Food Establishment Inspection Report

Score: 95.5

Establishment Name: DUNKIN DONUTS

Establishment ID: 3034012052

Date: 11 / 29 / 2012 Status Code: A

Time In: 09 : 30 ⊗ am ○ pm Time Out: 12 : 35 ○ am ⊗ pm

Total Time: 3 hrs 5 minutes

Category #: II

Establishment Type:

Instructions:

1. Fill in the information below for the Food Establishment:

Location Address: 2385 LEWISVILLE CLEMMONS RD

City: CLEMMONS

State: NC Zip: 27012

County: 34 Forsyth

Permittee: HUNAR ENTERPRISE ADVANCE, LLC

Telephone:

⊗ Inspection
○ Re-Inspection

Wastewater System:
⊗ Municipal/Community
○ On-Site System

Water Supply:
⊗ Municipal/Community
○ On-Site System

2. Click/fill the appropriate circle For "IN, OUT, N/A, N/O".

IN= In Compliance, OUT= Not in compliance
N/O=Not Observed, N/A= Not Applicable

3. Click/check the appropriate Boxes for CDI and/or R, VR.

CDI= Corrected During Inspection
R= Repeat Violation
VR= Verification Required

4. Continue to page 2 for "Good Retail Practices".

Foodborne Illness Risk Factors and Public Health Interventions

Risk factors: Contributing factors that increase the chance of developing foodborne illness.
Public Health Interventions: Control measures to prevent foodborne illness or injury.

	Compliance Status		OUT	CDI	R	VR
	Supervision .2652					
1	⊗ IN ○ OUT ○ N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ 2 ○ 0	○	○	○
	Employee Health .2652					
2	○ IN ⊗ OUT	Management, employees knowledge; responsibilities & reporting	○ 3 ○ 1.5 ⊗ 0	⊗	○	○
3	⊗ IN ○ OUT	Proper use of reporting, restriction & exclusion	○ 3 ○ 1.5 ○ 0	○	○	○
	Good Hygienic Practices .2652, .2653					
4	⊗ IN ○ OUT	Proper eating, tasting, drinking, or tobacco use	○ 2 ○ 1 ○ 0	○	○	○
5	⊗ IN ○ OUT	No discharge from eyes, nose, and mouth	○ 1 ○ 0.5 ○ 0	○	○	○
	Preventing Contamination by Hands .2652, .2653, .2655, .2656					
6	⊗ IN ○ OUT	Hands clean & properly washed	○ 4 ○ 2 ○ 0	○	○	○
7	⊗ IN ○ OUT ○ N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	○ 3 ○ 1.5 ○ 0	○	○	○
8	○ IN ⊗ OUT	Handwashing sinks supplied & accessible	○ 2 ○ 1 ⊗ 0	⊗	○	○
	Approved Source .2653, .2655					
9	⊗ IN ○ OUT	Food obtained from approved source	○ 2 ○ 1 ○ 0	○	○	○
10	○ IN ○ OUT ⊗ N/O	Food received at proper temperature	○ 2 ○ 1 ○ 0	○	○	○
11	⊗ IN ○ OUT	Food in good condition, safe & unadulterated	○ 2 ○ 1 ○ 0	○	○	○
12	○ IN ○ OUT ⊗ N/A ○ N/O	Required records available: shellstock tags, parasite destruction	○ 2 ○ 1 ○ 0	○	○	○
	Protection from Contamination .2653, .2654					
13	○ IN ⊗ OUT ○ N/A ○ N/O	Food separated & protected	○ 3 ○ 1.5 ⊗ 0	⊗	○	○
14	○ IN ⊗ OUT	Food-contact surfaces: cleaned & sanitized	○ 3 ⊗ 1.5 ○ 0	○	○	○
15	⊗ IN ○ OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	○ 2 ○ 1 ○ 0	○	○	○
	Potentially Hazardous Food TIme/Temperature .2653					
16	○ IN ○ OUT ○ N/A ⊗ N/O	Proper cooking time & temperatures	○ 3 ○ 1.5 ○ 0	○	○	○
17	○ IN ○ OUT ⊗ N/A ○ N/O	Proper reheating procedures for hot holding	○ 3 ○ 1.5 ○ 0	○	○	○
18	○ IN ○ OUT ⊗ N/A ○ N/O	Proper cooling time & temperatures	○ 3 ○ 1.5 ○ 0	○	○	○
19	○ IN ○ OUT ○ N/A ⊗ N/O	Proper hot holding temperatures	○ 3 ○ 1.5 ○ 0	○	○	○
20	⊗ IN ○ OUT ○ N/A ○ N/O	Proper cold holding temperatures	○ 3 ○ 1.5 ○ 0	○	○	○
21	⊗ IN ○ OUT ○ N/A ○ N/O	Proper date marking & disposition	○ 3 ○ 1.5 ○ 0	○	○	○
22	○ IN ○ OUT ⊗ N/A ○ N/O	Time as a public health control: procedures & records	○ 2 ○ 1 ○ 0	○	○	○
	Consumer Advisory .2653					
23	○ IN ○ OUT ⊗ N/A	Consumer advisory provided for raw or undercooked foods	○ 1 ○ 0.5 ○ 0	○	○	○
	Highly Susceptible Populations .2653					
24	○ IN ○ OUT ⊗ N/A	Pasteurized foods used; prohibited foods not offered	○ 3 ○ 1.5 ○ 0	○	○	○
	Chemical .2653, .2657					
25	○ IN ○ OUT ⊗ N/A	Food additives: approved & properly used	○ 1 ○ 0.5 ○ 0	○	○	○
26	○ IN ⊗ OUT ○ N/A	Toxic substances properly identified stored, & used	○ 2 ○ 1 ⊗ 0	⊗	○	○
	Conformance with Approved Procedures .2653, .2654, .2658					
27	○ IN ○ OUT ⊗ N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	○ 2 ○ 1 ○ 0	○	○	○

Food Establishment Inspection Report, continued

Establishment Name: DUNKIN DONUTS Establishment ID: 3034012052

Instructions, continued:

5. Click the appropriate circle to fill-in for "IN, OUT, N/A, N/O".

   IN= In Compliance, OUT= Not in compliance
   N/O=Not Observed, N/A= Not Applicable

6. Click or check the appropriate boxes for CDI and/or R, VR

   CDI= Corrected during Inspection
   R= Repeat Violation
   VR= Verification Required

   Calculate the "Total Deductions" and record.

7. Sign and complete "Signature Block".

8. Fill in "No. Of Risk Factor Intervention Violations" and "No. of Repeat Risk Factor Intervention Violations".

9. Continue to page 3 for "Comment Addendum to Food Establishment Inspection Report".

Signature Block:

Marco Ramos
Person in Charge (Print)

Marco Ramos
Person in Charge (Signature)

C. Kentt Long
Regulatory Authority (Print)

C. K. L
Regulatory Authority (Signature)

Contact Number: (336) 703-3136

Verification Required Date: ___/___/_____

REHS ID: 1158 - Long, C. Kentt

No. of Risk Factor/ Intervention Violations: 5

No. of Repeat Risk Factor/Intervention Violations: _____

Good Retail Practices

Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

	Compliance Status		OUT	CDI	R	VR
	Safe Food and Water	.2653, .2655, .2658				
28	⊗ IN ○ OUT	Pasteurized eggs used where required	○ 1 ○ 0.5 ○ 0	○	○	○
29	⊗ IN ○ OUT	Water and ice from approved source	○ 2 ○ 1 ○ 0	○	○	○
30	○ IN ○ OUT ⊗ N/A	Variance obtained for specialized processing methods	○ 1 ○ 0.5 ○ 0	○	○	○
	Food Temperature Control	.2653, .2654				
31	⊗ IN ○ OUT	Proper cooling methods used; adequate equipment for temperature control	○ 1 ○ 0.5 ○ 0	○	○	○
32	○ IN ○ OUT ⊗ N/A ○ N/O	Plant food properly cooked for hot holding	○ 1 ○ 0.5 ○ 0	○	○	○
33	○ IN ○ OUT ○ N/A ⊗ N/O	Approved thawing methods used	○ 1 ○ 0.5 ○ 0	○	○	○
34	⊗ IN ○ OUT	Thermometers provided & accurate	○ 1 ○ 0.5 ○ 0	○	○	○
	Food Identification	.2653				
35	⊗ IN ○ OUT	Food properly labeled: original container	○ 2 ○ 1 ○ 0	○	○	○
	Prevention of Food Contamination	.2652, .2653, .2654, .2656, .2657				
36	⊗ IN ○ OUT	Insects & rodents not present; no unauthorized animals	○ 2 ○ 1 ○ 0	○	○	○
37	⊗ IN ○ OUT	Contamination prevented during food preparation, storage & display	○ 2 ○ 1 ○ 0	○	○	○
38	○ IN ⊗ OUT	Personal cleanliness	○ 1 ⊗ 0.5 ○ 0	○	○	○
39	○ IN ⊗ OUT	Wiping cloths: properly used & stored	○ 1 ○ 0.5 ⊗ 0	○	○	○
40	⊗ IN ○ OUT	Washing fruits & vegetables	○ 1 ○ 0.5 ○ 0	○	○	○
	Proper Use of Utensils	.2653, .2654				
41	⊗ IN ○ OUT	In-use utensils: properly stored	○ 1 ○ 0.5 ○ 0	○	○	○
42	○ IN ⊗ OUT	Utensils, equipment & linens: properly stored, dried & handled	○ 1 ⊗ 0.5 ○ 0	○	○	○
43	○ IN ⊗ OUT	Single-use & single-service articles: properly stored & used	○ 1 ⊗ 0.5 ○ 0	○	○	○
44	⊗ IN ○ OUT	Gloves used properly	○ 1 ○ 0.5 ○ 0	○	○	○
	Utensils and Equipment	.2653, .2654, .2663				
45	○ IN ⊗ OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	○ 2 ⊗ 1 ○ 0	○	○	○
46	⊗ IN ○ OUT	Warewashing facilities: installed, maintained, & used; test strips	○ 1 ○ 0.5 ○ 0	○	○	○
47	○ IN ⊗ OUT	Non-food contact surfaces clean	○ 1 ○ 0.5 ⊗ 0	○	○	○
	Physical Facilities	.2654, .2655, .2656				
48	⊗ IN ○ OUT	Hot & cold water available; adequate pressure	○ 2 ○ 1 ○ 0	○	○	○
49	○ IN ⊗ OUT	Plumbing installed; proper backflow devices	○ 2 ○ 1 ⊗ 0	○	○	○
50	⊗ IN ○ OUT	Sewage & waste water properly disposed	○ 2 ○ 1 ○ 0	○	○	○
51	⊗ IN ○ OUT	Toilet facilities: properly constructed, supplied & cleaned	○ 1 ○ 0.5 ○ 0	○	○	○
52	⊗ IN ○ OUT	Garbage & refuse properly disposed; facilities maintained	○ 1 ○ 0.5 ○ 0	○	○	○
53	○ IN ⊗ OUT	Physical facilities installed, maintained & clean	○ 1 ⊗ 0.5 ○ 0	○	○	○
54	○ IN ⊗ OUT	Meets ventilation & lighting requirements; designated areas used	○ 1 ○ 0.5 ⊗ 0	○	○	○
		Total Deductions:	4.5			

Comment Addendum to Food Establishment Inspection Report

Establishment Name: DUNKIN DONUTS

Establishment ID: 3034012052

Date: 11/29/2012

Status Code: A

Category #: II

Email 1:

Email 2:

Email 3:

Location Address: 2385 LEWISVILLE CLEMMONS RD

City: CLEMMONS State: NC

County: 34 Forsyth Zip: 27012

Wastewater System: ⊗ Municipal/Community ○ On-Site System

Water Supply: ⊗ Municipal/Community ○ On-Site System

Permittee: HUNAR ENTERPRISE ADVANCE, LLC

Telephone:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
wash water	utensil sink	105	breaded	top of make unit	33			
hot water	out of tap at utensil sink	166	sliced white	top of make unit	34			
link sausage	walk-in cooler	38	sliced	top of make unit	36			
ham	walk-in cooler	44	cream cheese	top of make unit	37			
ham	top of make unit	36						
egg patties	top of make unit	34						
turkey	top of make unit	37						
sliced	top of make unit	34						

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

Spell

2 Need to have written employee health policy (see hand out).

8 Do not store wet towels in hand sink. Hand sinks for hand washing only.

13 Store personal foods in separate area from foods served. Recommend storing in labeled container, inside walk-in cooler.

14 Cutting board on make unit stained. Stickers still on plastic pans, after washing. Remove stickers from pans and rewash pans.

Comment Addendum to Food Establishment Inspection Report

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Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

26 One sanitizer spray bottle not labeled. Recommend labeling water spray bottles.

38 Manager needs to wear hair restraint, when preparing foods. Jewelry on food service worker's hands and wrists cannot be worn, except for a plain wedding band.

39 Wet wiping cloths need to be stored in labeled containers of sanitizer, between uses, not hand sink.

42 Pans and other containers stacked together wet. Need to air dry pans, etc. first, before stacking together.

43 Single service cups stacked on front counter need to be kept in plastic sleeve for dispensing or install cup dispensers.

45 Make unit cutting board has a rough food contact surface and needs to be replaced. Door gaskets are torn on both walk-ins. Leaky faucet on utensil sink. Wall mounted wire rack shelving is rusting, need to replace in near future. Walk-in freezer icing up some around blower unit. Repair door (hinge) on espresso machine creamer access.

47 Clean wall mounted shelving, etc.

Comment Addendum to Food Establishment Inspection Report

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Spell

49 One outside faucet, does not have back flow protection. Recommend installing vacuum breaker approved for use outside.

53 Clean floors in HVAC/hot water heater room and storage room. Wall cleaning in areas. Milk crates should not be used for food storage, inside walk-ins, etc.

54 Clean overhead vent in men's bathroom.

Spell check complete

Comment Addendum to Food Establishment Inspection Report

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Spell