

Risk Category: 2 **Food Establishment Inspection Report** Page 1 of 2

Establishment type: Permanent Temporary Mobile Other _____ Date: 12/19/24

Establishment: Dunkin Donuts Time In: 1:30 AM/PM Time Out: 2:00 AM/PM

Address: 441 Bridgeport Avenue LHD: NWHD

Town/City: Shelton # 2267 Purpose of Inspection: Routine Pre-op

Permit Holder: _____ Reinspection: Other

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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.

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	V	COS	R
Supervision						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1				Pf		
Person/Alternate Person in charge present, demonstrates knowledge and performs duties						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				C		
Certified Food Protection Manager for Classes 2, 3, & 4						
Employee Health						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				P/Pf		
Management, food employee and conditional employee; knowledge, responsibilities and reporting						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				P		
Proper use of restriction and exclusion						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				Pf		
Written procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				P/C		
Proper eating, tasting, drinking, or tobacco products use						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				C		
No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8				P/Pf		
Hands clean and properly washed						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9				P/Pf/C		
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10				Pf/C		
Adequate handwashing sinks, properly supplied/accessible						
Approved Source						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11				P/Pf/C		
Food obtained from approved source						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12				P/Pf		
Food received at proper temperature						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13				P/Pf		
Food in good condition, safe, and unadulterated						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14				P/Pf/C		
Required records available: molluscan shellfish identification, parasite destruction						
GOOD RETAIL PRACTICES						
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>						
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	V	COS	R	
Safe Food and Water						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30				P		
Pasteurized eggs used where required						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31				P/Pf/C		
Water and ice from approved source						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32				Pf		
Variance obtained for specialized processing methods						
Food Temperature Control						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33				Pf/C		
Proper cooling methods used; adequate equipment for temperature control						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34				Pf		
Plant food properly cooked for hot holding						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35				Pf/C		
Approved thawing methods used						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36				Pf/C		
Thermometers provided and accurate						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37				Pf/C		
Food properly labeled; original container						
Prevention of Food Contamination						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38				Pf/C		
Insects, rodents, and animals not present						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39				P/Pf/C		
Contamination prevented during food preparation, storage & display						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40				Pf/C		
Personal cleanliness						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41				C		
Wiping cloths: properly used and stored						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42				P/Pf/C		
Washing fruits and vegetables						
Permit Holder shall notify customers that a copy of the most recent inspection report is available.						
Violations documented						
Person in Charge (Signature): <u>[Signature]</u> Date: <u>12/19/2024</u>			Priority Item Violations: _____			
Person in Charge (Printed): <u>Montazza Miles</u>			Priority Foundation Item Violations: _____			
Inspector (Signature): <u>[Signature]</u> Date: <u>12/19/24</u>			Core Item Violations: _____			
Inspector (Printed): <u>Gracie Baynham</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: <input checked="" type="checkbox"/>			
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.						

friendless 29.5
 bacon 30.0
 Am-chese 31.0
 sausage 30.0

hashbrown 29.8
 bacon 1.0
 sausage 1.70
 baked bnf 35.0
 eggs & hashbrown 35.0



INSPECTION REPORT
 FOOD SERVICE ESTABLISHMENTS
 CONTINUATION SHEET

STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH

NAME OF ESTABLISHMENT	TOWN	DATE OF INSPECTION
Dunkin Donuts	Shelton	12/11/24
INSPECTION FORM #	REMARKS	
1A/2C	PIC unable to demonstrate knowledge as they are not a CFM. / CFM not on-site during inspection	
30C	porky placed thermometer in cooler	
31C	spices / food not in original container not properly labeled	
43C	handle of scoop buried in egg and brisket	
51C	unclean floors throughout, esp underneath equipment	
	* food allergen poster posted	
	* Sanitizer strips readily available for sanitizer	
	* hand sanitizers fully stocked	
INITIAL (INSPECTOR)	INITIAL (PERSON IN CHARGE)	

Distribution: 1st - White - Health Department 2nd - Yellow - Owner/Manager