

Risk Category: <u>2</u>		<u>5817 34425</u> Food Establishment Inspection Report		Page 1 of <u>2</u>																																																																																																																																																																																					
Establishment type: Permanent Temporary Mobile Other _____			Date: <u>9/17/25</u>																																																																																																																																																																																						
Establishment <u>Dunkin Donuts</u>			Time In <u>1:15</u> AM/PM Time Out _____ AM/PM																																																																																																																																																																																						
Address <u>20 N. Main St</u>			LHD <u>NUHD</u>																																																																																																																																																																																						
Town/City <u>Beacon Falls</u>			Purpose of Inspection: Routine Pre-op																																																																																																																																																																																						
Permit Holder <u>Eugenia Cavaliere</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																																																																																																																																																																																									
<table border="1"><thead><tr><th></th><th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th></th><th>V</th><th>COS</th><th>R</th></tr></thead><tbody><tr><td colspan="9">Supervision</td></tr><tr><td>1</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Person/Alternate Person in charge present, demonstrates knowledge and performs duties</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>2</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Certified Food Protection Manager for Classes 2, 3, & 4</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="9">Employee Health</td></tr><tr><td>3</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Management, food employee and conditional employee; 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Permit Holder shall notify customers that a copy of the most recent inspection report is available.																																																																																																																																																																																									
Person in Charge (Signature) <u>[Signature]</u> Date _____																																																																																																																																																																																									
Person in Charge (Printed) _____																																																																																																																																																																																									
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Inspector (Printed) <u>Melanie Doka</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		

4/17/26

Food Establishment Inspection Report

Page 2 of 2

LHD NVHD

Inspection Report Continuation Sheet

Date 9/17/25

Establishment Dunkin Donuts Town Beaconsfalls

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

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.
	<u>Gladys Hernandez 6/26 Joan Elliot 1/23</u>
	<u>Front: Handsink stocked & signed</u>
	<u>Quat used 200ppm.</u>
	<u>Lowboy 41°F</u>
	<u>Back: Drawer Cooler 40°F</u>
	<u>Hls ✓</u>
	<u>Lowboy 40°F</u>
	<u>Ice machine ✓ indirect ✓</u>
	<u>Mop sink ✓</u>
	<u>Walkin Cooler 40°F Freezer ✓</u>
	<u>3bay - strips chlorine / Quat -</u>
	<u>Storage ok</u>
	<u>Restrm ok</u>

Person in Charge (Signature) [Signature]
 Inspector (Signature) [Signature]

Date 9/17/25