



EMAIL

NAME OF ESTABLISHMENT: Daven's Donuts ADDRESS OR LOCATION: 1800 Riverside Dr CITY: MV

MEALS SERVED: 6000 PURPOSE OF INSPECTION:  Routine  Preoperational  Reinspection  Illness Investigation  Temporary  Complaint

MEALS OBSERVED: 6000 ESTABLISHMENT TYPE: small RISK CATEGORY: 1

DATE: 1/29/18 TIME IN: 3pm ELAPSED TIME: 30 TOTAL POINTS: 7 RED POINTS: 0 REPEAT RED: 7 PHONE: \_\_\_\_\_

**RED HIGH RISK FACTORS**

High Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury.

Circles indicate compliance status (IN, OUT, N/O, N/A) for each item.

IN = In Compliance OUT = Not In Compliance N/O = Not Observed N/A = Not Applicable CDI = Corrected During Inspection R = Repeat Violation

#	Compliance Status	Description	CDI	R	PTS	#	Compliance Status	Description	CDI	R	PTS
<b>Demonstration of Knowledge</b>						<b>Potentially Hazardous Food Time and Temperature</b>					
1	IN	PIC certified by accredited program, or compliance with Code, or correct answers	<input type="checkbox"/>	<input type="checkbox"/>	5	16	IN	Proper cooling procedures	<input type="checkbox"/>	<input type="checkbox"/>	25
2	IN	Food Worker Cards current for all food workers; new food workers trained	<input type="checkbox"/>	<input type="checkbox"/>	5	17	IN	Proper hot holding temperatures (5 pts if 130°F to 134°F)	<input type="checkbox"/>	<input type="checkbox"/>	25 (5)
<b>Employee Health</b>						<b>Highly Susceptible Populations</b>					
3	IN	Proper ill worker and conditional employee practices; no ill workers present; proper reporting of illness	<input type="checkbox"/>	<input type="checkbox"/>	25	18	IN	Proper cooking time and temperature; proper use of noncontinuous cooking	<input type="checkbox"/>	<input type="checkbox"/>	25
<b>Preventing Contamination by Hands</b>						<b>Chemical</b>					
4	IN	Hands washed as required	<input type="checkbox"/>	<input type="checkbox"/>	25	19	IN	No room temperature storage; proper use of time as a control	<input type="checkbox"/>	<input type="checkbox"/>	25
5	IN	Proper barriers used to prevent bare hand contact with ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>	25	20	IN	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	15
6	IN	Adequate handwashing facilities	<input type="checkbox"/>	<input type="checkbox"/>	10	21	IN	Proper cold holding temperatures (5 pts if 42°F to 45°F)	<input type="checkbox"/>	<input type="checkbox"/>	5 (5)
<b>Approved Source, Wholesome, Not Adulterated</b>						<b>Consumer Advisory</b>					
7	IN	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	15	22	IN	Accurate thermometer provided and used to evaluate temperature of PHFs	<input type="checkbox"/>	<input type="checkbox"/>	5
8	IN	Water supply, ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	10	23	IN	Proper Consumer Advisory posted for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>	5
9	IN	Proper washing of fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	10	<b>Conformance with Approved Procedures</b>					
10	IN	Food in good condition, safe and unadulterated; approved additives	<input type="checkbox"/>	<input type="checkbox"/>	10	24	IN	Pasteurized foods used as required; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	10
11	IN	Proper disposition of returned, previously served, unsafe, or contaminated food	<input type="checkbox"/>	<input type="checkbox"/>	10	<b>Red Points</b> <u>C</u>					
12	IN	Proper shellstock ID; wild mushroom ID; parasite destruction procedures for fish	<input type="checkbox"/>	<input type="checkbox"/>	5	<b>Blue Low Risk Factors</b>					
<b>Protection from Cross Contamination</b>						<b>Food Temperature Control</b>					
13	IN	Food contact surfaces and utensils used for raw meat thoroughly cleaned and sanitized; no cross contamination	<input type="checkbox"/>	<input type="checkbox"/>	15	28	IN	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	5
14	IN	Raw meats below or away from ready-to-eat food; species separated	<input type="checkbox"/>	<input type="checkbox"/>	5	29	IN	Adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	5
15	IN	Proper handling of pooled eggs	<input type="checkbox"/>	<input type="checkbox"/>	5	30	IN	Proper thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	3
<b>Approved Source, Wholesome, Not Adulterated</b>						<b>Food Identification</b>					
7	IN	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	15	31	IN	Food properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	5
8	IN	Water supply, ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	10	<b>Protection from Contamination</b>					
9	IN	Proper washing of fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	10	32	IN	Insects, rodents, animals not present; entrance controlled	<input type="checkbox"/>	<input type="checkbox"/>	5
10	IN	Food in good condition, safe and unadulterated; approved additives	<input type="checkbox"/>	<input type="checkbox"/>	10	33	IN	Potential food contamination prevented during delivery, preparation, storage, display	<input type="checkbox"/>	<input type="checkbox"/>	5
11	IN	Proper disposition of returned, previously served, unsafe, or contaminated food	<input type="checkbox"/>	<input type="checkbox"/>	10	34	IN	Wiping cloths properly used, stored; proper sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	5
12	IN	Proper shellstock ID; wild mushroom ID; parasite destruction procedures for fish	<input type="checkbox"/>	<input type="checkbox"/>	5	35	IN	Employee cleanliness and hygiene	<input type="checkbox"/>	<input type="checkbox"/>	3
<b>Protection from Cross Contamination</b>						<b>Physical Facilities</b>					
13	IN	Food contact surfaces and utensils used for raw meat thoroughly cleaned and sanitized; no cross contamination	<input type="checkbox"/>	<input type="checkbox"/>	15	44	IN	Plumbing properly sized, installed, and maintained; proper backflow devices, indirect drains; no cross-connections	<input type="checkbox"/>	<input type="checkbox"/>	5
14	IN	Raw meats below or away from ready-to-eat food; species separated	<input type="checkbox"/>	<input type="checkbox"/>	5	45	IN	Sewage, wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	5
15	IN	Proper handling of pooled eggs	<input type="checkbox"/>	<input type="checkbox"/>	5	46	IN	Toilet facilities properly constructed, supplied, cleaned	<input type="checkbox"/>	<input type="checkbox"/>	3
<b>Approved Source, Wholesome, Not Adulterated</b>						<b>Utensils and Equipment</b>					
7	IN	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	15	47	IN	Warewashing facilities properly installed, maintained, used; test strips available and used	<input type="checkbox"/>	<input type="checkbox"/>	5
8	IN	Water supply, ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	10	48	IN	Food-contact surfaces maintained, cleaned, sanitized	<input type="checkbox"/>	<input type="checkbox"/>	5
9	IN	Proper washing of fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	10	49	IN	Nonfood-contact surfaces maintained and clean	<input type="checkbox"/>	<input type="checkbox"/>	3
10	IN	Food in good condition, safe and unadulterated; approved additives	<input type="checkbox"/>	<input type="checkbox"/>	10	<b>Proper Use of Utensils</b>					
11	IN	Proper disposition of returned, previously served, unsafe, or contaminated food	<input type="checkbox"/>	<input type="checkbox"/>	10	37	IN	In-use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>	3
12	IN	Proper shellstock ID; wild mushroom ID; parasite destruction procedures for fish	<input type="checkbox"/>	<input type="checkbox"/>	5	38	IN	Utensils, equipment, linens properly stored, used, handled	<input type="checkbox"/>	<input type="checkbox"/>	3
<b>Protection from Cross Contamination</b>						<b>Blue Points</b> <u>7</u>					
13	IN	Food contact surfaces and utensils used for raw meat thoroughly cleaned and sanitized; no cross contamination	<input type="checkbox"/>	<input type="checkbox"/>	15	Use the following blank lines to write comments.					
14	IN	Raw meats below or away from ready-to-eat food; species separated	<input type="checkbox"/>	<input type="checkbox"/>	5						
15	IN	Proper handling of pooled eggs	<input type="checkbox"/>	<input type="checkbox"/>	5						

**Low Risk Factors are preventive measures to control the addition of pathogens, chemicals, and physical objects into foods. Circled points indicate items not in compliance.**

Person In Charge (Signature): [Signature] Person In Charge (Print Name): J Sinky Date: 1/29/18

Regulatory Authority (Signature): [Signature] Regulatory Authority (Print Name): Jeanne Long Follow-up Needed? Yes  No

DOH 332-035A (Revised January 2015)

**Food Establishment Inspection Report**

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EMAIL

NAME OF ESTABLISHMENT

ADDRESS OR LOCATION

CITY

MEALS SERVED B D C O

PURPOSE OF INSPECTION

- Routine
- Preoperational
- Reinspection
- Illness Investigation
- Temporary
- Complaint
- Other:

ESTABLISHMENT TYPE

RISK CATEGORY

DATE

TIME IN

ELAPSED TIME

TOTAL POINTS

RED POINTS

REPEAT RED

BLANK BOX

PHONE

1/29/18 3pm 30 7 0 7

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number	Violations cited in this report must be corrected within the time frames specified	Points
21	All Refrigerators are cold holding at $< 41^{\circ}$ .	Good
2	Food worker cards are current.	Good
<p>Follow up of Preoperational inspection:</p> <ul style="list-style-type: none"> <li>1. small refrigerators are removed. Good.</li> <li>2. Mixer is cleaned. Good.</li> <li>3. Walls in kitchen still need repair. } 5</li> <li>4. Indirect drain for sink is also still needed. } 2 A handout is available at Health Department.</li> </ul> <p>Can be done by 7/16/18 as noted on preoperational inspection.</p>		

**Comments**

I will text indirect drain handout to Damens Donuts (Sivky by contact)

1/29/18 - Sent text of indirect drain handout

Person In Charge (Signature)	Person In Charge (Print Name)	Date
	Sivky by Jamie King	1/29/18
Regulatory Authority (Signature)	Regulatory Authority (Print Name)	Follow-up Needed? Yes <input type="radio"/> No <input checked="" type="radio"/>