection from Contamination								
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							Food separated and protected						
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized						
Employee Health					Time/Temperature Control for Safety								
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Proper cooking time and temperatures						
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion							Proper reheating procedures for hot holding						
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events							Proper cooling time and temperatures						
Good Hygienic Practices					Consumer Advisory								
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use							Consumer advisory provided: raw/undercooked food						
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population						
No discharge from eyes, nose, and mouth							Pasteurized foods used; prohibited foods not offered						
Preventing Contamination by Hands					Food/Color Additives and Toxic Substances								
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed							Food additives: approved and properly used						
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							Toxic substances properly identified, stored & used						
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures						
Adequate handwashing sinks, properly supplied/accessible							Compliance with variance/specialized process/ROP criteria/HACCP Plan						
Approved Source													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>							
Food obtained from approved source													
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>							
Food received at proper temperature													
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>							
Food in good condition, safe, and unadulterated													
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>							
Required records available: molluscan shellfish identification, parasite destruction													
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													
Safe Food and Water					Proper Use of Utensils								
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R				
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Pasteurized eggs used where required					In-use utensils: properly stored								
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Water and ice from approved source					Utensils/equipment/linens: properly stored, dried, & handled								
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Variance obtained for specialized processing methods					Single-use/single-service articles: properly stored & used								
Food Temperature Control					Utensils and Equipment								
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Proper cooling methods used; adequate equipment for temperature control					Food and non-food contact surfaces cleanable, properly designed, constructed, and used								
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Plant food properly cooked for hot holding					Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available								
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Approved thawing methods used					Non-food contact surfaces clean								
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	Physical Facilities							
Thermometers provided and accurate					50 <input type="checkbox"/> Hot and cold water available; adequate pressure								
Food Identification					51 <input type="checkbox"/> Plumbing installed; proper backflow devices								
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	52 <input type="checkbox"/> Sewage and waste water properly disposed							
Food properly labeled; original container					53 <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean								
Prevention of Food Contamination					54 <input checked="" type="checkbox"/> Garbage and refuse properly disposed; facilities maintained								
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	55 <input checked="" type="checkbox"/> Physical facilities installed, maintained, and clean							
Insects, rodents, and animals not present					56 <input type="checkbox"/> Adequate ventilation and lighting; designated areas used								
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f							
Contamination prevented during food preparation, storage & display					Violations documented								
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	Date corrections due							
Personal cleanliness					#								
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	Priority Item Violations							
Wiping cloths: properly used and stored					Priority Foundation Item Violations								
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	Core Item Violations							
Washing fruits and vegetables					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								
Person in Charge (Signature) <i>monteris miles</i> Date 03/13/26 Person in Charge (Printed) <i>CPN</i> Inspector (Signature) <i>Amanda Ruchin</i> Date 3/13/26 Inspector (Printed) <i>Amanda Ruchin</i>													
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.													

