

Risk Category: 2 **Food Establishment Inspection Report** Page 1 of 2

Establishment type: Permanent Temporary Mobile Other _____ **Date:** 3/19/25

Establishment: Dunkin Donuts **Time In:** 11:45 AM/PM **Time Out:** _____ AM/PM

Address: 29 New Haven Ave **LHD:** NVHD

Town/City: Derby **Purpose of Inspection:** Routine Pre-op

Permit Holder: CARM Derby Donuts, Inc COVIDios Approval **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	IN	OUT	N/A	N/O	Supervision	V	COS	R	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf				
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C				
Employee Health										
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf				
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P				
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf				
Good Hygienic Practices										
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C				
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C				
Preventing Contamination by Hands										
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf				
9	<input checked="" type="checkbox"/>	<input 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				
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C				
Approved Source										
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C				
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf				
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf				
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C				

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	P/C		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P		
Time/Temperature Control for Safety							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C		
Consumer Advisory							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf		
Highly Susceptible Population							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C		
Food/Color Additives and Toxic Substances							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C		
Conformance with Approved Procedures							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	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	Safe Food and Water	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf		
Food Temperature Control						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C		
Food Identification						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C		
Prevention of Food Contamination						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C		

OUT	Proper Use of Utensils	V	COS	R
<input type="checkbox"/>	In-use utensils: properly stored	C		
<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C		
<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C		
<input type="checkbox"/>	Gloves used properly	C		
Utensils and Equipment				
<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C		
<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C		
<input type="checkbox"/>	Non-food contact surfaces clean	C		
Physical Facilities				
<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf		
<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C		
<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C		
<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C		
<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C		
<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C		
<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C		
<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f			

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

Person in Charge (Signature): [Signature] **Date:** 3/19/25

Person in Charge (Printed): _____

Inspector (Signature): Amanda Ruchin **Date:** 3/19/25

Inspector (Printed): Amanda Ruchin

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	3/29/25	1
Core Item Violations	6/19/25	1
Risk Factor/Public Health Intervention Violations		6
Repeat Risk Factor/Public Health Intervention Violations		1
Good Retail Practices Violations		2
Requires Reinspection - check box if you intend to reinspect		

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.

