

Food Establishment Inspection Report – City/Town of Blackstone

Establishment: <u>Dunkin Donuts</u>	Date: <u>3-3-27</u>	Page 1 of <u>3</u>
Address: <u>Quincy St Blackstone MA</u>	Time in:	Time out:
Telephone: <u>508-214-1111</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Owner: <u>PP Donuts</u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: <u>Yvonne</u>		
Inspector: <u>William Fisher</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status	IN	OUT	N/A	N/O	COS	R
Supervision						
1 Person-in-charge present, demonstrates knowledge, and performs duties	✓					
2 Certified Food Protection Manager	✓					
Employee Health						
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting	✓					
4 Proper use of restriction and exclusion						
5 Procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices						
6 Proper eating, tasting, drinking, or tobacco use	✓					
7 No discharge from eyes, nose, and mouth	✓					
Preventing Contamination by Hands						
8 Hands clean & properly washed	✓					
9 No bare hand contact with ready-to-eat food	✓					
10 Adequate handwashing sinks properly supplied and accessible	✓					
Approved Source						
11 Food obtained from approved source	✓					
12 Food received at proper temperature	✓					
13 Food received in good condition, safe, & unadulterated	✓					
14 Required records available: shellstock tags, parasite destruction				✓		

Compliance Status	IN	OUT	N/A	N/O	COS	R
Protection from Contamination						
15 Food separated and protected	✓					
16 Food-contact surfaces; cleaned & sanitized	✓					
17 Proper disposition of returned, previously served, reconditioned & unsafe food	✓					
Time/Temperature Control for Safety						
18 Proper cooking time & temperatures	✓					
19 Proper reheating procedures for hot holding	✓					
20 Proper cooling time and temperature	✓					
21 Proper hot holding temperature	✓					
22 Proper cold holding temperature	✓					
23 Proper date marking and disposition	✓					
24 Time as a Public Health Control				✓		
Consumer Advisory						
25 Consumer advisory provided for raw / undercooked food						
Highly Susceptible Populations						
26 Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances						
27 Food additives: approved & properly used						
28 Toxic substances properly identified, stored & used						
Conformance with Approved Procedures						
29 Compliance with variance / specialized process / HACCP Plan						

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection:	Discussion with Person-in-Charge:
	<u>Went over Issues with mgr They will Address Issues Right Away.</u>
Signature of Person-in-Charge: <u>Yvonne</u>	Date: <u>3/3/27</u>
Signature of Inspector: <u>William Fisher</u>	Date: <u>3-3-27</u>

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GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	✓					
31	Water & ice from approved source	✓					
32	Variance obtained for specialized processing methods	✓					
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	✓					
34	Plant food properly cooked for hot holding	✓					
35	Approved thawing methods used	✓					
36	Thermometers provided & accurate	✓					
Food Identification							
37	Food properly labeled; original container	✓					
Prevention of Food Contamination							
38	Insects, rodents, & animals not present	✓					
39	Contamination prevented during food preparation, storage and display	✓					
40	Personal cleanliness	✓					
41	Wiping cloths: properly used & stored	✓					
42	Washing fruits & vegetables	✓					
Proper Use of Utensils							
43	In-use utensils properly stored	✓					
44	Utensils, equipment & linens: properly stored, dried, & handled	✓					
45	Single-use / single-service articles: properly stored & used	✓					
46	Gloves used properly	✓					
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used	✓					

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips	✓					
49	Non-food contact surfaces clean	✓					
Physical Facilities							
50	Hot & cold water available; adequate pressure	✓					
51	Plumbing installed; proper backflow devices	✓					
52	Sewage & waste water properly disposed	✓					
53	Toilet features: properly constructed, supplied, & cleaned	✓					
54	Garbage & refuse properly disposed; facilities maintained	✓					
55	Physical facilities installed, maintained, & clean	✓					
56	Adequate ventilation & lighting; designated areas used	✓					
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness	✓					
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential; Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other _____	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	Other Information:
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Signature of Person-in-Charge: [Signature] Date: 3/3/20

Signature of Inspector: [Signature] Date: 3-3-20

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Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
<u>Cold Pool Ref</u>	<u>40</u>	<u>Under Counter Refs</u>	<u>40</u>	<u>4 DRAW UNIT</u>	<u>390</u>
<u>Cold Pool Ref</u>	<u>33</u>	<u>Deli Unit</u>			<u>390</u>
					<u>380</u>
					<u>380</u>

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

Item Number	Section of Code	Description of Violation	Date to Correct By
		<u>Clean Floor in walkin Refrigerator</u>	
		<u>Clean Floor in walkin Freezer</u>	
		<u>Clean Floor DRAIN AND PIPES under Ice Machine</u>	
		<u>Need New Test Kits for Sanitizer.</u>	
		<u>Pest Control</u>	

Signature of Person-in-Charge: [Signature] Date: 3-3-20
 Signature of Inspector: [Signature] Date: 3-3-20