

2126

## 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>4/9/25</u>										
Establishment <u>Dunkin Donuts</u>			Time In <u>1:05</u> AM/PM <u>AM</u> Time Out <u>1:30</u> AM/PM <u>AM</u>										
Address <u>530 New Haven Ave</u>			LHD <u>NVHD</u>										
Town/City <u>Derby</u>			Purpose of Inspection: <u>Routine</u> Pre-op										
Permit Holder <u>C RRM Derby Donuts Inc Carlos</u>			Reinspection Other										
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>													
<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													
<b>Supervision</b>			<b>Protection from Contamination</b>										
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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4							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"/>
							Proper disposition of returned, previously served, reconditioned, and unsafe food						
<b>Employee Health</b>							<b>Time/Temperature Control for Safety</b>						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events							Proper cooling time and temperatures						
<b>Good Hygienic Practices</b>							<b>Food/Color Additives and Toxic Substances</b>						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use							Proper hot holding temperatures						
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth							Proper cold holding temperatures						
<b>Preventing Contamination by Hands</b>							<b>Consumer Advisory</b>						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed							Proper date marking and disposition						
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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							Time as a public health control: procedures and records						
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Population</b>						
Adequate handwashing sinks, properly supplied/accessible							Pasteurized foods used; prohibited foods not offered						
<b>Approved Source</b>							<b>Conformance with Approved Procedures</b>						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source							Consumer advisory provided: raw/undercooked food						
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature							Food additives: approved and properly used						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated							Toxic substances properly identified, stored & used						
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" 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							Compliance with variance/specialized process/ROP criteria/HACCP Plan						
<b>GOOD RETAIL PRACTICES</b>													
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>													
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													
<b>Safe Food and Water</b>							<b>Proper Use of Utensils</b>						
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R				
30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Pasteurized eggs used where required						In-use utensils: properly stored							
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Water and ice from approved source						Utensils/equipment/linens: properly stored, dried, & handled							
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Variance obtained for specialized processing methods						Single-use/single-service articles: properly stored & used							
<b>Food Temperature Control</b>							46 <input checked="" type="checkbox"/> Gloves used properly						
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<b>Utensils and Equipment</b>							
Proper cooling methods used; adequate equipment for temperature control						47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used							
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	48	<input checked="" 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							
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Approved thawing methods used						Non-food contact surfaces clean							
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<b>Physical Facilities</b>							
Thermometers provided and accurate						50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Food Identification</b>						Hot and cold water available; adequate pressure							
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Food properly labeled; original container						Plumbing installed; proper backflow devices							
<b>Prevention of Food Contamination</b>						52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	Sewage and waste water properly disposed							
Insects, rodents, and animals not present						53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean							
Contamination prevented during food preparation, storage & display						54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained							
Personal cleanliness						55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	Physical facilities installed, maintained, and clean							
Wiping cloths: properly used and stored						56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Washing fruits and vegetables						Adequate ventilation and lighting; designated areas used							
<b>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</b>						<input checked="" type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f							
Person in Charge (Signature) <u>[Signature]</u> Date <u>4/9/25</u>						Violations documented							
Person in Charge (Printed)						Date corrections due							
Inspector (Signature) <u>[Signature]</u> Date <u>4/9/25</u>						#							
Inspector (Printed) <u>Amanda Richin</u>						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							
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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Date 4/9/25

TEMPERATURE OBSERVATIONS					
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Whip Cream Cooler	32°F	BM		WIC	40°F
2 dr cooler	37°F	- Cream ch	30°F	- milk	41°F
- Sausage patty	37°F	- Cheese (sliced)	35°F	- Cream Cheese (tub)	37°F
		- Sausage	37°F		
		- Egg	37°F		
		- Hash browns	30°F		

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.
	3/3/28 4/19/29
CPPM	- Rochelle Holmes, Terrance Miller
	Handsink - Stocked ✓, Signage ✓, Hot H <sub>2</sub> O ✓
	Sanitizer - Chlorine/quat ✓, 3 Bay Quat, Buckets ✓
	Allergen Statement ✓, vinyl gloves ✓, Bodily Fluid plan ✓, Kit ✓
	Donuts protected ✓, date marking ✓, Labels ✓, ice machine ✓
	Allergen poster ✓, mop hung ✓, Dry Storage ✓
	Good handwashing/glove use ✓, Restrooms ✓
36 ✓	mini fridge (FOH) w/whip cream + other products → no thermometer ↳ COS, PIC had extra + placed in unit ✓
	Good job 😊

Date \_\_\_\_\_

Date \_\_\_\_\_