


821

## Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| Risk Category: <u>2</u>                                     |  | <b>Food Establishment Inspection Report</b>  |  | Page 1 of <u>2</u>                             |  |
| Establishment type: <u>Permanent</u> Temporary Mobile Other |  | Date: <u>6/9/25</u>  |  | Time In <u>1205</u> AM/PM Time Out _____ AM/PM |  |
| Establishment <u>Dunkin Donuts</u>                          |  | <br>Connecticut Department of Public Health |  | LHD <u>NVHD</u>                                |  |
| Address <u>1182 New Haven Rd.</u>                           |  |  |  | Purpose of Inspection: <u>Routine</u> Pre-op   |  |
| Town/City <u>Norwalk</u>                                    |  |  |  | Reinspection _____ Other _____                 |  |
| Permit Holder <u>Manuel &amp; Erin Rocha</u>                |  |  |  |  |  |

| 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                               |   |
| 1   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 |
| 2   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                  | Certified Food Protection Manager for Classes 2, 3, & 4                               |
|   |                                     | IN                       |                          | OUT                      |                          | N/A                      |                          | N/O                      |                          | Protection from Contamination             |   |
| 15  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                  | Food separated and protected  |
| 16  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                  | Food-contact surfaces: cleaned & sanitized  |
| 17  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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     |
|   |                                     | IN                       |                          | OUT                      |                          | N/A                      |                          | N/O                      |                          | Time/Temperature Control for Safety       |   |
| 18  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                  | Proper cooking time and temperatures  |
| 19  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                  | Proper reheating procedures for hot holding   |
| 20  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                  | Proper cooling time and temperatures  |
| 21  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                  | Proper hot holding temperatures   |
| 22  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                  | Proper cold holding temperatures  |
| 23  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                  | Proper date marking and disposition   |
| 24  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                  | Time as a public health control: procedures and records                               |
|   |                                     | IN                       |                          | OUT                      |                          | N/A                      |                          | N/O                      |                          | Consumer Advisory                         |   |
| 25  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                  | Consumer advisory provided: raw/undercooked food                                      |
|   |                                     | IN                       |                          | OUT                      |                          | N/A                      |                          | N/O                      |                          | Highly Susceptible Population             |   |
| 26  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                  | Pasteurized foods used; prohibited foods not offered                                  |
|   |                                     | IN                       |                          | OUT                      |                          | N/A                      |                          | N/O                      |                          | Food/Color Additives and Toxic Substances |   |
| 27  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                  | Food additives: approved and properly used  |
| 28  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                  | Toxic substances properly identified, stored & used                                   |
|   |                                     | IN                       |                          | OUT                      |                          | N/A                      |                          | N/O                      |                          | Conformance with Approved Procedures      |   |
| 29  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                  | Compliance with variance/specialized process/ROP criteria/HACCP Plan                  |

| 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                    |  |
| 30  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pasteurized eggs used where required   |
| 31  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water and ice from approved source   |
| 32  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Variance obtained for specialized processing methods   |
|   |                          | OUT                      |                          | N/A                      |                          | N/O                      |                          | V                        |                          | COS R                    |  |
| 33  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooling methods used; adequate equipment for temperature control  |
| 34  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plant food properly cooked for hot holding   |
| 35  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Approved thawing methods used  |
| 36  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thermometers provided and accurate   |
|   |                          | OUT                      |                          | N/A                      |                          | N/O                      |                          | V                        |                          | COS R                    |  |
| 37  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food properly labeled; original container  |
|   |                          | OUT                      |                          | N/A                      |                          | N/O                      |                          | V                        |                          | COS R                    |  |
| 38  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insects, rodents, and animals not present  |
| 39  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Contamination prevented during food preparation, storage & display   |
| 40  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness   |
| 41  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used and stored  |
| 42  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washing fruits and vegetables  |
|   |                          | OUT                      |                          | N/A                      |                          | N/O                      |                          | V                        |                          | COS R                    |  |
| 43  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored   |
| 44  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Utensils/equipment/linens: properly stored, dried, & handled   |
| 45  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Single-use/single-service articles: properly stored & used   |
| 46  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gloves used properly   |
|   |                          | OUT                      |                          | N/A                      |                          | N/O                      |                          | V                        |                          | COS R                    |  |
| 47  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food and non-food contact surfaces cleanable, properly designed, constructed, and used                         |
| 48  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available |
| 49  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non-food contact surfaces clean  |
|   |                          | OUT                      |                          | N/A                      |                          | N/O                      |                          | V                        |                          | COS R                    |  |
| 50  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot and cold water available; adequate pressure  |
| 51  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing installed; proper backflow devices  |
| 52  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sewage and waste water properly disposed   |
| 53  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilet facilities: properly constructed, supplied, & clean   |
| 54  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garbage and refuse properly disposed; facilities maintained  |
| 55  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained, and clean   |
| 56  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate ventilation and lighting; designated areas used   |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Natural rubber latex gloves not used per CGS §19a-36f  |

|  |  |  |
|--|--|--|
| Person in Charge (Signature) <u>A S</u> Date <u>6/9/25</u><br>Person in Charge (Printed) <u>Amanda Santos</u><br>Inspector (Signature) <u>Amy Durand</u> Date <u>6/9/25</u><br>Inspector (Printed) <u>Amy Durand</u> |  | 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                                     |                      |   |
| 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 |                      |   |



## Page 2 of 2

Date 6/9/25

## TEMPERATURE OBSERVATIONS

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item  
Number

CFPM: Amanda Magura 4/20/27

Hand sinks stocked ✓ signage ✓ hot h<sub>2</sub>O ✓  
Vinyl gloves ✓ bathrooms good ✓ stocked ✓  
labeling ✓ date marking ✓ time stamps ✓  
spill kit ✓ allergen ✓ thermometers ✓ in all units ✓  
Dry storage good ✓  
Sanitizer ✓ quat ✓ test strips ✓ buckets 200ppm ✓  
clean! good inspection 😊

**Person in Charge (Signature)**

Date

Inspector (Signature)

Date \_\_\_\_\_