

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

5413

Risk Category: <u>2</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <u>1/3/25</u>			
Establishment <u>Dunkin Donuts</u>		Time In <u>1030</u> AM/PM Time Out <u></u> AM/PM			
Address <u>354-356 Roosevelt Drive</u>		LHD <u>NVHS</u>			
Town/City <u>Seymour</u>		Purpose of Inspection: <u>Routine</u> Pre-op			
Permit Holder <u>Margaret Bagueiro</u>		Reinspection Other			
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS					
<i>Risk factors</i> are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. <i>Interventions</i> 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					
Supervision		Protection from Contamination		Time/Temperature Control for Safety	
1	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	V	COS	R
2	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Certified Food Protection Manager for Classes 2, 3, & 4	C		
Employee Health		Consumer Advisory		Highly Susceptible Population	
3	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf		
4	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper use of restriction and exclusion	P		
5	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Written procedures for responding to vomiting and diarrheal events	Pf		
Good Hygienic Practices		Food/Color Additives and Toxic Substances		Conformance with Approved Procedures	
6	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco products use	P/C		
7	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	No discharge from eyes, nose, and mouth	C		
Preventing Contamination by Hands		Food Color Additives and Toxic Substances		Conformance with Approved Procedures	
8	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Hands clean and properly washed	P/Pf		
9	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C		
10	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Adequate handwashing sinks, properly supplied/accessible	Pf/C		
Approved Source		Food Color Additives and Toxic Substances		Conformance with Approved Procedures	
11	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Food obtained from approved source	P/Pf/C		
12	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Food received at proper temperature	P/Pf		
13	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Food in good condition, safe, and unadulterated	P/Pf		
14	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C		
GOOD RETAIL PRACTICES					
<i>Good Retail Practices</i> 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					
Safe Food and Water		Proper Use of Utensils		Utensils and Equipment	
30	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Pasteurized eggs used where required	V	COS	R
31	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Water and ice from approved source	P/Pf/C		
32	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Variance obtained for specialized processing methods	Pf		
Food Temperature Control		Physical Facilities		Physical Facilities	
33	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control	Pf/C		
34	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Plant food properly cooked for hot holding	Pf		
35	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Approved thawing methods used	Pf/C		
36	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Thermometers provided and accurate	Pf/C		
Food Identification		Physical Facilities		Physical Facilities	
37	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Food properly labeled; original container	Pf/C		
Prevention of Food Contamination		Physical Facilities		Physical Facilities	
38	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Insects, rodents, and animals not present	Pf/C		
39	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Contamination prevented during food preparation, storage & display	P/Pf/C		
40	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Personal cleanliness	Pf/C		
41	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Wiping cloths: properly used and stored	C		
42	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Washing fruits and vegetables	P/Pf/C		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.					
Person in Charge (Signature) <u>[Signature]</u>		Date <u>1/3/25</u>		Violations documented	
Person in Charge (Printed) <u>ANISA ZEQRAT</u>				Date corrections due	
Inspector (Signature) <u>Amy Durand</u>		Date <u>1/3/25</u>		#	
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.					

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Inspection Report Continuation Sheet

Date 1/3/25

Town Selma

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
FoH handsink	88°F	Wic Ambient	39°F		
med egg ch	37°F	wic freezer			
Sausage ch	36°F				
egg scramble ch	38°F				
egg HH	173°F				
Sausage HH	155°F				
stuffed bagels ch	37°F				

[illegible]

Date _____

Date _____