


## Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

#5817

Risk Category: <u>2</u>		<b>Food Establishment Inspection Report</b>		Page 1 of ____	
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <u>2/24/25</u>		Time In <u>1:35</u> AM/PM Time Out <u>2:35</u> AM/PM	
Establishment <u>Dunkin Donuts</u>				LHD <u>NVHD</u>	
Address <u>20 N. Main St</u>				Purpose of Inspection: <u>Routine</u> Pre-op	
Town/City <u>Beacon Falls</u>				Reinspection Other	
Permit Holder <u>Eugenia Cavaliere</u>					
<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					
IN	OUT	N/A	N/O		
<b>Supervision</b>				V	COS R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf <input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C <input type="checkbox"/>
<b>Employee Health</b>					
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf <input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P <input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf <input type="checkbox"/>
<b>Good Hygienic Practices</b>					
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C <input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C <input type="checkbox"/>
<b>Preventing Contamination by Hands</b>					
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf <input type="checkbox"/>
9	<input checked="" 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 <input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C <input type="checkbox"/>
<b>Approved Source</b>					
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C <input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf <input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf <input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C <input type="checkbox"/>
<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					
OUT	N/A	N/O			
<b>Safe Food and Water</b>				V	COS R
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P <input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C <input type="checkbox"/>
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf <input type="checkbox"/>
<b>Food Temperature Control</b>					
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C <input type="checkbox"/>
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf <input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C <input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C <input type="checkbox"/>
<b>Food Identification</b>					
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C <input type="checkbox"/>
<b>Prevention of Food Contamination</b>					
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C <input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C <input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C <input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C <input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C <input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.					
Person in Charge (Signature) <u>Susan Cavaliere</u>		Date <u>2/24/25</u>			
Person in Charge (Printed)					
Inspector (Signature) <u>Lauren Shaw</u>		Date <u>2/24/25</u>			
Inspector (Printed) <u>Lauren Shaw</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.					
<b>Violations documented</b>				<b>Date corrections due</b>	
Priority Item Violations					
Priority Foundation Item Violations				<u>COS</u>	
Core Item Violations				<u>COS</u>	
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					
				#	
				1	
				4	
				1	
				4	



# Food Establishment Inspection Report

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LHD NVHD

Inspection Report Continuation Sheet

Date 2/25/25

Establishment Dunkin' Donuts Town Beacon Falls

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Reaching (chest drawers)		Dairy dispense	43°F		
Sandwich		(just refilled)			
sausage patty	34°F				
egg round	34°F				
bagel bite	40°F				

## 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.
	CFPM : NRFSF Gladys Hernandez exp 2026
	Danee Cavaliere exp 2026
	Rosemarie Booth exp 2026
<del>10c</del>	<del>Inadequate signage at Handwash sinks. Signage available on poster: Small print.</del>
	"Employee" → provided additional signs. Restroom sinks have placard @ sink OK
<del>15c</del>	<del>Handless cup used as scoop: sugar bin</del> * Removed <sup>cup</sup> from sugar
<del>43c</del>	<del>Handless cup stored in sugar</del> handle was buried in product
<del>CO5</del>	: Removed from sugar.
47c	Fan cover walkin refrigerator unclean/dust
47c	Knife handle melted, not in good repair
37c	"Sugar" bin without label; granular not labeled.
<del>CO5</del>	: labeled
23pf	Product walkin exceeds date mark "egg scramble"
<del>CO5</del>	(date 12/23: discarded at inspection)
	Prep areas clean, maintained
	Product covered / date marked in storage good
	Thermometer NVHD 32°F yours 32°F good! Ice water Bath
	Hot water @ 110°F hand sink kitchen
	Hand wash sinks properly stocked.
	Allergen notice to inform Employees posted
Person in Charge (Signature)	<u>Susan Canape</u> Date <u>2/24/25</u>
Inspector (Signature)	<u>Roanell [Signature]</u> Date <u>2/24/25</u>