

Failed Closed IHH

State of Maine Health Inspection Report

Establishment Name DUNKIN DONUTS	As Authorized by 22 MRSA § 2496	No. of Risk Factor/Intervention/ Violations	2	Date	2/27/2012
		No. of Repeat Risk factor / Intervention Violations	0	Time In	8:00 AM
		Score (optional)			Time Out

License Expiry Date/EST. ID# 1/31/2013 / 18277	Address 1199 CONGRESS ST	City PORTLAND	Zip Code 04102-2126	Telephone 207-725-0066
License Type MUN - EATING PLACE - SEATING	Owner Name DKD DONUTS LLC	Purpose of Inspection New Establishment Report	License Posted No	Risk Category Medium

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R
 IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation

Compliance Status			cos	R	Compliance Status		cos	R
Supervision					Potentially Hazardous Food Time/Temperature			
1	IN	PIC present, demonstrates knowledge, and performs duties			16	IN	Proper cooking time & temperatures	
Employee Health					17	IN	Proper reheating procedures for hot holding	
2	IN	Management awareness: policy present			18	IN	Proper cooling time & temperatures	
3	IN	Proper use of reporting, restriction & exclusion			19	IN	Proper hot holding temperatures	
Good Hygienic Practices					20	IN	Proper cold holding temperatures	
4	OUT	Proper eating, tasting, drinking, or tobacco use		X	21	IN	Proper date marking & disposition	
5	IN	No discharge from eyes, nose, and mouth			22	IN	Time as a public health control: procedures & record	
Preventing Contamination by Hands					Consumer Advisory			
6	IN	Hands clean & properly washed			23	IN	Consumer advisory provided for raw or undercooked foods	
7	IN	No bare hand contact with RTE foods or approved alternate method properly followed			Highly Susceptible Populations			
8	IN	Adequate handwashing facilities supplied & accessible			24	IN	Pasteurized foods used; prohibited foods not offered	
Approved Source					Chemical			
9	IN	Food obtained from approved source			25	IN	Food additives: approved & properly used	
10	IN	Food received at proper temperature			26	OUT	Toxic substances properly identified, stored & used	X
11	IN	Food in good condition, safe, & unadulterated			Conformance with Approved Procedures			
12	IN	Required records available: shellstock tags parasite destruction			27	IN	Compliance with variance, specialized process, & HACCP plan	
Protection from Contamination					<div style="border: 1px solid black; padding: 5px;"> <p>Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.</p> </div>			
13	IN	Food separated & protected			GOOD RETAIL PRACTICES			
14	IN	Food-contact surfaces: cleaned and sanitized			Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.			
15	IN	Proper disposition of returned, previously served, reconditioned, & unsafe food			Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			

Safe Food and Water			cos	R	Proper Use of Utensils		cos	R
28	IN	Pasteurized eggs used where required			41	IN	In-use utensils: properly stored	
29	IN	Water & ice from approved source			42	IN	Utensils, equipment, & linens: properly stored, dried, & handled	
30	IN	Variance obtained for specialized processing methods			43	IN	Single-use & single-service articles: properly stored & used	
Food Temperature Control					44	IN	Gloves used properly	
31	IN	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending			
32	IN	Plant food properly cooked for hot holding			45	IN	Food & non-food contact surfaces cleanable properly designed, constructed, & used	
33	IN	Approved thawing methods used			46	IN	Warewashing facilities: installed, maintained, & used; test strips	
34	X	Thermometers provided and accurate			47	IN	Non-food contact surfaces clean	
Food Identification					Physical Facilities			
35	IN	Food properly labeled; original container			48	IN	Hot & cold water available; adequate pressure	
Prevention of Food Contamination					49	X	Plumbing installed; proper backflow devices	
36	IN	Insects, rodents, & animals not present			50	IN	Sewage & waste water properly disposed	
37	X	Contamination prevented during food preparation, storage & display			51	IN	Toilet facilities: properly constructed, supplied, & cleaned	
38	IN	Personal cleanliness			52	IN	Garbage & refuse properly disposed; facilities maintained	
39	IN	Wiping cloths: properly used & stored			53	X	Physical facilities installed, maintained, & clean	
40	IN	Washing fruits & vegetables			54	X	Adequate ventilation & lighting; designated areas used	

Person in Charge (Signature) _____ Date: 2/27/2012

Health Inspector (Signature)  Follow-up: YES NO Date of Follow-up: _____

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Temperature Observations

Location	Temperature	Notes
3-BAY	132F	
COOKED EGGS	39F	
CRMR	40F	
HW REAR	131F	
BUTTER CH1	41F	
SANI	600PPM	TOXIC - TRAINED

Person in Charge (Signature)



Date: 2/27/2012

Health Inspector (Signature)



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City / State
PORTLAND ME

Zip Code
04102-2126

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 and 8-406.11 of the Food Code

4: 2-401.11: C: Food employee is eating, drinking, or using any tobacco where the contamination of exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES; or other items needing protection can result.

INSPECTOR NOTES: COS, EMPLOYE DRINKS NEED COVERS, HANDLES, STRAWS (IF COLD) AND STORED AWAY FROM FOOD AREAS

26: 7-202.12: C: Poisonous or toxic materials are being improperly used / applied.

INSPECTOR NOTES: COS, SANI MIX TOXIC - TRAINED

34: 4-302.12: N: Inadequate number of temperature measuring devices provided.

INSPECTOR NOTES: ALL REFRIG. UNITS NEED VISIBLE INTERNAL THERMOMETERS

37: 3-305.11.(A).(B): N: Food not protected from contamination during storage.

INSPECTOR NOTES: FOOD BOXES ON FLOOR

49: 5-202.13: C: Air gap required.

INSPECTOR NOTES: ICE MACHINE NEEDS PROPER AIR GAP

53: 6-201.13.(A): N: Floor and wall junctures are not enclosed and sealed.

INSPECTOR NOTES: COVERED MOPBOARD NEEDED THROUGHOUT

53: 6-501.11: N: The physical facilities are in disrepair.

INSPECTOR NOTES: REPLACE LOOSE CEILING TILES OR STANED ONES IN BASEMENT, CAULKING NEEDED AROUND ALL IMMOVABLE EQUIPMENT

53: 6-501.16: N: Mops are not being properly stored.

INSPECTOR NOTES: MOPS MUST HANG, BETWEEN USE, AIR DRYING, HANDLE SIDE UP

54: 6-202.11: N: Lights not shielded.

INSPECTOR NOTES: BASEMENT LIGHTS NEED SHIELDS

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Inspection Notes

CHG. FROM AG TO DHHS
NEED CITY LIC. 874-8557
POST LICENSES VISIBLE TO THE PUBLIC
ICE MACHINE NEED SOME ALGAE REMEDIATION ON BOTTOM INSIDE & CORROSION REMEDIATION FROM TO PLASTIC PIECE
CODE: ELECTRICAL OUTLET W/NO COVER
9 V / 3 C / 2 C COS / NO NC COS / COMPLETE REMAINING ITEMS BY NEXT REGULAR INSPECTION

Person in Charge (Signature)

Date: 2/27/2012

Health Inspector (Signature)