


3174

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>		Page 1 of <b>2</b>
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <b>1/31/25</b>	
Establishment <b>Dunkin Donuts-Bridge St.</b>		Time In <b>AM/PM</b> Time Out <b>AM/PM</b>	
Address <b>72 Bridge Street</b>		LHD <b>NVHD</b>	
Town/City <b>Naugatuck</b>		Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder <b>Manuel &amp; Erin Rocha</b>		Reinspection Other	



<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b> <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									
IN	OUT	N/A	N/O		IN	OUT	N/A	N/O		IN	OUT	N/A	N/O						
1	<input checked="" type="checkbox"/>			Person/Alternate Person in charge present, demonstrates knowledge and performs duties	15	<input checked="" type="checkbox"/>			Food separated and protected	18	<input checked="" type="checkbox"/>			Proper cooking time and temperatures					
2	<input checked="" type="checkbox"/>			Certified Food Protection Manager for Classes 2, 3, & 4	16	<input checked="" type="checkbox"/>			Food-contact surfaces: cleaned & sanitized	19	<input checked="" type="checkbox"/>			Proper reheating procedures for hot holding					
					17	<input checked="" type="checkbox"/>			Proper disposition of returned, previously served, reconditioned, and unsafe food	20	<input checked="" type="checkbox"/>			Proper cooling time and temperatures					
Employee Health					Consumer Advisory					Highly Susceptible Population									
3	<input checked="" type="checkbox"/>			Management, food employee and conditional employee; knowledge, responsibilities and reporting	25	<input checked="" type="checkbox"/>			Consumer advisory provided: raw/undercooked food	26	<input checked="" type="checkbox"/>			Pasteurized foods used; prohibited foods not offered					
4	<input checked="" type="checkbox"/>			Proper use of restriction and exclusion						27	<input checked="" type="checkbox"/>			Food additives: approved and properly used					
5	<input checked="" type="checkbox"/>			Written procedures for responding to vomiting and diarrheal events						28	<input checked="" type="checkbox"/>			Toxic substances properly identified, stored & used					
Good Hygienic Practices					Food/Color Additives and Toxic Substances					Conformance with Approved Procedures									
6	<input checked="" type="checkbox"/>			Proper eating, tasting, drinking, or tobacco products use	29	<input checked="" type="checkbox"/>			Compliance with variance/specialized process/ROP criteria/HACCP Plan										
7	<input checked="" type="checkbox"/>			No discharge from eyes, nose, and mouth															
Preventing Contamination by Hands					GOOD RETAIL PRACTICES														
8	<input checked="" type="checkbox"/>			Hands clean and properly washed	<b>Good Retail Practices</b> are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.														
9	<input checked="" type="checkbox"/>			No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	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														
10	<input checked="" type="checkbox"/>			Adequate handwashing sinks, properly supplied/accessible	OUT	N/A	N/O		V	COS	R	OUT	N/A	N/O		V	COS	R	
					30	<input checked="" type="checkbox"/>			Pasteurized eggs used where required	43	<input checked="" type="checkbox"/>			In-use utensils: properly stored	43	<input checked="" type="checkbox"/>			Proper Use of Utensils
					31	<input checked="" type="checkbox"/>			Food obtained from approved source	44	<input checked="" type="checkbox"/>			Utensils/equipment/linens: properly stored, dried, & handled	44	<input checked="" type="checkbox"/>			Utensils and Equipment
					32	<input checked="" type="checkbox"/>			Food received at proper temperature	45	<input checked="" type="checkbox"/>			Single-use/single-service articles: properly stored & used	45	<input checked="" type="checkbox"/>			Food and non-food contact surfaces cleanable, properly designed, constructed, and used
					33	<input checked="" type="checkbox"/>			Food in good condition, safe, and unadulterated	46	<input checked="" type="checkbox"/>			Gloves used properly	46	<input checked="" type="checkbox"/>			Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available
					34	<input checked="" type="checkbox"/>			Required records available: molluscan shellfish identification, parasite destruction	47	<input checked="" type="checkbox"/>				47	<input checked="" type="checkbox"/>			Non-food contact surfaces clean
					35	<input checked="" type="checkbox"/>				48	<input checked="" type="checkbox"/>				48	<input checked="" type="checkbox"/>			
					36	<input checked="" type="checkbox"/>				49	<input checked="" type="checkbox"/>				49	<input checked="" type="checkbox"/>			
					37	<input checked="" type="checkbox"/>				50	<input checked="" type="checkbox"/>				50	<input checked="" type="checkbox"/>			
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Violations documented		Date corrections due	#
Priority Item Violations		<b>6/5</b>	<b>1</b>
Priority Foundation Item Violations			
Core Item Violations		<b>5/17/25</b>	<b>1</b>
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) <b>Amanda M</b> Date <b>1/31/25</b> Person in Charge (Printed) <b>Amanda M</b> Inspector (Signature) <b>Amy Durand</b> Date <b>1/31/25</b> Inspector (Printed) <b>Amy Durand</b>	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 1/31/25

Establishment DUNKIN DONUTS - Bridge St. naugatuck Town naugatuck

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
FOH handsink	92°F				
2 door row boy	35°F				
eggs cH	40°F				
perambated eggs	38°F				
Sausage H/H	165°F				
W/C ambient	38°F				
walk in freezer	-1°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.
CFPM: Janelle Escalante 2/3/29	
	<p>Hand sinks stocked ✓ signage ✓ hot h<sub>2</sub>O ✓</p> <p>vinyl gloves ✓ thermometers ✓ probe in all units</p> <p>labeling &amp; datemarking ✓ time stamps ✓ allergen statements</p> <p>QUAT sanitizer ✓ test strips ✓ buckets 200ppm ✓</p>
28p	<p>Medicine (spray &amp; allergy medicine) stored on food prep</p> <p>fabrics cos PIC removed</p>
43c	<p>Spoons stored in stagnant water</p>

Person in Charge (Signature) *Chris M*  
Inspector (Signature) *Amy Clarend*

Date 1/31/25

Date 1/31/25