

# Brockton Board of Health

## Food Protection Program

45 School Street  
 Brockton, MA 02301  
 Tel. (508) 580-7175 Fax (508) 580-7179

### FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Ashfield School</i>	Date <i>4-3-19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>225 Coe Rd</i>	Risk Level	Permit No.	
Telephone <i>508 580 7247</i>	HACCP Y/N		
Owner <i>BPS</i>	Time In:		
Person In Charge (PIC) <i>Tam McNeely</i>	Out:		
Inspector <i>Mary Jane Butler</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

#### Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

#### Non-compliance with:

- Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.**

C	N

23. Management and Personnel (FC-2)(590.003)  
 24. Food and Food Protection (FC-3)(590.004)  
 25. Equipment and Utensils (FC-4)(590.005)  
 26. Water, Plumbing and Waste (FC-5)(590.006)  
 27. Physical Facility (FC-6)(590.007)  
 28. Poisonous or Toxic Materials (FC-7)(590.008)  
 28. Special Requirements (590.009)  
 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

#### DATE OF RE-INSPECTION:

S: 590InspectForm-14.doc

Inspector's Signature: <i>Mary Jane Butler</i>	Print: <i>Mary Jane Butler</i>	Page ___ of ___ Pages
PIC's Signature: <i>Tam McNeely</i>	Print: <i>Tam McNeely</i>	

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
			Send Safe Pestered UTID Dumpster on lease 3 bag Sugar in use All Prep food services clear Equipment clear Freezers + Ref @ correct temp. No mouse droppings noticed a trace of insecticide Ref 36 36 35 Freezer 36/0	
Discussion With Person in Charge:			<input type="checkbox"/> Corrective Action Required:	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion
			<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension
			<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure
			<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 36 F, #2 36 F, #3 38 F, #4 \_\_\_ F, #5 \_\_\_ F, #6 \_\_\_ F, #7 \_\_\_ F, #8 \_\_\_ F, #9 \_\_\_ F

freezers

b) #1 1 F, #2 \_\_\_ F, #3 \_\_\_ F, #4 \_\_\_ F, #5 \_\_\_ F, #6 \_\_\_ F, #7 \_\_\_ F

c) Are thermometers in place in all of the above? Yes \_\_\_ No \_\_\_

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes  No \_\_\_

b) Misbranded/adulterated/ unknown source?

Yes \_\_\_ No

c) Original, packaging, container in sound condition?

Yes  No \_\_\_

d) Outdated products?

Yes \_\_\_ No

e) PHF at proper temperatures (not/cold)?

Yes  No \_\_\_

3) Water source:

a) Any defects in system?

Yes \_\_\_ No

b) Cross Contamination (check backflow preventers where needed?)

Yes \_\_\_ No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes  No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes  No \_\_\_

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes \_\_\_ No \_\_\_

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes  No \_\_\_

b) Proper water temperature?

Yes  No \_\_\_

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes  No \_\_\_

d) Door closure in place?

Yes  No \_\_\_

e) Hand washing signs in place in all bathrooms?

Yes  No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes \_\_\_ No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes  No \_\_\_

b) Sanitizer used?

Yes  No \_\_\_

c) Chemical test kit on premises?

Yes  No \_\_\_

d) Wiping cloths kept in sanitizer?

Yes  No \_\_\_

e) Sanitizer log kept?

Yes  No \_\_\_

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes  No \_\_\_

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes  No \_\_\_

10) Dumpster area clean/tight fitting lids/yard clean

Yes  No \_\_\_

11) Are toxic chemicals labeled and stored properly?

Yes  No \_\_\_

# Brockton Board of Health

## Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

### FOOD ESTABLISHMENT INSPECTION REPORT (Schools)

Name <b>B.B. Russell School</b>	Date <b>3/21/19</b>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address <b>45 Oakdale Avenue</b>	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Telephone <b>508-894-4369</b>	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date: <b>6/18/15</b>
Owner <b>BPS</b>	Time In: <b>11AM</b>	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Person In Charge (PIC)	Time Out:	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
Inspector <b>POL</b>	Permit No.	<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

#### Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

#### Non-compliance with:

- Anti-Choking 590.009(E)  Tobacco 590.009(F)  Allergens

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.**

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		28. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

#### DATE OF RE-INSPECTION:

Inspector's Signature:	Print: <b>PATRICK O. LAWTON</b>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature:	Print: <b>Kristie Smith</b>	

8: 590inspectForm-14-000



Establishment Name: B.B. Russell School

Date: 3/21/19

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verifier	
			Parking lot + dumpster good ✓		
			Kitchen facilities clean + organized		
			Servers / Waiters well maintained and @ proper temps ✓		
			HOT HOLDING @ paper traps		
			NO OUTDATED FOOD		
			NO PEST ISSUES (IPM: Able Pest)		
			3-Bay sink good		
			(All food pre-heated - NO COOKING)		
			ServeSafe exp: 2022		
			Allergens ✓ Protective Equipment - Hats + gloves ✓ Proper Food Prep and Food Handling ✓		
			<b>NO VIOLATIONS</b>		
Discussion With Person in Charge:			NR		
Corrective Action Required:			<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspendio	<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:				

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators  
a) #1 37°F, #2 39°F, #3 40°F, #4 28°F, #5 \_\_\_ F, #6 \_\_\_ F, #7 \_\_\_ F, #8 \_\_\_ F, #9 \_\_\_ F

freezers  
b) #1 6 F, #2 \_\_\_ F, #3 \_\_\_ F, #4 \_\_\_ F, #5 \_\_\_ F, #6 \_\_\_ F, #7 \_\_\_ F

c) Are thermometers in place in all of the above? Yes  No \_\_\_

Hot Holding @ 158°F

2) Potentially Hazardous foods:

- a) Stored at proper/temperatures/conditions?
- b) Misbranded/adulterated/ unknown source?
- c) Original, packaging, container in sound condition?
- d) Outdated products?
- e) PHF at proper temperatures (not/cold)?

Yes  No \_\_\_  
Yes \_\_\_ No   
Yes  No \_\_\_  
Yes \_\_\_ No   
Yes \_\_\_ No

3) Water source:

- a) Any defects in system?
- b) Cross Contamination (check backflow preventers where needed)?
- c) Proper temperatures & pressure (check all faucets/fixtures)

Yes \_\_\_ No   
Yes \_\_\_ No   
Yes  No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition?  
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes  No \_\_\_  
Yes \_\_\_ No \_\_\_

5) Bathroom, Facilities (men', ladies, employees)

- a) Is facility vented properly?
- b) Proper water temperature?
- c) Soap, paper towels, toilet tissue, & all holders in place?
- d) Door closure in place?
- e) Hand washing signs in place in all bathrooms?

Yes  No \_\_\_  
Yes  No \_\_\_  
Yes  No \_\_\_  
Yes  No \_\_\_  
Yes  No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?  
Look for bait boxes/droppings and check extermination reports

5  
8  
good ✓  
good ✓  
good ✓

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes  No \_\_\_

8) Two & three bay sinks/dishwashers/drain boards

- a) Sanitizer charts posted?
- b) Sanitizer used?
- c) Chemical test kit on premises?
- d) Wiping cloths kept in sanitizer?
- e) Sanitizer log kept?

Yes  No \_\_\_  
Yes  No \_\_\_  
Yes  No \_\_\_  
Yes  No \_\_\_  
Yes  No \_\_\_

9) Facilities

- a) Are food contact surfaces/equipment clean/sanitized
- b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes  No \_\_\_  
Yes  No \_\_\_

10) Dumpster area clean/tight fitting lids/yard clean

11) Are toxic chemicals labeled and stored properly?

Yes  No \_\_\_  
Yes  No \_\_\_

3/21/19  
pa

# Brockton Board of Health

## Food Protection Program

45 School Street  
 Brockton, MA 02301  
 Tel. (508) 580-7175 Fax (508) 580-7179

### FOOD ESTABLISHMENT INSPECTION REPORT

Name: <u>Brockton High Azure</u>	Date: <u>4-11-19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address: <u>470 Forest Ave</u>	Risk Level		
Telephone: <u>508 580 7642</u>	HACCP Y/N	Permit No.	
Owner: <u>Brockton School Dept.</u>	Time In: _____		
Person in Charge (PIC): _____	Time Out: _____		
Inspector: <u>Mary Jane Butler</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**  
 Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:  
 Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)** Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 28. Special Requirements (590.009)
- 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:** \_\_\_\_\_

Inspector's Signature: <u>Mary Jane Butler</u>	Print: <u>MARY JANE BUTLER</u>	Page ___ of ___ Page
PIC's Signature: <u>[Signature]</u>	Print: <u>[Signature]</u>	

8: 590inspectform-14.doc

Establishment Name:

Brockton High AZUR

Date:

4-11

Page:

of

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verif
			Ref 38 310 39 39 317 32	
			2 boxes in use equipment clean	
			hair net 1 always use all work services clean	
			dry goods stored properly in containers	
			Serve Safe and allergen V/D Karen Warsaw thru 3 prepared IPM of work	

Discussion With Person in Charge:

Corrective Action Required:  No  Yes

- |  |   |
|--|---|
| <input type="checkbox"/> Voluntary Compliance    | <input type="checkbox"/> Employee Restriction / Exclusion |
| <input type="checkbox"/> Re-inspection Scheduled | <input type="checkbox"/> Emergency Suspension             |
| <input type="checkbox"/> Embargo                 | <input type="checkbox"/> Emergency Closure                |
| <input type="checkbox"/> Voluntary Disposal      | <input type="checkbox"/> Other:                           |

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 38 F, #2 36 F, #3 39 F, #4 39 F, #5 37 F, #6 32 F, #7 \_\_\_ F, #8 \_\_\_ F, #9 \_\_\_ F

freezers

b) #1 \_\_\_ F, #2 \_\_\_ F, #3 \_\_\_ F, #4 \_\_\_ F, #5 \_\_\_ F, #6 \_\_\_ F, #7 \_\_\_ F

c) Are thermometers in place in all of the above? Yes \_\_\_ No ✓

2) Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes ✓ No \_\_\_

b) Misbranded/adulterated/ unknown source?

Yes \_\_\_ No ✓

c) Original, packaging, container in sound condition?

Yes ✓ No \_\_\_

d) Outdated products?

Yes \_\_\_ No ✓

e) PHF at proper temperatures (not/cold)?

Yes ✓ No \_\_\_

3) Water source:

a) Any defects in system?

Yes \_\_\_ No ✓

b) Cross Contamination (check backflow preventers where needed?)

Yes \_\_\_ No ✓

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes ✓ No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes ✓ No \_\_\_

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes \_\_\_ No \_\_\_

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes ✓ No \_\_\_

b) Proper water temperature?

Yes ✓ No \_\_\_

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes ✓ No \_\_\_

d) Door closure in place?

Yes ✓ No \_\_\_

e) Hand washing signs in place in all bathrooms?

Yes ✓ No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Yes \_\_\_ No ✓

Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes ✓ No \_\_\_

b) Sanitizer used?

Yes \_\_\_ No \_\_\_

c) Chemical test kit on premises?

Yes ✓ No \_\_\_

d) Wiping cloths kept in sanitizer?

Yes ✓ No \_\_\_

e) Sanitizer log kept?

Yes ✓ No \_\_\_

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes ✓ No \_\_\_

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes ✓ No \_\_\_

10) Dumpster area clean/tight fitting lids/yard clean

Yes ✓ No \_\_\_

11) Are toxic chemicals labeled and stored properly?

Yes ✓ No \_\_\_

Yes ✓ No \_\_\_

# Brockton Board of Health

## Food Protection Program

45 School Street  
 Brockton, MA 02301  
 Tel. (508) 580-7175 Fax (508) 580-7179

### FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Brockton High Bakery</i>	Date <i>2-11-19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>470 Forest Ave</i>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner <i>BHS</i>	Time In:		
Person In Charge (PIC)	Time Out:		
Inspector <i>Mary Jane Butler</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**  
 Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:  
 Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.**

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.008)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		28. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

S: 590inspectForm6-14.doc

Inspector's Signature: <i>Mary Jane Butler</i>	Print: <i>Mary Jane Butler</i>	Page ___ of ___ Pages
PIC's Signature: <i>[Signature]</i>	Print: <i>[Signature]</i>	



Establishment Name:

Brockton High Bakery

Date:

4-11

Page:

of

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verifi
			we get some needles	
			we get some	
			hair net, at gloves used	
			area very clean	

Discussion With Person in Charge:

Corrective Action Required:		
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Employee Restriction Exclusion	<input type="checkbox"/> Emergency Suspension
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:	



# Brockton Board of Health

**Food Protection Program**  
 45 School Street  
 Brockton, MA 02301  
 Tel. (508) 580-7175 Fax (508) 580-7179

## FOOD ESTABLISHMENT INSPECTION REPORT

Name	Brockton High Commissary	Date	4-1-14	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address	470 Forest Forest	Risk Level			
Telephone		HACCP Y/N		Permit No.	
Owner	BSD	Time In:			
Person In Charge (PIC)		Time Out:			
Inspector	Mary Jane Butler	Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.			

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**  
 Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:  
 Anti-Choking 590.009(E)  Tobacco 590.009(F)  
 Allergens

### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

### CONSUMER ADVISORY

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.**

C	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		28. Special Requirements	(590.009)
		30. Other	

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <i>Mary Jane Butler</i>	Print: <i>Mary Jane Butler</i>	Page ___ of ___ P.
Signature: <i>Ken Dube</i>	Print: <i>Ken Dube</i>	



1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 37 F, #2 \_\_\_ F, #3 \_\_\_ F, #4 \_\_\_ F, #5 \_\_\_ F, #6 \_\_\_ F, #7 \_\_\_ F, #8 \_\_\_ F, #9 \_\_\_ F

freezers

b) #1 4 F, #2 \_\_\_ F, #3 \_\_\_ F, #4 \_\_\_ F, #5 \_\_\_ F, #6 \_\_\_ F, #7 \_\_\_ F

c) Are thermometers in place in all of the above? Yes \_\_\_ No \_\_\_

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditlons?

Yes  No \_\_\_

b) Misbranded/adulterated/ unknown source?

Yes \_\_\_ No

c) Original, packaging, container in sound condition?

Yes  No \_\_\_

d) Outdated products?

Yes \_\_\_ No

e) PHF at proper temperatures (not/cold)?

Yes  No \_\_\_

3) Water source:

a) Any defects in system?

Yes \_\_\_ No

b) Cross Contamination (check backflow preventers where needed?)

Yes \_\_\_ No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes  No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes  No \_\_\_

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes \_\_\_ No \_\_\_

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes  No \_\_\_

b) Proper water temperature?

Yes  No \_\_\_

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes  No \_\_\_

d) Door closure in place?

Yes  No \_\_\_

e) Hand washing signs in place in all bathrooms?

Yes  No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes \_\_\_ No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes  No \_\_\_

b) Sanitizer used?

Yes \_\_\_ No \_\_\_

c) Chemical test kit on premises?

Yes  No \_\_\_

d) Wiping cloths kept in sanitizer?

Yes  No \_\_\_

e) Sanitizer log kept?

Yes  No \_\_\_

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes  No \_\_\_

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes  No \_\_\_

10) Dumpster area clean/tight fitting lids/yard clean

Yes  No \_\_\_

11) Are toxic chemicals labeled and stored properly?

Yes  No \_\_\_

# Brockton Board of Health

## Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

### FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Brockton High Green</i>	Date <i>4-11-19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>470 Forest Ave</i>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner <i>BSA</i>	Time In:		
Person In Charge (PIC)	Time Out:		
Inspector <i>Mary Jane Butte</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

#### Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

#### Non-compliance with:

- Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.**

C	N

23. Management and Personnel (FC-2)(590.003)  
24. Food and Food Protection (FC-3)(590.004)  
25. Equipment and Utensils (FC-4)(590.005)  
26. Water, Plumbing and Waste (FC-5)(590.006)  
27. Physical Facility (FC-6)(590.007)  
28. Poisonous or Toxic Materials (FC-7)(590.008)  
28. Special Requirements (590.009)  
30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <i>Mary Jane Butte</i>	Print: <i>MARY Jane Butte</i>	Page ___ of ___ Pages
PIC's Signature: <i>Ken Dize</i>	Print: <i>Ken Dize</i>	



1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 27F, #2 58F, #3 37F, #4 39F, #5 33F, #6 30F, #7 \_\_\_F, #8 \_\_\_F, #9 \_\_\_F

freezers

b) #1 \_\_\_F, #2 \_\_\_F, #3 \_\_\_F, #4 \_\_\_F, #5 \_\_\_F, #6 \_\_\_F, #7 \_\_\_F

c) Are thermometers in place in all of the above? Yes \_\_\_ No \_\_\_

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes  No \_\_\_

b) Misbranded/adulterated/ unknown source?

Yes \_\_\_ No

c) Original, packaging, container in sound condition?

Yes  No \_\_\_

d) Outdated products?

Yes \_\_\_ No

e) PHF at proper temperatures (not/cold)?

Yes  No \_\_\_

3) Water source:

a) Any defects in system?

Yes \_\_\_ No

b) Cross Contamination (check backflow preventers where needed?)

Yes \_\_\_ No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes  No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes  No \_\_\_

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes \_\_\_ No \_\_\_

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes  No \_\_\_

b) Proper water temperature?

Yes  No \_\_\_

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes  No \_\_\_

d) Door closure in place?

Yes  No \_\_\_

e) Hand washing signs in place in all bathrooms?

Yes \_\_\_ No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Yes \_\_\_ No

Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes  No \_\_\_

b) Sanitizer used?

Yes \_\_\_ No \_\_\_

c) Chemical test kit on premises?

Yes  No \_\_\_

d) Wiping cloths kept in sanitizer?

Yes  No \_\_\_

e) Sanitizer log kept?

Yes  No \_\_\_

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes \_\_\_ No

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes  No \_\_\_

10) Dumpster area clean/tight fitting lids/yard clean

Yes  No \_\_\_

11) Are toxic chemicals labeled and stored properly?

Yes  No \_\_\_

Yes  No \_\_\_

# Brockton Board of Health

## Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

### FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Brockton High Kitchen</i>	Date <i>4-11-19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>4170 Forest Ave</i>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner <i>BSD</i>	Time In:		
Person in Charge (PIC)	Time Out:		
Inspector <i>Mary Jane Butler</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

#### Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

#### Non-compliance with:

- Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.**

C	N

23. Management and Personnel (FC-2)(590.003)  
24. Food and Food Protection (FC-3)(590.004)  
25. Equipment and Utensils (FC-4)(590.005)  
26. Water, Plumbing and Waste (FC-5)(590.006)  
27. Physical Facility (FC-6)(590.007)  
28. Poisonous or Toxic Materials (FC-7)(590.008)  
28. Special Requirements (590.009)  
30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <i>Mary Jane Butler</i>	Print: <i>Mary Jane Butler</i>	Page	of	Pages
DIC's Signature:	Print:			





1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 38F, #2 35F, #3 35F, #4 35F, #5 39F, #6 \_\_\_F, #7 \_\_\_F, #8 \_\_\_F, #9 \_\_\_F

freezers

b) #1 6F, #2 \_\_\_F, #3 \_\_\_F, #4 \_\_\_F, #5 \_\_\_F, #6 \_\_\_F, #7 \_\_\_F

c) Are thermometers in place in all of the above? Yes \_\_\_ No \_\_\_

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes  No \_\_\_

b) Misbranded/adulterated/ unknown source?

Yes \_\_\_ No

c) Original, packaging, container in sound condition?

Yes  No \_\_\_

d) Outdated products?

Yes \_\_\_ No

e) PHF at proper temperatures (not/cold)?

Yes  No \_\_\_

3) Water source:

a) Any defects in system?

Yes \_\_\_ No

b) Cross Contamination (check backflow preventers where needed?)

Yes \_\_\_ No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes  No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes  No \_\_\_

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes \_\_\_ No \_\_\_

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes  No \_\_\_

b) Proper water temperature?

Yes  No \_\_\_

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes  No \_\_\_

d) Door closure in place?

Yes  No \_\_\_

e) Hand washing signs in place in all bathrooms?

Yes  No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes \_\_\_ No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes  No \_\_\_

b) Sanitizer used?

Yes \_\_\_ No \_\_\_

c) Chemical test kit on premises?

Yes  No \_\_\_

d) Wiping cloths kept in sanitizer?

Yes  No \_\_\_

e) Sanitizer log kept?

Yes  No \_\_\_

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes  No \_\_\_

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes  No \_\_\_

10) Dumpster area clean/tight fitting lids/yard clean

Yes  No \_\_\_

11) Are toxic chemicals labeled and stored properly?

Yes  No \_\_\_

Yes  No \_\_\_

# Brockton Board of Health

## Food Protection Program

45 School Street  
Brockton, MA 02301  
Tel. (508) 580-7175 Fax (508) 580-7179

### FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Brockton High Red</i>	Date <i>7-11-19</i>	<b>Type of Operation(s)</b> <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast  Permit No.	<b>Type of Inspection</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>470 Forest Ave</i>	Risk Level		
Telephone			
Owner <i>BSD</i>	HACCP Y/N		
Person in Charge (PIC)	Time In: Out:		
Inspector <i>Mary Anne Butler</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**  
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

**Non-compliance with:**  
 Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.**

C	N

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 28. Special Requirements (590.009)
- 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <i>Mary Anne Butler</i>	Print: <i>Mary Anne Butler</i>	Page ___ of ___ Pages
PIC's Signature: <i>Kent Dize</i>	Print: <i>Kent Dize</i>	



1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 38F, #2 37F, #3 38F, #4 38F, #5 38F, #6 \_\_\_F, #7 \_\_\_F, #8 \_\_\_F, #9 \_\_\_F

freezers

b) #1 \_\_\_F, #2 \_\_\_F, #3 \_\_\_F, #4 \_\_\_F, #5 \_\_\_F, #6 \_\_\_F, #7 \_\_\_F

c) Are thermometers in place in all of the above? Yes \_\_\_ No \_\_\_

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes  No \_\_\_

b) Misbranded/adulterated/ unknown source?

Yes \_\_\_ No

c) Original, packaging, container in sound condition?

Yes  No \_\_\_

d) Outdated products?

Yes \_\_\_ No

e) PHF at proper temperatures (not/cold)?

Yes  No \_\_\_

3) Water source:

a) Any defects in system?

Yes \_\_\_ No

b) Cross Contamination (check backflow preventers where needed?)

Yes \_\_\_ No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes  No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes  No \_\_\_

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes \_\_\_ No \_\_\_

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes  No \_\_\_

b) Proper water temperature?

Yes  No \_\_\_

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes  No \_\_\_

d) Door closure in place?

Yes  No \_\_\_

e) Hand washing signs in place in all bathrooms?

Yes  No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes \_\_\_ No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes  No \_\_\_

b) Sanitizer used?

Yes \_\_\_ No \_\_\_

c) Chemical test kit on premises?

Yes  No \_\_\_

d) Wiping cloths kept in sanitizer?

Yes  No \_\_\_

e) Sanitizer log kept?

Yes  No \_\_\_

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes  No \_\_\_

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes  No \_\_\_

10) Dumpster area clean/tight fitting lids/yard clean

Yes  No \_\_\_

11) Are toxic chemicals labeled and stored properly?

Yes  No \_\_\_

# Brockton Board of Health

## Food Protection Program

45 School Street  
 Brockton, MA 02301  
 Tel. (508) 580-7175 Fax (508) 580-7179

### FOOD ESTABLISHMENT INSPECTION REPORT

Name	Brockton High Warehouse	Date	4-11-19	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address	4170 Forest Ave	Risk Level			
Telephone	12	HACCP Y/N		Permit No.	
Owner	BSD	Time In:			
Person In Charge (PIC)		Time Out:			
Inspector	Mary Jane Butler				

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**  
 Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:  
 Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

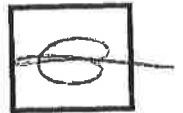
21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)** Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

C	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		28. Special Requirements	(590.009)
		30. Other	

8: 550InspectForm9-14.doc

Inspector's Signature: <i>Mary Jane Butler</i>	Print: <i>Mary Jane Butler</i>	Page ___ of ___ Pages
PIC's Signature: <i>Ken Duse</i>	Print: <i>Ken Duse</i>	



Establishment Name: Brockton High Warehouse Date: 7-11-12

Item No. Code Reference C - Critical Item R - Red Item

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION  
PLEASE PRINT CLEARLY

Date Verified

~~FROGS~~ 20 walk in  
FROGS 35 walk in

DATES ARE SEALED WELL

med. cont of seeds - pop  
all dry Good all Good  
no out date  
RECOMMEND ITPM 2X WEEK

Discussion With Person in Charge:

Corrective Action Required:  No  Yes

- Voluntary Compliance
- Re-inspection Scheduled
- Embargo
- Voluntary Disposal
- Employee Restriction / Exclusion
- Emergency Suspensik
- Emergency Closure
- Other:



1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 33F, #2 \_\_\_F, #3 \_\_\_F, #4 \_\_\_F, #5 \_\_\_F, #6 \_\_\_F, #7 \_\_\_F, #8 \_\_\_F, #9 \_\_\_F

freezers

b) #1 2F, #2 \_\_\_F, #3 \_\_\_F, #4 \_\_\_F, #5 \_\_\_F, #6 \_\_\_F, #7 \_\_\_F

c) Are thermometers in place in all of the above? Yes \_\_\_ No \_\_\_

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes  No \_\_\_

b) Misbranded/adulterated/ unknown source?

Yes \_\_\_ No

c) Original, packaging, container in sound condition?

Yes  No \_\_\_

d) Outdated products?

Yes \_\_\_ No

e) PHF at proper temperatures (not/cold)?

Yes  No \_\_\_

3) Water source:

a) Any defects in system?

Yes \_\_\_ No

b) Cross Contamination (check backflow preventers where needed?)

Yes \_\_\_ No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes  No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes  No \_\_\_

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes \_\_\_ No \_\_\_

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes  No \_\_\_

b) Proper water temperature?

Yes  No \_\_\_

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes  No \_\_\_

d) Door closure in place?

Yes  No \_\_\_

e) Hand washing signs in place in all bathrooms?

Yes  No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes \_\_\_ No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes  No \_\_\_

b) Sanitizer used?

Yes \_\_\_ No \_\_\_

c) Chemical test kit on premises?

Yes  No \_\_\_

d) Wiping cloths kept in sanitizer?

Yes  No \_\_\_

e) Sanitizer log kept?

Yes  No \_\_\_

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes \_\_\_ No \_\_\_

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes  No \_\_\_

10) Dumpster area clean/tight fitting lids/yard clean

Yes \_\_\_ No \_\_\_

11) Are toxic chemicals labeled and stored properly?

Yes  No \_\_\_

Yes \_\_\_ No \_\_\_

# Brockton Board of Health

## Food Protection Program

45 School Street  
 Brockton, MA 02301  
 Tel. (508) 580-7175 Fax (508) 580-7179

### FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Brockton High Yellow</i>	Date <i>4-11-09</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>470 Forest Ave</i>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner <i>BHS</i>	Time In:		
Person In Charge (PIC)	Time Out:		
Inspector <i>Mary Jane Botkin</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**  
 Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:  
 Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives  
 15. Toxic Chemicals

**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)** Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		28. Special Requirements	(590.009)
		30. Other	

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <i>Mary Jane Botkin</i>	Print: <i>MARY JANE BOTKIN</i>	Page ___ of ___ Pages
PIC's Signature: <i>Ken Smith</i>	Print: <i>Ken Smith</i>	

81:590InspectFormB-14.doc



1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 38F, #2 38F, #3 38F, #4 39F, #5 38F, #6 39F, #7 \_\_\_F, #8 \_\_\_F, #9 \_\_\_F

freezers

b) #1 \_\_\_F, #2 \_\_\_F, #3 \_\_\_F, #4 \_\_\_F, #5 \_\_\_F, #6 \_\_\_F, #7 \_\_\_F

c) Are thermometers in place in all of the above? Yes \_\_\_ No \_\_\_

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes  No \_\_\_

b) Misbranded/adulterated/ unknown source?

Yes \_\_\_ No

c) Original, packaging, container in sound condition?

Yes  No \_\_\_

d) Outdated products?

Yes \_\_\_ No

e) PHF at proper temperatures (not/cold)?

Yes  No \_\_\_

3) Water source:

a) Any defects in system?

Yes \_\_\_ No

b) Cross Contamination (check backflow preventers where needed?)

Yes \_\_\_ No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes  No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes  No \_\_\_

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes \_\_\_ No \_\_\_

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes  No \_\_\_

b) Proper water temperature?

Yes  No \_\_\_

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes  No \_\_\_

d) Door closure in place?

Yes  No \_\_\_

e) Hand washing signs in place in all bathrooms?

Yes  No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes \_\_\_ No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes  No \_\_\_

b) Sanitizer used?

Yes  No \_\_\_

c) Chemical test kit on premises?

Yes  No \_\_\_

d) Wiping cloths kept in sanitizer?

Yes  No \_\_\_

e) Sanitizer log kept?

Yes  No \_\_\_

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes  No \_\_\_

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes  No \_\_\_

10) Dumpster area clean/tight fitting lids/yard clean

Yes  No \_\_\_

11) Are toxic chemicals labeled and stored properly?

Yes  No \_\_\_

Yes  No \_\_\_

# Brockton Board of Health

## Food Protection Program

45 School Street  
 Brockton, MA 02301  
 Tel. (508) 580-7175 Fax (508) 580-7179

### FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Brookfield School</u>	Date <u>3-28-19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection
Address <u>135 Jan Drive</u>	Risk Level		Previous Inspection Date:
Telephone <u>508-580-7514</u>	HACCP Y/N	Permit No.	<input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Owner <u>BPS</u>	Time In:		
Person In Charge (PIC) <u>Michelle Sergio</u>	Time Out:		
Inspector <u>Mary Jane Butler</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

#### Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:  
 Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

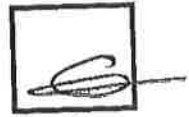
22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.**

C	N

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 28. Special Requirements (590.009)
- 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.  
**DATE OF RE-INSPECTION:**

Inspector's Signature: <u>Mary Jane Butler</u>	Print: <u>MARY JANE BUTLER</u>	Page ___ of ___ Page
	Print: <u>Michelle Sergio</u>	

8: 590InspectFormB-14.doc





1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 38 F, #2 39 F, #3 39 F, #4 39 F, #5 38 F, #6 \_\_\_ F, #7 \_\_\_ F, #8 \_\_\_ F, #9 \_\_\_ F

freezers

b) #1 0 F, #2 \_\_\_ F, #3 \_\_\_ F, #4 \_\_\_ F, #5 \_\_\_ F, #6 \_\_\_ F, #7 \_\_\_ F

c) Are thermometers in place in all of the above? Yes \_\_\_ No \_\_\_

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes  No \_\_\_

b) Misbranded/adulterated/ unknown source?

Yes \_\_\_ No

c) Original, packaging, container in sound condition?

Yes  No \_\_\_

d) Outdated products?

Yes \_\_\_ No

e) PHF at proper temperatures (not/cold)?

Yes  No \_\_\_

3) Water source:

a) Any defects in system?

Yes \_\_\_ No

b) Cross Contamination (check backflow preventers where needed?)

Yes \_\_\_ No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes  No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes  No \_\_\_

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes \_\_\_ No \_\_\_

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes  No \_\_\_

b) Proper water temperature?

Yes  No \_\_\_

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes  No \_\_\_

d) Door closure in place?

Yes  No \_\_\_

e) Hand washing signs in place in all bathrooms?

Yes  No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes \_\_\_ No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes  No \_\_\_

b) Sanitizer used?

Yes \_\_\_ No \_\_\_

c) Chemical test kit on premises?

Yes  No \_\_\_

d) Wiping cloths kept in sanitizer?

Yes  No \_\_\_

e) Sanitizer log kept?

Yes  No \_\_\_

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes  No \_\_\_

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes  No \_\_\_

10) Dumpster area clean/tight fitting lids/yard clean

Yes \_\_\_ No \_\_\_

11) Are toxic chemicals labeled and stored properly?

Yes  No \_\_\_

Yes \_\_\_ No \_\_\_



# Brockton Board of Health

## Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

### FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Davis School</i>	Date <i>3/25/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other <i>School</i>
Address <i>380 Plain Street</i>	Risk Level	Permit No.	
Telephone <i>508 580 7449</i>	HACCP Y/N		
Owner <i>BPS</i>	Time In:		
Person in Charge (PIC)	Out:		
Inspector <i>[Signature]</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

#### Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking

Tobacco

590.009(E)

590.009(F)

Allergens

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.**

C	N

23. Management and Personnel (FC-2)(590.003)

24. Food and Food Protection (FC-3)(590.004)

25. Equipment and Utensils (FC-4)(590.005)

26. Water, Plumbing and Waste (FC-5)(590.006)

27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

28. Special Requirements (590.009)

30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <i>[Signature]</i>	Print: <i>Kevin Borges</i>	Page <u>12</u> of <u>12</u> Pages
PIC's Signature: <i>[Signature]</i>	Print: <i>Susan Russo</i>	

Establishment Name: Davis School

Date: 3/25/19

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	D: V:
			<p>Parking lot clean and dumpster enclosed</p> <p>Kitchen area clean and organized</p> <p>No outdated product</p> <p>No chemicals near food</p> <p>Codes/Facets are at proper temps.</p> <p>3 bag system use</p> <p>Toothbrushes OK</p> <p>Per table up to date.</p>	

Discussion With Person in Charge:

Corrective Action Required:		<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction		
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Susper		
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure		
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:		

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 40 F, #2 38 F, #3 38 F, #4 \_\_\_ F, #5 \_\_\_ F, #6 \_\_\_ F, #7 \_\_\_ F, #8 \_\_\_ F, #9 \_\_\_ F

freezers

b) #1 1 F, #2 \_\_\_ F, #3 \_\_\_ F, #4 \_\_\_ F, #5 \_\_\_ F, #6 \_\_\_ F, #7 \_\_\_ F

c) Are thermometers in place in all of the above? Yes \_\_\_ No \_\_\_

2) Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions? Yes \_\_\_ No \_\_\_

b) Misbranded/adulterated/ unknown source? Yes \_\_\_ No \_\_\_

c) Original, packaging, container in sound condition? Yes \_\_\_ No \_\_\_

d) Outdated products? Yes \_\_\_ No \_\_\_

e) PHF at proper temperatures (not/cold)? Yes \_\_\_ No \_\_\_

3) Water source:

a) Any defects in system? Yes \_\_\_ No \_\_\_

b) Cross Contamination (check backflow preventers where needed)? Yes \_\_\_ No \_\_\_

c) Proper temperatures & pressure (check all faucets/fixtures) Yes \_\_\_ No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition? Yes \_\_\_ No \_\_\_

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc) Yes \_\_\_ No \_\_\_

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly? Yes \_\_\_ No \_\_\_

b) Proper water temperature? Yes \_\_\_ No \_\_\_

c) Soap, paper towels, toilet tissue, & all holders in place? Yes \_\_\_ No \_\_\_

d) Door closure in place? Yes \_\_\_ No \_\_\_

e) Hand washing signs in place in all bathrooms? Yes \_\_\_ No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc? Yes \_\_\_ No \_\_\_

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted? Yes \_\_\_ No \_\_\_

b) Sanitizer used? Yes \_\_\_ No \_\_\_

c) Chemical test kit on premises? Yes \_\_\_ No \_\_\_

d) Wiping cloths kept in sanitizer? Yes \_\_\_ No \_\_\_

e) Sanitizer log kept? Yes \_\_\_ No \_\_\_

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized? Yes \_\_\_ No \_\_\_

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.) Yes \_\_\_ No \_\_\_

10) Dumpster area clean/tight fitting lids/yard clean? Yes \_\_\_ No \_\_\_

11) Are toxic chemicals labeled and stored properly? Yes \_\_\_ No \_\_\_

# Brockton Board of Health

**Food Protection Program**  
 45 School Street  
 Brockton, MA 02301  
 Tel. (508) 580-7175 Fax (508) 580-7179

## FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Downey School</u>	Date <u>3/20/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other <u>School</u>
Address <u>45 Electric Ave</u>	Risk Level	Permit No.	
Telephone <u>508 580 8224</u>	HACCP Y/N		
Owner <u>Brockton Public Schools</u>	Time <u>11:25</u>		
Person in Charge (PIC)	In: <u>11:57</u>		
Inspector <u>[Signature]</u>	Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:  
 Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives  
 15. Toxic Chemicals

**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

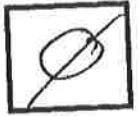
22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.**

C	N

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.006)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 28. Special Requirements (590.009)
- 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address: within 10 days of receipt of this order.  
**DATE OF RE-INSPECTION:**

Inspector's Signature: [Signature] Print: Kevin Borges Page 1 of 2 Pgs

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Ver
			Parking lot clean dumpster enclosed. Foodline clean and organized Servers wearing hats and gloves NO outdated product NO chemicals near food 3 bay sink in use Cooler/freezer at proper temps. Safe food handling observed Bathrooms O/C NO pest traps at time of inspection.	
Discussion With Person in Charge:				

Corrective Action Required:

<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restrictor Exclusion
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspens
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other

No  Yes

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators  
a) #1 39 F, #2 38 F, #3 46 F, #4 36 F, #5 \_\_\_ F, #6 \_\_\_ F, #7 \_\_\_ F, #8 \_\_\_ F, #9 \_\_\_ F

freezers  
b) #1 10 F, #2 \_\_\_ F, #3 \_\_\_ F, #4 \_\_\_ F, #5 \_\_\_ F, #6 \_\_\_ F, #7 \_\_\_ F

c) Are thermometers in place in all of the above? Yes \_\_\_ No \_\_\_

2). Potentially Hazardous foods:

a) Stored at proper temperatures/conditions?

b) Misbranded/adulterated/ unknown source?

c) Original, packaging, container in sound condition?

d) Outdated products?

e) PHF at proper temperatures (not/cold)?

3) Water source:

a) Any defects in system?

b) Cross Contamination (check backflow preventers where needed?)

c) Proper temperatures & pressure (check all faucets/fixtures)

4) Sewage/Plumbing

Is sewage disposal system in good condition?

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

b) Proper water temperature?

c) Soap, paper towels, toilet tissue, & all holders in place?

d) Door closure in place?

e) Hand washing signs in place in all bathrooms?

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

b) Sanitizer used?

c) Chemical test kit on premises?

d) Wiping cloths kept in sanitizer?

e) Sanitizer log kept?

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/  
stoves/ovens/etc.)

10) Dumpster area clean/tight fitting lids/yard clean

11) Are toxic chemicals labeled and stored properly?

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_



# Brockton Board of Health

## Food Protection Program

45 School Street  
Brockton, MA 02301  
Tel. (508) 580-7175 Fax (508) 580-7179

### FOOD ESTABLISHMENT INSPECTION REPORT

Name	East Junior High School	Date	3/25/2019	Type of Operation(s)	Type of Inspection
Address	454 Centre Street	Risk Level		<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone	(508) 580-7350	HACCP Y/N		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	BFS	Time In:	11:15am	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date: 6/13/18
Person In Charge (PIC)	Christine Beck (Mr. Rebbiew's out sick)	Time Out:		<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector	POC	Permit No.		<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
				<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
					<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**  
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:  
Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

**Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.**

C	N	Item	Code
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-6)(590.008)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		28. Special Requirements	(590.009)
		30. Other	

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature:	<i>[Signature]</i>	Print:	DATRICK O. LAWTON	Page 1 of 2
PIC's Signature:	<i>[Signature]</i>	Print:	CHRISTINE BECK	

Establishment Name: East Junior High School Date: 3/22/19 Page: 2 of 2

Item No.	Code Reference	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
		Kitchen facilities are well maintained, organized + sanitary	
		Fridge freezers @ proper temps ✓	
		HOT HOLDING @ 179°F	
		3 Bay sink in use properly	
		NO pest issues	
		All servers + food handlers wearing hats + gloves	
		Bathrooms are okay ✓	
		(NO OUTDATED FOOD)	
		(NO VIOLATIONS)	
		* Ceiling damage in service hallway (See K.R. on 6/13/2018)	
Discussion With Person in Charge:			
N/A			
Corrective Action Required:			
<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	Voluntary Compliance	<input type="checkbox"/>	Employee Restriction / Exclusion
<input type="checkbox"/>	Re-inspection Scheduled	<input type="checkbox"/>	Emergency Suspension
<input type="checkbox"/>	Embargo	<input type="checkbox"/>	Emergency Closure
<input type="checkbox"/>	Voluntary Disposal	<input type="checkbox"/>	Other:

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 38°F, #2 35°F, #3 39°F, #4 \_\_\_F, #5 \_\_\_F, #6 \_\_\_F, #7 \_\_\_F, #8 \_\_\_F, #9 \_\_\_F

freezers

b) #1 3°F, #2 \_\_\_F, #3 \_\_\_F, #4 \_\_\_F, #5 \_\_\_F, #6 \_\_\_F, #7 \_\_\_F

c) Are thermometers in place in all of the above? Yes  No \_\_\_

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes  No \_\_\_

b) Misbranded/adulterated/ unknown source?

Yes \_\_\_ No

c) Original, packaging, container in sound condition?

Yes  No \_\_\_

d) Outdated products?

Yes \_\_\_ No

e) PHF at proper temperatures (not/cold)?

Yes  No \_\_\_

3) Water source:

a) Any defects in system?

Yes \_\_\_ No

b) Cross Contamination (check backflow preventers where needed)?

Yes \_\_\_ No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes  No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes  No \_\_\_

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes  No \_\_\_

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes  No \_\_\_

b) Proper water temperature?

Yes  No \_\_\_

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes  No \_\_\_

d) Door closure in place?

Yes  No \_\_\_

e) Hand washing signs in place in all bathrooms?

Yes  No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes  No \_\_\_

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes  No \_\_\_

b) Sanitizer used?

Yes  No \_\_\_

c) Chemical test kit on premises?

Yes  No \_\_\_

d) Wiping cloths kept in sanitizer?

Yes  No \_\_\_

e) Sanitizer log kept?

Yes  No \_\_\_

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes  No \_\_\_

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes  No \_\_\_

10) Dumpster area clean/tight fitting lids/yard clean

Yes  No \_\_\_

11) Are toxic chemicals labeled and stored properly?

Yes  No \_\_\_

okay  
good

3/27/14  
pa

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name: <u>Elena's Cafe Cardinal Spelman</u>	Date: <u>8-30-19</u>	Type of Operation(s): <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection: <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <u>          </u> <input checked="" type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address: <u>738 Court St.</u>	Risk Level:	HACCP Y/N:	Permit No.: <u>School</u>
Telephone: <u>781-888-0749</u>	Inspector: <u>Mary Jane Bala</u>		
Owner: <u>Myshever Corp DBA Elena's Cafe</u>			
Person in Charge (PIC):			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**  
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

- Non-compliance with:  
 Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives  
 15. Toxic Chemicals

**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)** Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)  
 24. Food and Food Protection (FC-3)(590.004)  
 25. Equipment and Utensils (FC-4)(590.005)  
 26. Water, Plumbing and Waste (FC-5)(590.006)  
 27. Physical Facility (FC-6)(590.007)  
 28. Poisonous or Toxic Materials (FC-7)(590.008)  
 29. Special Requirements (590.009)  
 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.  
**DATE OF RE-INSPECTION:**

Inspector's Signature: <u>Mary Jane Bala</u>	Print: <u>MARY JANE BALA</u>	Page <u>1</u> of <u>2</u> Pa
PIC's Signature: <u>Elena Myshever</u>	Print: <u>Elena Myshever</u>	

S: 590InspectForm0-14.doc

Establishment Name: Claris Cafe

Date: 8-30-19

Page: 2 of 2

Cardinal Speltz

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
			Reg 38 36 40 10 30 Fridge 170 @	
			S.S. B. Lerta Luccas ev 7/12/24	
			Allyson " 8/5/24	
			S.S. Daryl Kerby ev 3/25/24	
			Palmer " 4/18/24	
			hand sink in use	
			dry food stored properly	
			use chemicals with wear	
			hand clean	
			2 bay sink in use	
			No robot activity used	
			Burgess Pest 1 X month	

Discussion With Person in Charge:

Corrective Action Required:

No

Yes

- Voluntary Compliance
- Re-inspection Scheduled
- Embargo
- Voluntary Disposal
- Employee Restriction / Exclusion
- Emergency Suspension
- Emergency Closure
- Other:



1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment. *recently blocked*

coolers/refrigerators  
a) #1 38F, #2 36F, #3 40F, #4 40F, #5 39F, #6 \_\_\_ F, #7 \_\_\_ F, #8 \_\_\_ F, #9 \_\_\_ F

freezers  
b) #1 17F, #2 17F, #3 \_\_\_ F, #4 \_\_\_ F, #5 \_\_\_ F, #6 \_\_\_ F, #7 \_\_\_ F

c) Are thermometers in place in all of the above? Yes  No \_\_\_

2). Potentially Hazardous foods:

- a) Stored at proper/temperatures/conditions?
- b) Misbranded/adulterated/ unknown source?
- c) Original, packaging, container in sound condition?
- d) Outdated products?
- e) PHF at proper temperatures (not/cold)?

Yes  No \_\_\_  
Yes \_\_\_ No   
Yes \_\_\_ No \_\_\_  
Yes \_\_\_ No \_\_\_  
Yes \_\_\_ No \_\_\_

3) Water source:

- a) Any defects in system?
- b) Cross Contamination (check backflow preventers where needed?)
- c) Proper temperatures & pressure (check all faucets/fixtures)

Yes \_\_\_ No   
Yes \_\_\_ No   
Yes \_\_\_ No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition?  
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes  No   
Yes \_\_\_ No \_\_\_

5) Bathroom Facilities (men', ladies, employees)

- a) Is facility vented properly?
- b) Proper water temperature?
- c) Soap, paper towels, toilet tissue, & all holders in place?
- d) Door closure in place?
- e) Hand washing signs in place in all bathrooms?

Yes  No \_\_\_  
Yes  No \_\_\_  
Yes  No \_\_\_  
Yes  No \_\_\_  
Yes \_\_\_ No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?  
Look for bait boxes/droppings and check extermination reports *no*

Yes \_\_\_ No

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes  No \_\_\_  
Yes  No \_\_\_  
Yes  No \_\_\_  
Yes \_\_\_ No \_\_\_  
Yes \_\_\_ No \_\_\_

8) Two & three bay sinks/dishwashers/drain boards

- a) Sanitizer charts posted?
- b) Sanitizer used?
- c) Chemical test kit on premises?
- d) Wiping cloths kept in sanitizer?
- e) Sanitizer log kept?

Yes  No \_\_\_

9) Facilities

- a) Are food contact surfaces/equipment clean/sanitized
- b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes  No \_\_\_  
Yes  No \_\_\_  
Yes \_\_\_ No \_\_\_

- 10) Dumpster area clean/tight fitting lids/yard clean
- 11) Are toxic chemicals labeled and stored properly?



# Brockton Board of Health

## Food Protection Program

45 School Street  
Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

### FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Gilmore School</i>	Date <i>3/26/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>150 Clinton St.</i>	Risk Level	Permit No.	
Telephone <i>508-580-7574</i>	HACCP Y/N		
Owner <i>BPS</i>	Time In:		
Person in Charge (PIC)	Out:		
Inspector <i>Dennis Smith</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

#### Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

#### Non-compliance with:

- Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

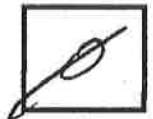
22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.**

C	N

23. Management and Personnel (FC-2)(590.003)  
24. Food and Food Protection (FC-3)(590.004)  
25. Equipment and Utensils (FC-4)(590.006)  
26. Water, Plumbing and Waste (FC-5)(590.006)  
27. Physical Facility (FC-6)(590.007)  
28. Poisonous or Toxic Materials (FC-7)(590.008)  
28. Special Requirements (590.009)  
30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <i>Dennis Smith</i>	Print: <i>Dennis Smith</i>	Page 1 of 2 pages
PIC's Signature: <i>Laura Maguire</i>	Print: <i>Laura Maguire</i>	

Establishment Name: Gilmore School

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION  
PLEASE PRINT CLEARLY

Item No.	Code Reference	C - Critical Item R - Red Item	Date Verified												
		Milk Containers 36° + 34° Bath rooms Clean + Functioning. 3 Basin Sink In use Clean Working Properly VENTS Clean Fridge, 37° Fridge - 36° No Cleaver kept Next Food. Hair Nets + Gloves worn. Fridge 36° Milk 40° Fridge 35° Walls Floors + Surfaces Clean No Outdated Food. No Violations at time of inspection.													
Discussion With Person in Charge:															
<p>Corrective Action Required:</p> <table border="0"> <tr> <td><input type="checkbox"/> Voluntary Compliance</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> Re-inspection Scheduled</td> <td><input type="checkbox"/> Employee Restriction / Exclusion</td> <td><input type="checkbox"/> Emergency Suspension</td> </tr> <tr> <td><input type="checkbox"/> Embargo</td> <td><input type="checkbox"/> Emergency Closure</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Voluntary Disposal</td> <td><input type="checkbox"/> Other:</td> <td></td> </tr> </table>				<input type="checkbox"/> Voluntary Compliance	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> Emergency Suspension	<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure		<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:	
<input type="checkbox"/> Voluntary Compliance	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes													
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> Emergency Suspension													
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure														
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:														

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 37°F, #2 36°F, #3 39°F, #4 36°F, #5 40°F, #6 35°F, #7 \_\_\_F, #8 \_\_\_F, #9 \_\_\_F

freezers

b) #1 20°F, #2 \_\_\_F, #3 \_\_\_F, #4 \_\_\_F, #5 \_\_\_F, #6 \_\_\_F, #7 \_\_\_F

c) Are thermometers in place in all of the above? Yes \_\_\_ No \_\_\_

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes  No \_\_\_

b) Misbranded/adulterated/ unknown source?

Yes \_\_\_ No

c) Original, packaging, container in sound condition?

Yes  No \_\_\_

d) Outdated products?

Yes \_\_\_ No

e) PHF at proper temperatures (not/cold)?

Yes  No \_\_\_

3) Water source:

a) Any defects in system?

Yes \_\_\_ No

b) Cross Contamination (check backflow preventers where needed)?

Yes \_\_\_ No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes  No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes  No \_\_\_

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes  No \_\_\_

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes  No \_\_\_

b) Proper water temperature?

Yes  No \_\_\_

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes  No \_\_\_

d) Door closure in place?

Yes  No \_\_\_

e) Hand washing signs in place in all bathrooms?

Yes  No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes  No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes  No \_\_\_

b) Sanitizer used?

Yes  No \_\_\_

c) Chemical test kit on premises?

Yes  No \_\_\_

d) Wiping cloths kept in sanitizer?

Yes  No \_\_\_

e) Sanitizer log kept?

Yes  No \_\_\_

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes  No \_\_\_

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes \_\_\_ No \_\_\_

10) Dumpster area clean/tight fitting lids/yard clean

Yes  No \_\_\_

11) Are toxic chemicals labeled and stored properly?

Yes  No \_\_\_

# Brockton Board of Health

## Food Protection Program

45 School Street  
Brockton, MA 02301  
Tel. (508) 580-7175 Fax (508) 580-7179

### FOOD ESTABLISHMENT INSPECTION REPORT

Name	Hancock School	Date	3/25/19	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other <u>School</u>
Address	125 Pearl Street	Risk Level			
Telephone	508 580 1514	HACCP Y/N		Permit No.	
Owner	BPS	Time In:			
Person In Charge (PIC)		Time Out:			
Inspector	<i>[Signature]</i>				

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**  
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:  
 Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

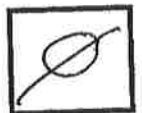
22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)** Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 28. Special Requirements (590.009)
- 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: *[Signature]*

Print: Kevin Berger

PIC's Signature: *[Signature]*

Print: Celeste Cignarella

Hancock School

1-1-11

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION

PLEASE PRINT CLEARLY

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verifier
			Parking lot clean dumpster enclosed Kitchen area clean and organized No outdated product No chemicals near food Cooler/freezer at proper temp. 3 bag sink in use No pest issues at time of inspection Bathroom OK All servers wearing hats and gloves	

Discussion With Person in Charge:

- Corrective Action Required:
- |  |  |  |                              |
|--|--|--|------------------------------|
| <input type="checkbox"/> Voluntary Compliance    | <input type="checkbox"/> Employee Restrictor Exclusion | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Re-inspection Scheduled | <input type="checkbox"/> Emergency Suspend             |  |                              |
| <input type="checkbox"/> Embargo                 | <input type="checkbox"/> Emergency Closure             |  |                              |
| <input type="checkbox"/> Voluntary Disposal      | <input type="checkbox"/> Other:                        |  |                              |

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 36F, #2 36F, #3 38F, #4 \_\_\_F, #5 \_\_\_F, #6 \_\_\_F, #7 \_\_\_F, #8 \_\_\_F, #9 \_\_\_F

freezers

b) #1 4F, #2 \_\_\_F, #3 \_\_\_F, #4 \_\_\_F, #5 \_\_\_F, #6 \_\_\_F, #7 \_\_\_F

c) Are thermometers in place in all of the above? Yes \_\_\_ No \_\_\_

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes \_\_\_ No \_\_\_

b) Misbranded/adulterated/ unknown source?

Yes \_\_\_ No \_\_\_

c) Original, packaging, container in sound condition?

Yes \_\_\_ No \_\_\_

d) Outdated products?

Yes \_\_\_ No \_\_\_

e) PHF at proper temperatures (not/cold)?

Yes \_\_\_ No \_\_\_

3) Water source:

a) Any defects in system?

Yes \_\_\_ No \_\_\_

b) Cross Contamination (check backflow preventers where needed)?

Yes \_\_\_ No \_\_\_

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes \_\_\_ No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes \_\_\_ No \_\_\_

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes \_\_\_ No \_\_\_

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes \_\_\_ No \_\_\_

b) Proper water temperature?

Yes \_\_\_ No \_\_\_

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes \_\_\_ No \_\_\_

d) Door closure in place?

Yes \_\_\_ No \_\_\_

e) Hand washing signs in place in all bathrooms?

Yes \_\_\_ No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes \_\_\_ No \_\_\_

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes \_\_\_ No \_\_\_

b) Sanitizer used?

Yes \_\_\_ No \_\_\_

c) Chemical test kit on premises?

Yes \_\_\_ No \_\_\_

d) Wiping cloths kept in sanitizer?

Yes \_\_\_ No \_\_\_

e) Sanitizer log kept?

Yes \_\_\_ No \_\_\_

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes \_\_\_ No \_\_\_

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes \_\_\_ No \_\_\_

10) Dumpster area clean/tight fitting lids/yard clean

Yes \_\_\_ No \_\_\_

11) Are toxic chemicals labeled and stored properly?

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_



# Brockton Board of Health

## Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

### FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Huntington School</i>	Date <i>03/26/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>1129 Warren Ave</i>	Risk Level	Permit No.	
Telephone [REDACTED]	HACCP Y/N		
Owner <i>Brockton public school</i>	Time In:		
Person in Charge (PIC) <i>Michelle Roberts</i>	Out:		
Inspector <i>Ghalab Young</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

**Non-compliance with:**

- Anti-Choking 590.009(E)  Tobacco 590.009(F)   
Allergens

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives  
 15. Toxic Chemicals

**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

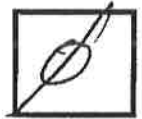
**Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.**

C	N

23. Management and Personnel (FC-2)(590.003)  
24. Food and Food Protection (FC-3)(590.004)  
25. Equipment and Utensils (FC-4)(590.005)  
26. Water, Plumbing and Waste (FC-5)(590.006)  
27. Physical Facility (FC-6)(590.007)  
28. Poisonous or Toxic Materials (FC-7)(590.008)  
28. Special Requirements (590.009)  
30. Other

8: 590InspecForm-14.doc

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <i>Ghalab Young</i>	Print: <i>Ghalab Young</i>	Page <i>1</i> of <i>2</i> Pages
PIC's Signature: <i>Michelle Roberts</i>	Print: <i>Michelle Roberts</i>	

*No violation at the time of inspection*

Establishment Name: Huntington School

Date: 03-26-19

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>
			outside area clean (benches, tables, floors) Cafeteria clean (tables, seats, floors) Kitchen area clean and organized. Food line clean and stored properly Refrigerator's freezer set @ proper temperature See attached
			No outdated food products No chemicals near food products Boothroom OK No evidence of rodents (Burgess 1x a month) Hot water 117°F Serve SAFE GYO 2022 See attached Hot holding OK
			Chicken 155 140°F Fishes/eggs 145°F Pizza 165°F Rice 155-165 (fresh)
			No violation at the time of inspection
Discussion With Person in Charge:			
Corrective Action Required:		<input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restrict Exclusion	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspe	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closu	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 38 F, #2 40 F, #3 39 F, #4 40 F, #5 40 F, #6 \_\_\_ F, #7 \_\_\_ F, #8 \_\_\_ F, #9 \_\_\_ F

freezers

b) #1 1 F, #2 \_\_\_ F, #3 \_\_\_ F, #4 \_\_\_ F, #5 \_\_\_ F, #6 \_\_\_ F, #7 \_\_\_ F

c) Are thermometers in place in all of the above? Yes \_\_\_ No \_\_\_

2). Potentially Hazardous foods:

- a) Stored at proper/temperatures/conditions?
- b) Misbranded/adulterated/ unknown source?
- c) Original, packaging, container in sound condition?
- d) Outdated products?
- e) PHF at proper temperatures (not/cold)?

Yes  No \_\_\_  
 Yes \_\_\_ No   
 Yes  No \_\_\_  
 Yes \_\_\_ No   
 Yes  No \_\_\_

*Heinrichs  
Gloves  
in use*

*hot hold  
OK  
155°*

3) Water source:

- a) Any defects in system?
- b) Cross Contamination (check backflow preventers where needed?)
- c) Proper temperatures & pressure (check all faucets/fixtures)

Yes \_\_\_ No   
 Yes \_\_\_ No   
 Yes  No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition?  
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes  No \_\_\_  
 Yes  No \_\_\_

*hot water  
OK  
119°*

5) Bathroom, Facilities (men', ladies, employees)

- a) Is facility vented properly?
- b) Proper water temperature?
- c) Soap, paper towels, toilet tissue, & all holders in place?
- d) Door closure in place?
- e) Hand washing signs in place in all bathrooms?

Yes  No \_\_\_  
 Yes  No \_\_\_  
 Yes  No \_\_\_  
 Yes  No \_\_\_  
 Yes  No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?  
Look for bait boxes/droppings and check extermination reports

*OK*

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes \_\_\_ No

8) Two & three bay sinks/dishwashers/drain boards

- a) Sanitizer charts posted?
- b) Sanitizer used?
- c) Chemical test kit on premises?
- d) Wiping cloths kept in sanitizer?
- e) Sanitizer log kept?

Yes  No \_\_\_  
 Yes  No \_\_\_  
 Yes  No \_\_\_  
 Yes  No \_\_\_  
 Yes  No \_\_\_

*2 bay  
sinks*

9) Facilities

- a) Are food contact surfaces/equipment clean/sanitized
- b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes  No \_\_\_

10) Dumpster area clean/tight fitting lids/yard clean

Yes  No \_\_\_

11) Are toxic chemicals labeled and stored properly?

Yes  No \_\_\_

Yes  No \_\_\_

*serve safe  
Michelle Roberts exp 22.*

# Brockton Board of Health

**Food Protection Program**  
 45 School Street  
 Brockton, MA 02301  
 Tel. (508) 580-7175 Fax (508) 580-7179

## FOOD ESTABLISHMENT INSPECTION REPORT

Name	Keith School	Date	3/22/19	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: 6/18/19 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address	175 Warren Avenue	Risk Level			
Telephone	(508) 580-7514	HACCP Y/N			
Owner	EPD	Time In:			
Person in Charge (PIC)		Time Out:		Permit No.	
Inspector	Pa	Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.			

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**  
 Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:  
 Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

### FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

### EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

### FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

### PROTECTION FROM CONTAMINATION

- 8. Separation/ Segregation/ Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

### PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

### CONSUMER ADVISORY

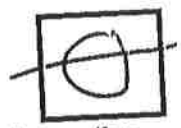
- 22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.**

C	N

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 28. Special Requirements (590.009)
- 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: *[Signature]* Print: PATRICK O. LAWTON  
 Print: KIM GOMES  
 Page 1 of 2 P.

Establishment Name: Keith School

Date: 3/22/2019

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
			<ul style="list-style-type: none"> <li>• Parking lot, curbside, dumpster enclosure all well kept ✓</li> <li>• Kitchen Facilities operational with proper food prep/serve protective equipment (ie. gloves/hair nets)</li> <li>• Dry STORAGE AREA organized, no signs of rodent activity.</li> <li>• No 1 outdated food               <ul style="list-style-type: none"> <li>↳ all items stored properly</li> </ul> </li> <li>• HOT HOLDING Temps okay ✓ (164.5 ° F)</li> <li>• NO pest issues (1x walk)</li> <li>• FRIDGE &amp; FREEZER temps checked and @ proper temps (see attached)</li> <li>• Bathroom well stocked and sanitary</li> <li>• Sewer safe / Allegan ✓</li> <li>• 3 Bay Sink in use</li> </ul>	
			<p><u>NO VIOLATIONS</u> ✓</p>	
Discussion With Person in Charge:			<p><u>NA</u></p>	<p>Corrective Action Required: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p> <input type="checkbox"/> Voluntary Compliance      <input type="checkbox"/> Employee Restriction / Exclusion  <input type="checkbox"/> Re-inspection Scheduled      <input type="checkbox"/> Emergency Suspension  <input type="checkbox"/> Embargo      <input type="checkbox"/> Emergency Closure  <input type="checkbox"/> Voluntary Disposal      <input type="checkbox"/> Other:         </p>



1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 31°F, #2 26°F, #3 38°F, #4 37°F, #5     °F, #6     °F, #7     °F, #8     °F, #9     °F

freezers

b) #1 10°F, #2     °F, #3     °F, #4     °F, #5     °F, #6     °F, #7     °F

c) Are thermometers in place in all of the above? Yes  No

2) Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

b) Misbranded/adulterated/ unknown source?

c) Original, packaging, container in sound condition?

d) Outdated products?

e) PHF at proper temperatures (not/cold)?

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

3) Water source:

a) Any defects in system?

b) Cross Contamination (check backflow preventers where needed?)

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes  No

Yes  No

Yes  No

4) Sewage/Plumbing

Is sewage disposal system in good condition?

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

b) Proper water temperature?

c) Soap, paper towels, toilet tissue, & all holders in place?

d) Door closure in place?

e) Hand washing signs in place in all bathrooms?

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

b) Sanitizer used?

c) Chemical test kit on premises?

d) Wiping cloths kept in sanitizer?

e) Sanitizer log kept?

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

10) Dumpster area clean/tight fitting lids/yard clean

11) Are toxic chemicals labeled and stored properly?

Yes  No

Yes  No

Yes  No

Elaine Simmons

ServeSafe (exp 2022)

Allison ✓



# Brockton Board of Health

Food Protection  
45 School Street  
Brockton, MA 02301  
Tel. (508) 580-7175 Fax (508) 580-7179

## FOOD ESTABLISHMENT INSPECTION REPORT

Name	Kennedy School	Date	3/19/19	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address	802 Ash Street	Risk Level			
Telephone	508-580-7333	HACCP Y/N		Permit No.	
Owner	BPS	Time In:			
Person in Charge (PIC)	Laurie Healy	Time Out:			
Inspector	Dennis Smith				

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**  
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

- Non-compliance with:
- Anti-Choking 590.009(E)
  - Tobacco 590.009(F)
  - Allergens

### FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

### EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

### FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

### PROTECTION FROM CONTAMINATION

- 8. Separation/ Segregation/ Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

### PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

### CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)** Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		28. Special Requirements	(590.009)
		30. Other	

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMI 590.000/federal Food Code. This report, when signed by a Board of Health member or its agent constitutes a order of the Board of Health. Failure to correct violation cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

8:590inspectForm-14.doc

Inspector's Signature	<i>Dennis Smith</i>	Print:	Dennis Smith	Page	1	of	
	<i>Laurie Healy</i>	Print:	Laurie Healy				

Establishment Name: Kevin's Sea Kennedy Seafood Date: 3-19-19

Page: 2 of 2

<sup>1</sup> Code Reference

C - Critical Item  
R - Red Item

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION  
PLEASE PRINT CLEARLY

Eating Area Clean, Floors tables walls  
Bench's Empty.  
Milk Not outdated.

Gloves + Hair nets worn.

Prep Stations All Clean

3 Basin Sink In use works properly

All Exhaust-fans Clean.

Temps 40°

39°

Walkin 48.5°

Finite is not Roted.

Cleaning Products used kept near back

Dumpster Area Clean.

Discussion With Person in Charge:

Corrective Action Required:

No  Yes

Voluntary Compliance

Re-inspection Scheduled

Embargo

Voluntary Disposal

Employee Restriction Exclusion

Emergency Suspension

Emergency Closure

Other:

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 41 F, #2 40 F, #3 40 F, #4 38 F, #5 \_\_\_ F, #6 \_\_\_ F, #7 \_\_\_ F, #8 \_\_\_ F, #9 \_\_\_ F

freezers

b) #1 0 F, #2 \_\_\_ F, #3 \_\_\_ F, #4 \_\_\_ F, #5 \_\_\_ F, #6 \_\_\_ F, #7 \_\_\_ F

c) Are thermometers in place in all of the above? Yes \_\_\_ No \_\_\_

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes  No \_\_\_

b) Misbranded/adulterated/ unknown source?

Yes \_\_\_ No

c) Original, packaging, container in sound condition?

Yes  No \_\_\_

d) Outdated products?

Yes \_\_\_ No

e) PHF at proper temperatures (not/cold)?

Yes  No \_\_\_

3) Water source:

a) Any defects in system?

Yes \_\_\_ No

b) Cross Contamination (check backflow preventers where needed?)

Yes \_\_\_ No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes  No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes  No \_\_\_

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes  No \_\_\_

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes  No \_\_\_

b) Proper water temperature?

Yes  No \_\_\_

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes \_\_\_ No

d) Door closure in place?

Yes  No \_\_\_

e) Hand washing signs in place in all bathrooms?

Yes  No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes  No \_\_\_

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes  No \_\_\_

b) Sanitizer used?

Yes  No \_\_\_

c) Chemical test kit on premises?

Yes  No \_\_\_

d) Wiping cloths kept in sanitizer?

Yes  No \_\_\_

e) Sanitizer log kept?

Yes  No \_\_\_

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes  No \_\_\_

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes  No \_\_\_

10) Dumpster area clean/tight fitting lids/yard clean

Yes \_\_\_ No

11) Are toxic chemicals labeled and stored properly?

Yes \_\_\_ No

# Brockton Board of Health

**Food Protection Program**  
 45 School Street  
 Brockton, MA 02301  
 Tel. (508) 580-7175 Fax (508) 580-7179

## FOOD ESTABLISHMENT INSPECTION REPORT

Name	<i>Louis F. Angelo School</i>	Date	<i>12-3-18-19</i>	Type of Operation(s)	Type of Inspection
Address	<i>472 N Main Street</i>	Risk Level		<input checked="" type="checkbox"/> Food Service	<input type="checkbox"/> Routine
Telephone	<i>508 580 7514</i>	HACCP Y/N		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	<i>Brockton public school</i>	Time In:		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person in Charge (PIC)	<i>Lisa Mather</i>	Time Out:		<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector	<i>Chaleb Younes</i>	Permit No.		<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
				<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
					<input type="checkbox"/> Other _____

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**  
 Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:  
 Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

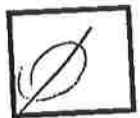
### CONSUMER ADVISORY

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)** Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		28. Special Requirements	(590.009)
		30. Other	

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <i>Chaleb Younes</i>	Print: <i>Chaleb Younes</i>	Page 1 of 2
PIC's Signature: <i>Lisa Mather</i>	Print: <i>LISA Mather</i>	

Establishment Name:

Louis' F. Angelo Shop

Date: 03-19-19

Page:

2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
			<p>Cafeteria clean floors, tables, carts, tables clean organized</p> <p>food line clean and stored properly</p> <p>no outdated food products</p> <p>No chemicals near food products.</p> <p>Refrigerators / Freezer set at proper temperatures. (See Attached)</p> <p>No signs of rodents / Bays (R &amp; M)</p> <p>Hot water Temperature OK (see attached) 185°F</p> <p>Hot Holdings OK (see attached)</p> <p>3 Bay sink in use</p> <p>Hot water in use</p> <p>food cooked to Required temperatures.</p> <p>Serve Safe / Allergen Awareness (See Attached) OK</p> <p>Bathrooms OK</p> <p>Observed food handling (proper food handling exhaust fans over cooking area etc.)</p> <p>No violations of the title of inspection</p>	
<p><b>Discussion With Person in Charge:</b></p> <p> <input type="checkbox"/> Voluntary Compliance      <input type="checkbox"/> Employee Restriction / Exclusion  <input type="checkbox"/> Re-inspection Scheduled      <input type="checkbox"/> Emergency Suspension  <input type="checkbox"/> Embargo      <input type="checkbox"/> Emergency Closure  <input type="checkbox"/> Voluntary Disposal      <input type="checkbox"/> Other:                 </p>				



Hot holding  
145° 150  
160

walking

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment <sup>working</sup>  
coolers/refrigerators  
a) #1 39F, #2 40F, #3 40F, #4 36F, #5 38F, #6 40F, #7 37F, #8 40F, #9    F

Hair nets/  
Gloves

freezers  
b) #1 6F, #2    F, #3    F, #4    F, #5    F, #6    F, #7    F

c) Are thermometers in place in all of the above? Yes     No    

2) Potentially Hazardous foods:

- a) Stored at proper/temperatures/conditions?
- b) Misbranded/adulterated/ unknown source?
- c) Original, packaging, container in sound condition?
- d) Outdated products?
- e) PHF at proper temperatures (not/cold)?

Yes     No      
Yes     No      
Yes     No      
Yes     No    

3) Water source:

- a) Any defects in system?
- b) Cross Contamination (check backflow preventers where needed?)
- c) Proper temperatures & pressure (check all faucets/fixtures)

Yes     No      
Yes     No      
Yes     No    

Hot water  
123

4) Sewage/Plumbing

Is sewage disposal system in good condition?  
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes     No      
Yes     No    

5) Bathroom, Facilities (men', ladies, employees)

- a) Is facility vented properly?
- b) Proper water temperature?
- c) Soap, paper towels, toilet tissue, & all holders in place?
- d) Door closure in place?
- e) Hand washing signs in place in all bathrooms?

Yes     No      
Yes     No      
Yes     No      
Yes     No      
Yes     No    

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?  
Look for bait boxes/droppings and check extermination reports

OK

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes     No    

8) Two & three bay sinks/dishwashers/drain boards

- a) Sanitizer charts posted?
- b) Sanitizer used?
- c) Chemical test kit on premises?
- d) Wiping cloths kept in sanitizer?
- e) Sanitizer log kept?

Yes     No      
Yes     No      
Yes     No      
Yes     No      
Yes     No    

9) Facilities

- a) Are food contact surfaces/equipment clean/sanitized
- b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes     No      
Yes     No      
Yes     No    

10) Dumpster area clean/tight fitting lids/yard clean

11) Are toxic chemicals labeled and stored properly?

serve safe

Lisa Mather

exp 22

Kathleen LUB  
exp 22



# Brockton Board of Health

## Food Protection Program

45 School Street  
 Brockton, MA 02301  
 Tel. (508) 580-7175 Fax (508) 580-7179

### FOOD ESTABLISHMENT INSPECTION REPORT

Name	Manthala George School	Date	3/25/19	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other <u>School</u>
Address	180 Colonel Bell Drive	Risk Level			
Telephone	508 580 7514	HACCP Y/N		Permit No.	
Owner	BPS	Time In:			
Person in Charge (PIC)		Time Out:			
Inspector	<i>[Signature]</i>				

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**  
 Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:  
 Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

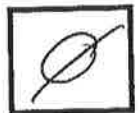
22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.**

C	N

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 28. Special Requirements (590.009)
- 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <i>[Signature]</i>	Print: Kevin Borges	Page 1 of 2 Pages
PIC's Signature: <i>[Signature]</i>	Print: FATIMATAVARES	

Establishment Name: Manthala George School Date: 3/25/19 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION		Date Verified
			PLEASE PRINT CLEARLY		
			Parking lot clean dumpster enclosed		
			Kitchen area clean and organized		
			No outdated product		
			No chemicals near food		
			Cooler/Freezers are at proper temps.		
			3 bay sink in use		
			Sewage up to date		
			Bathrooms OK		

Discussion With Person in Charge: \_\_\_\_\_

Corrective Action Required:	<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion
	<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:	

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators  
a) #1 39 F, #2 40 F, #3 39 F, #4 \_\_\_ F, #5 \_\_\_ F, #6 \_\_\_ F, #7 \_\_\_ F, #8 \_\_\_ F, #9 \_\_\_ F

freezers  
b) #1 1 F, #2 \_\_\_ F, #3 \_\_\_ F, #4 \_\_\_ F, #5 \_\_\_ F, #6 \_\_\_ F, #7 \_\_\_ F

c) Are thermometers in place in all of the above? Yes \_\_\_ No \_\_\_

2). Potentially Hazardous foods:

- a) Stored at proper/temperatures/conditions?
- b) Misbranded/adulterated/ unknown source?
- c) Original, packaging, container in sound condition?
- d) Outdated products?
- e) PHF at proper temperatures (not/cold)?

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

3) Water source:

- a) Any defects in system?
- b) Cross Contamination (check backflow preventers where needed?)
- c) Proper temperatures & pressure (check all faucets/fixtures)

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition?  
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

5) Bathroom, Facilities (men', ladies, employees)

- a) Is facility vented properly?
- b) Proper water temperature?
- c) Soap, paper towels, toilet tissue, & all holders in place?
- d) Door closure in place?
- e) Hand washing signs in place in all bathrooms?

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?  
Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes \_\_\_ No \_\_\_

8) Two & three bay sinks/dishwashers/drain boards

- a) Sanitizer charts posted?
- b) Sanitizer used?
- c) Chemical test kit on premises?
- d) Wiping cloths kept in sanitizer?
- e) Sanitizer log kept?

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

9) Facilities

- a) Are food contact surfaces/equipment clean/sanitized
- b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

- 10) Dumpster area clean/tight fitting lids/yard clean
- 11) Are toxic chemicals labeled and stored properly?

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

# Brockton Board of Health

## Food Protection Program

45 School Street  
 Brockton, MA 02301  
 Tel. (508) 580-7175 Fax (508) 580-7179

### FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Mary E. Baker School</i>	Date <i>3/26/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>45 Quincy Street</i>	Risk Level	Permit No.	
Telephone <i>508-894-4485</i>	HACCP Y/N		
Owner <i>BPS</i>	Time In:		
Person in Charge (PIC)	Time Out:		
Inspector <i>Dennis Smith</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

#### Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:  
 Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

22. Posting of Consumer Advisories

#### Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 28. Special Requirements (590.009)
- 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <i>Dennis Smith</i>	Print: <i>Dennis Smith</i>	Page <i>1</i> of <i>2</i> Pages
PIC's Signature: <i>Nancy Cugno</i>	Print: <i>Nancy Cugno</i>	

Establishment Name: Mary E. Baker School

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION  
PLEASE PRINT CLEARLY

Date Verified

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION
			Cafe Area Clean. Tables W/115 Floors clean. Condiments Area clean Serve Safe / Allergy Certs on wall. 3 Basin Sink In Use, Clean. Cooking Prep Area clean. Vents clean. Fruit, OK. All cleaning product kept near food. No outdated food. Gloves / Hair Nets worn, WALK IN YGS FRITZERS, 110 Bath room Clean. Signs In Place Soap Towels. NO Violations at time of inspection Very clean
Discussion With Person in Charge:			
<p>Corrective Action Required:</p> <input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Emergency Suspend <input type="checkbox"/> Embargo <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Other:			

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 40°F, #2 46°F, #3 \_\_\_F, #4 \_\_\_F, #5 \_\_\_F, #6 \_\_\_F, #7 \_\_\_F, #8 \_\_\_F, #9 \_\_\_F

freezers

b) #1 11°F, #2 \_\_\_F, #3 \_\_\_F, #4 \_\_\_F, #5 \_\_\_F, #6 \_\_\_F, #7 \_\_\_F

c) Are thermometers in place in all of the above? Yes \_\_\_ No \_\_\_

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes \_\_\_ No

b) Misbranded/adulterated/ unknown source?

Yes \_\_\_ No

c) Original, packaging, container in sound condition?

Yes \_\_\_ No

d) Outdated products?

Yes \_\_\_ No

e) PHF at proper temperatures (not/cold)?

Yes \_\_\_ No

3) Water source:

a) Any defects in system?

Yes \_\_\_ No

b) Cross Contamination (check backflow preventers where needed)?

Yes \_\_\_ No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes \_\_\_ No

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes \_\_\_ No

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes \_\_\_ No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes \_\_\_ No

b) Proper water temperature?

Yes \_\_\_ No

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes \_\_\_ No

d) Door closure in place?

Yes \_\_\_ No

e) Hand washing signs in place in all bathrooms?

Yes \_\_\_ No

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Yes \_\_\_ No

Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes \_\_\_ No

b) Sanitizer used?

Yes \_\_\_ No

c) Chemical test kit on premises?

Yes \_\_\_ No

d) Wiping cloths kept in sanitizer?

Yes \_\_\_ No

e) Sanitizer log kept?

Yes \_\_\_ No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes \_\_\_ No

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes \_\_\_ No

10) Dumpster area clean/tight fitting lids/yard clean

Yes \_\_\_ No

11) Are toxic chemicals labeled and stored properly?

Yes \_\_\_ No

Yes \_\_\_ No



# Brockton Board of Health

## Food Protection Program

45 School Street  
 Brockton, MA 02301  
 Tel. (508) 580-7175 Fax (508) 580-7179

### FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>New ARNONE School</i>	Date <i>03-12/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>135 Palmont Street</i>	Risk Level		
Telephone <i>508 894 4400</i>	HACCP Y/N	Permit No.	
Owner <i>Brockton Public School</i>	Time In:		
Person in Charge (PIC) <i>Stephanie Wagner</i>	Out:		
Inspector <i>Chaleh Younes</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**  
 Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:  
 Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

22. Posting of Consumer Advisories

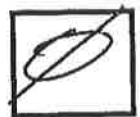
**Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.**

C	N

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.008)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 28. Special Requirements (590.009)
- 30. Other

S: 590inspectForm6-14.doc

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <i>Chaleh Younes</i>	Print: <i>Chaleh Younes</i>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Stephanie Wagner</i>	Print: <i>Stephanie Wagner</i>	

Establishment Name: ANNON'S SHOP

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION  
PLEASE PRINT CLEARLY

Date Verified

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Corrective Action Required:	No	Yes
			<p>Caplona clean (Tables, seats, Floors, Trash cans empty)</p> <p>Kitchen area clean and organized</p> <p>Food line clean and stored properly</p> <p>Refrigeration / Freezer set @ proper temperatures, see (attached)</p> <p>Hot Holdings OK</p> <p>Hairnets / Goggles in case</p> <p>Bathrooms OK clean (TPRburgers for a month)</p> <p>No evidence of Rodents (and on request)</p> <p>3 bay sink in use</p> <p>Hot water at 125°F</p> <p>We updated food products</p> <p>We demark wear food products</p> <p>Same safe up to date see (attached)</p> <p>No violations at the time of inspection</p>	<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Employee Restriction <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:
Discussion With Person in Charge:						

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 140 F, #2 34 F, #3 40 F, #4 38 F, #5 38 F, #6 38 F, #7 \_\_\_ F, #8 \_\_\_ F, #9 \_\_\_ F

freezers

b) #1 12 F, #2 \_\_\_ F, #3 \_\_\_ F, #4 \_\_\_ F, #5 \_\_\_ F, #6 \_\_\_ F, #7 \_\_\_ F

c) Are thermometers in place in all of the above? Yes \_\_\_ No \_\_\_

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions? Yes  No \_\_\_

b) Misbranded/adulterated/ unknown source? Yes \_\_\_ No

c) Original, packaging, container in sound condition? Yes  No \_\_\_

d) Outdated products? Yes \_\_\_ No

e) PHF at proper temperatures (not/cold)? Yes  No \_\_\_

3) Water source:

a) Any defects in system? Yes \_\_\_ No

b) Cross Contamination (check backflow preventers where needed)? Yes \_\_\_ No

c) Proper temperatures & pressure (check all faucets/fixtures) Yes  No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition? Yes  No \_\_\_

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc) Yes  No \_\_\_

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly? Yes  No \_\_\_

b) Proper water temperature? Yes  No \_\_\_

c) Soap, paper towels, toilet tissue, & all holders in place? Yes  No \_\_\_

d) Door closure in place? Yes  No \_\_\_

e) Hand washing signs in place in all bathrooms? Yes  No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc? Yes \_\_\_ No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted? Yes  No \_\_\_

b) Sanitizer used? Yes  No \_\_\_

c) Chemical test kit on premises? Yes  No \_\_\_

d) Wiping cloths kept in sanitizer? Yes  No \_\_\_

e) Sanitizer log kept? Yes  No \_\_\_

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized? Yes  No \_\_\_

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.) Yes  No \_\_\_

10) Dumpster area clean/tight fitting lids/yard clean? Yes  No \_\_\_

11) Are toxic chemicals labeled and stored properly? Yes  No \_\_\_

- hot holding c  
- Hairnets/Gloves in use

water tank 125"

OK

3 bay sink in use

Serve Safe Stephanie A Leveault or Amanda Algen OK

No Rice dropping  
K Burgess

# Brockton Board of Health

## Food Protection Program

45 School Street  
 Brockton, MA 02301  
 Tel. (508) 580-7175 Fax (508) 580-7179

### FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>New Heights Charter School</i>	Date <i>5/25/19</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection
Address <i>1690 Main St.</i>	Risk Level		Previous Inspection Date:
Telephone <i>[Redacted]</i>	HACCP Y/N	Permit No.	<input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Owner <i>New Heights Charter School.</i>	Time In: Out:		
Person In Charge (PIC) <i>Rose Monaghan</i>			
Inspector <i>Dennis Smith</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

#### Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

- Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

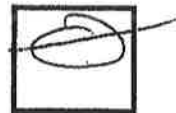
22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.**

C	N

23. Management and Personnel (FC-2)(590.003)  
 24. Food and Food Protection (FC-3)(590.004)  
 25. Equipment and Utensils (FC-4)(590.005)  
 26. Water, Plumbing and Waste (FC-5)(590.006)  
 27. Physical Facility (FC-6)(590.007)  
 28. Poisonous or Toxic Materials (FC-7)(590.008)  
 28. Special Requirements (590.009)  
 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

8: 590inspectForm0-14.doc

Inspector's Signature <i>Dennis Smith</i>	Print: <i>Dennis Smith</i>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature <i>Rose Monaghan</i>	Print: <i>Rose Monaghan</i>	

No Violations

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION  
PLEASE PRINT CLEARLY

Item No.	Code Reference	C - Critical Item R - Red Item	Description of Violation / Plan of Correction	Corrective Action Required:	No	Yes	Date Verified
			Parking Lot Clean.	<input type="checkbox"/> Voluntary Compliance	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
			Refrigeration Set of proper temps. 35° 36° 38°	<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
			Washing at 190°	<input type="checkbox"/> Embargo	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
			Milk Set at 34°	<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
			Eating Area Clean	<input type="checkbox"/> Employee Restrictor	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
			NO old dated Food / Rotten Fruit.	<input type="checkbox"/> Exclusion	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
			275° Cooked Food.	<input type="checkbox"/> Emergency Closure	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
			No Violations	<input type="checkbox"/> Other	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
			Eating Area Clean.				

Discussion With Person in Charge:

- Voluntary Compliance
- Re-inspection Scheduled
- Embargo
- Voluntary Disposal
- Employee Restrictor
- Exclusion
- Emergency Closure
- Other

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 35°F, #2 36°F, #3 38°F, #4 \_\_\_F, #5 \_\_\_F, #6 \_\_\_F, #7 \_\_\_F, #8 \_\_\_F, #9 \_\_\_F

*Heating at 140°*

freezers

b) #1 16°F, #2 \_\_\_F, #3 \_\_\_F, #4 \_\_\_F, #5 \_\_\_F, #6 \_\_\_F, #7 \_\_\_F

c) Are thermometers in place in all of the above? Yes \_\_\_ No \_\_\_

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes  No \_\_\_

b) Misbranded/adulterated/ unknown source?

Yes \_\_\_ No

c) Original, packaging, container in sound condition?

Yes  No \_\_\_

d) Outdated products?

Yes \_\_\_ No

e) PHF at proper temperatures (not/cold)?

Yes  No \_\_\_

3) Water source:

a) Any defects in system?

Yes \_\_\_ No

b) Cross Contamination (check backflow preventers where needed?)

Yes \_\_\_ No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes  No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes  No \_\_\_

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes  No \_\_\_

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes  No \_\_\_

b) Proper water temperature?

Yes  No \_\_\_

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes  No \_\_\_

d) Door closure in place?

Yes  No \_\_\_

e) Hand washing signs in place in all bathrooms?

Yes  No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes  No \_\_\_

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes  No \_\_\_

b) Sanitizer used?

Yes  No \_\_\_

c) Chemical test kit on premises?

Yes  No \_\_\_

d) Wiping cloths kept in sanitizer?

Yes  No \_\_\_

e) Sanitizer log kept?

Yes  No \_\_\_

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes  No \_\_\_

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes  No \_\_\_

10) Dumpster area clean/tight fitting lids/yard clean

Yes  No \_\_\_

11) Are toxic chemicals labeled and stored properly?

Yes  No \_\_\_



# Brockton Board of Health

## Food Protection Program

45 School Street  
 Brockton, MA 02301  
 Tel. (508) 580-7175 Fax (508) 580-7179

### FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>NORTH Jr High</i>	Date	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>100 OAK street</i>	Risk Level		Permit No.
Telephone <i>508 580 7514</i>	HACCP Y/N	Time In:	
Owner <i>Brockton Public School</i>	Time Out:		
Person in Charge (PIC) <i>Debra Romy</i>			
Inspector <i>Chaleb Younes</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**  
 Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:  
 Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

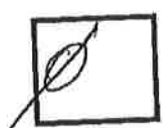
22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.**

C	N

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 28. Special Requirements (590.009)
- 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.  
**DATE OF RE-INSPECTION:**

Inspector's Signature: <i>Chaleb Younes</i>	Print: <i>Chaleb Younes</i>	Page <u>1</u> of <u>2</u> Pa.
PIC's Signature: <i>Debra Romy</i>	Print: <i>Debra Romy</i>	

Establishment Name: North Tarrant High

Date: 03.15.19

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verifie
			Cafeteria salad area Tables, seats Floor clean. Kitchen and Storage area clean Linen room, utensils clean Utensils/Freezers set at proper temperatures (see attached) No outdated food products No chemicals near food products No evidence of rodents Burgers 1x a month Dishrooms OK hot Holdings set at proper temperatures (see attached) hairnets/Gloves in use 3 bag sink in use food line clean and organized Serve Safe Menu OK (see attached)	
			No violations at the time of inspection	

Discussion With Person in Charge:

Corrective Action Required:

<input type="checkbox"/> Voluntary Compliance	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> Emergency Suspension
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:	

Hot Holding  
160  
145°

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

- coolers/refrigerators *walk in*
- a) #1 40F, #2 40F, #3 40F, #4 40F, #5 36F, #6 \_\_\_F, #7 \_\_\_F, #8 \_\_\_F, #9 \_\_\_F
- freezers *serving area*
- b) #1 1F, #2 2F, #3 1/4F, #4 \_\_\_F, #5 \_\_\_F, #6 \_\_\_F, #7 \_\_\_F

Storage area  
Clean  
Food storage  
proper

c) Are thermometers in place in all of the above? Yes \_\_\_ No \_\_\_

2) Potentially Hazardous foods:

- a) Stored at proper/temperatures/conditions?
- b) Misbranded/adulterated/ unknown source?
- c) Original, packaging, container in sound condition?
- d) Outdated products?
- e) PHF at proper temperatures (not/cold)?

Yes  No \_\_\_  
Yes \_\_\_ No   
Yes \_\_\_ No \_\_\_  
Yes \_\_\_ No   
Yes  No \_\_\_

3) Water source:

- a) Any defects in system?
- b) Cross Contamination (check backflow preventers where needed?)
- c) Proper temperatures & pressure (check all faucets/fixtures)

Yes \_\_\_ No   
Yes \_\_\_ No   
Yes  No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition?  
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes \_\_\_ No \_\_\_  
Yes  No \_\_\_

5) Bathroom, Facilities (men', ladies, employees)

- a) Is facility vented properly?
- b) Proper water temperature?
- c) Soap, paper towels, toilet tissue, & all holders in place?
- d) Door closure in place?
- e) Hand washing signs in place in all bathrooms?

Yes  No \_\_\_  
Yes  No \_\_\_  
Yes  No \_\_\_  
Yes \_\_\_ No \_\_\_  
Yes  No \_\_\_

Hot water  
128°

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?  
Look for bait boxes/droppings and check extermination reports

OK

No mice  
droppings  
Baitboxes  
ix am

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes \_\_\_ No \_\_\_

8) Two & three bay sinks/dishwashers/drain boards

- a) Sanitizer charts posted?
- b) Sanitizer used?
- c) Chemical test kit on premises?
- d) Wiping cloths kept in sanitizer?
- e) Sanitizer log kept?

Yes  No \_\_\_  
Yes  No \_\_\_  
Yes  No \_\_\_  
Yes  No \_\_\_  
Yes  No \_\_\_

3 bay sink  
in use

9) Facilities

- a) Are food contact surfaces/equipment clean/sanitized
- b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes  No \_\_\_

- 10) Dumpster area clean/tight fitting lids/yard clean
- 11) Are toxic chemicals labeled and stored properly?

Yes  No \_\_\_  
Yes  No \_\_\_  
Yes  No \_\_\_

MAXIME chandler 2020 / Allergien  
Debra ROONEY 2020

# Brockton Board of Health

## Food Protection Program

45 School Street  
Brockton, MA 02301  
Tel. (508) 580-7175 Fax (508) 580-7179

### FOOD ESTABLISHMENT INSPECTION REPORT

Name	<i>Plouffe school</i>	Date	<i>03-14-19</i>	Type of Operation(s)	Type of Inspection
Address	<i>43 Crescent street</i>	Risk Level		<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone	<i>508 895 4301</i>	HACCP Y/N		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-Inspection
Owner	<i>Brockton Public School</i>	Time In:		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person in Charge (PIC)	<i>Sandra Cowell</i>	Time Out:		<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector	<i>Ghalib Younes</i>	Permit No.		<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
				<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
					<input type="checkbox"/> Other _____

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**  
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:  
Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

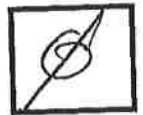
22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)** Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 28. Special Requirements (590.009)
- 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <i>Ghalib Younes</i>	Print: <i>Ghalib Younes</i>	Page <i>1</i> of <i>2</i> Page
PIC's Signature: <i>Sandra Cowell</i>	Print: <i>Sandra Cowell</i>	

Establishment Name: Dougherty School

45 Cress St

Date: 03-14-19

Page: 2 of 2

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION  
PLEASE PRINT CLEARLY

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION
			Cafeteria, Tables / Seals, clean Kitchen Area, Storage Area, Equipment, coolers, utensils Clean
			Handnets, Gloves in use Not holding OK (See Attached)
			Refrigerators / Freezer Set @ proper temperatures (See Attached)
			No unlabeled food products
			No chemicals near food products
			No evidence of tick or rodent infestation. (See Attached)
			Bathrooms OK
			3 bay sink in use
			Some SAFE Haloper Avoness OK (See Attached)
			No violations at the time of inspection.

Discussion With Person in Charge:

Corrective Action Required:

<input type="checkbox"/> Voluntary Compliance	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Employee Resignation / Exclusion	<input type="checkbox"/> Emergency Suspension
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:	



Hairnets/Gloves in use

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators:

a) #1 37 F, #2 40 F, #3 38 F, #4 39 F, #5 39 F, #6 38 F, #7 38 F, #8 \_\_\_ F, #9 \_\_\_ F

freezers

b) #1 12 F, #2 \_\_\_ F, #3 \_\_\_ F, #4 \_\_\_ F, #5 \_\_\_ F, #6 \_\_\_ F, #7 \_\_\_ F

c) Are thermometers in place in all of the above? Yes \_\_\_ No \_\_\_

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions? Yes \_\_\_ No \_\_\_

b) Misbranded/adulterated/ unknown source? Yes \_\_\_ No \_\_\_

c) Original, packaging, container in sound condition? Yes \_\_\_ No \_\_\_

d) Outdated products? Yes \_\_\_ No \_\_\_

e) PHF at proper temperatures (not/cold)? Yes \_\_\_ No \_\_\_

3) Water source:

a) Any defects in system? Yes \_\_\_ No \_\_\_

b) Cross Contamination (check backflow preventers where needed)? Yes \_\_\_ No \_\_\_

c) Proper temperatures & pressure (check all faucets/fixtures) Yes \_\_\_ No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition? Yes \_\_\_ No \_\_\_

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc) Yes \_\_\_ No \_\_\_

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly? Yes \_\_\_ No \_\_\_

b) Proper water temperature? Yes \_\_\_ No \_\_\_

c) Soap, paper towels, toilet tissue, & all holders in place? Yes \_\_\_ No \_\_\_

d) Door closure in place? Yes \_\_\_ No \_\_\_

e) Hand washing signs in place in all bathrooms? Yes \_\_\_ No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc? Yes \_\_\_ No \_\_\_

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc? Yes \_\_\_ No \_\_\_

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted? Yes \_\_\_ No \_\_\_

b) Sanitizer used? Yes \_\_\_ No \_\_\_

c) Chemical test kit on premises? Yes \_\_\_ No \_\_\_

d) Wiping cloths kept in sanitizer? Yes \_\_\_ No \_\_\_

e) Sanitizer log kept? Yes \_\_\_ No \_\_\_

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized? Yes \_\_\_ No \_\_\_

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.) Yes \_\_\_ No \_\_\_

10) Dumpster area clean/tight fitting lids/yard clean? Yes \_\_\_ No \_\_\_

11) Are toxic chemicals labeled and stored properly? Yes \_\_\_ No \_\_\_

Food stored  
no paper

Hot water  
Temp ok  
130

Hot  
holding  
160 all o

OK

3 bay  
sink  
in  
use

→ No mice  
droppings

SANDRA COWELL exp 2023 / Food Allergen -  
MANY TIMBER LAKE exp 2023



# Brockton Board of Health

**Food Protection Program**  
 45 School Street  
 Brockton, MA 02301  
 Tel. (508) 580-7175 Fax (508) 580-7179

## FOOD ESTABLISHMENT INSPECTION REPORT

(School)

Name	RAYMOND School	Date	3/18/19	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service	Type of Inspection	<input checked="" type="checkbox"/> Routine
Address	128 Oak Street	Risk Level		<input type="checkbox"/> Retail	<input type="checkbox"/> Residential Kitchen	Previous Inspection	
Telephone	508-580-7514	HACCP Y/N		<input type="checkbox"/> Mobile	<input type="checkbox"/> Temporary	Date:	6/18/18
Owner	BPS	Time In:	10:00	<input type="checkbox"/> Caterer	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Pre-operation	
Person in Charge (PIC)		Time Out:		<input type="checkbox"/> Other		<input type="checkbox"/> Suspect Illness	
Inspector	PC	Permit No.				<input type="checkbox"/> General Complaint	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**  
 Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:  
 Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

### CONSUMER ADVISORY

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)** Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 28. Special Requirements (590.009)
- 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105.CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: *[Signature]* Print: PATRICK O. CAWTON  
 PIC's Signature: *[Signature]* Print: MARY DAMARCO  
 Page 1 of 2

Establishment Name:

Raymond School

Date: 3/18/2019

Page: 2 of 2

Item No. Code Reference C - Critical Item R - Red Item

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION  
PLEASE PRINT CLEARLY

Date Verifie

Parking lot + dumpster enclosure are broom swept clean + free of litter;

Kitchen Facilities are clean, neat and sanitary;   
 ~~Backrooms ok~~

NO outdated Food

NO pest issues (Item: Burgers Pest Control)

3 Bay Sinks in use

Paper Food handling/prep by kitchen staff

Frige/Freezer traps okay (See attached)

Severe Sinks    
 Permits Posted

~~NO VIOLATIONS~~

Discussion With Person in Charge:

WPA

Corrective Action Required:

No

Yes

Voluntary Compliance

Employee Restriction / Exclusion

Re-inspection Scheduled

Emergency Suspension

Embargo

Emergency Closure

Voluntary Disposal

Other:

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 32°F, #2 39°F, #3 40°F, #4 38°F, #5 37°F, #6     °F, #7     °F, #8     °F, #9     °F

freezers

b) #1 1°F, #2 3°F, #3     °F, #4     °F, #5     °F, #6     °F, #7     °F

c) Are thermometers in place in all of the above? Yes  No

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes  No

b) Misbranded/adulterated/ unknown source?

Yes  No

c) Original, packaging, container in sound condition?

Yes  No

d) Outdated products?

Yes  No

e) PHF at proper temperatures (not/cold)?

Yes  No

3) Water source:

a) Any defects in system?

Yes  No

b) Cross Contamination (check backflow preventers where needed)?

Yes  No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes  No

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes  No

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes  No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes  No

b) Proper water temperature?

Yes  No

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes  No

d) Door closure in place?

Yes  No

e) Hand washing signs in place in all bathrooms?

Yes  No

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

X

Look for bait boxes/droppings and check extermination reports

X

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes  No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes  No

b) Sanitizer used?

Yes  No

c) Chemical test kit on premises?

Yes  No

d) Wiping cloths kept in sanitizer?

Yes  No

e) Sanitizer log kept?

Yes  No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes  No

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes  No

10) Dumpster area clean/tight fitting lids/yard clean

Yes  No

11) Are toxic chemicals labeled and stored properly?

Yes  No

3/18/19 good

# Brockton Board of Health

**Food Protection Program**  
 45 School Street  
 Brockton, MA 02301  
 Tel. (508) 580-7175 Fax (508) 580-7179

## FOOD ESTABLISHMENT INSPECTION REPORT \*Kitchen\*

Name	Saint Patrick's Church	Date	11/27/18	Type of Operation(s)	<input type="checkbox"/> Food Service <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: 2/21/2018 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address	335 MAIN STREET	Risk Level		Permit No.			
Telephone	(508) 580-4848	HACCP Y/N					
Owner	St. Patrick's Church	Time In:					
Person in Charge (PIC)	Father Francis Palomba	Time Out:					
Inspector	FOL						

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**  
 Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:  
 Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

### CONSUMER ADVISORY

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.**

C	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		28. Special Requirements	(590.009)
		30. Other	

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.  
**DATE OF RE-INSPECTION:**

Inspector's Signature: *[Signature]* Print: PATRICK O. LAWTON  
 PIC's Signature: *[Signature]* Print: FR. FRANCIS PALOMBA  
 Page 1 of 2P

Establishment Name:

St Patrick's Church

Date: 11/27/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
----------	----------------	-----------------------------------	--	---------------

\* Parking lot & Dumpster enclosure clean & brown swept;

Kitchen area is brown swept, clean & organized;

\* Bathrooms are well stocked ✓

\* No out-dated food (Food & chemicals stored properly)

\* No pest issues (IPM Active Pest Control - by phone or on-site)

Trails ✓

Sensitized Very clean ✓

No violations

Discussion With Person in Charge:

N/A

Corrective Action Required:

No

Yes

- Voluntary Compliance
- Re-inspection Scheduled
- Embargo
- Voluntary Disposal
- Employee Restriction / Exclusion
- Emergency Suspension
- Emergency Closure
- Other:



1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 37, #2     , F, #3     , F, #4     , F, #5     , F, #6     , F, #7     , F, #8     , F, #9      F

freezers

b) #1 45, #2     , F, #3     , F, #4     , F, #5     , F, #6     , F, #7      F

c) Are thermometers in place in all of the above? Yes  No

2) Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes  No

b) Misbranded/adulterated/ unknown source?

Yes  No

c) Original, packaging, container in sound condition?

Yes  No

d) Outdated products?

Yes  No

e) PHF at proper temperatures (not/cold)?

Yes  No

3) Water source:

a) Any defects in system?

Yes  No

b) Cross Contamination (check backflow preventers where needed?)

Yes  No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes  No

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes  No

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes  No

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes  No

b) Proper water temperature?

Yes  No

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes  No

d) Door closure in place?

Yes  No

e) Hand washing signs in place in all bathrooms?

Yes  No

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Yes  No

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Yes  No

Check for hair restraints, clothing etc, any open cuts/sores etc?

8) Two & three bay sinks/dishwashers/drain boards

Yes  No

a) Sanitizer charts posted?

Yes  No

b) Sanitizer used?

Yes  No

c) Chemical test kit on premises?

Yes  No

d) Wiping cloths kept in sanitizer?

Yes  No

e) Sanitizer log kept?

Yes  No

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes  No

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes  No

10) Dumpster area clean/tight fitting lids/yard clean

Yes  No

11) Are toxic chemicals labeled and stored properly?

Yes  No

Yes  No

*5 good*

*pol*  
*1/22/18*



# Brockton Board of Health

## Food Protection Program

45 School Street

Brockton, MA 02301

Tel. (508) 580-7175 Fax (508) 580-7179

### FOOD ESTABLISHMENT INSPECTION REPORT

Name <b>South Junior High School</b>	Date <b>3/25/19</b>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address <b>105 Keith Avenue</b>	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Telephone <b>(508) 580-7310</b>	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection (6/20/18) Date: <b>6/20/18</b>
Owner <b>BPS</b>	Time	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Person in Charge (PIC) <b>Elaine N...</b>	In:	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
Inspector <b>POL</b>	Out:	<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
		Permit No.	<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

#### Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

#### Non-compliance with:

- Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.**

C	N

23. Management and Personnel (FC-2)(590.003)  
24. Food and Food Protection (FC-3)(590.004)  
25. Equipment and Utensils (FC-4)(590.005)  
26. Water, Plumbing and Waste (FC-5)(590.006)  
27. Physical Facility (FC-6)(590.007)  
28. Poisonous or Toxic Materials (FC-7)(590.008)  
28. Special Requirements (590.009)  
30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: 	Print: <b>PATRICK O. LAWTON</b>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: 	Print: <b>Elaine N...</b>	

Establishment Name: South Junior High School

Date: 3/25/2019 Page: 2 of 2

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION  
PLEASE PRINT CLEARLY

Date Verified

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
			Parking lot $\frac{1}{2}$ dumpster enclosure or brown sheet / no litter ✓	
			Kitchen facilities are operational and in good working order • Proper floor / floor traps ✓ • 3 bay sink ✓ • Chemicals stored properly • oven / preheat / hot-holding @ paper trays (~ 171°F)	
			No outdated food	
			Day storage goods	
			NO REST ISSUES	
			Paper food handling procedures observed	
			Seawater	
			Allergens	
			Temp logs on walk-in ✓	
			(NO VIOLATIONS)	

NR

Discussion With Person in Charge:

Corrective Action Required:

<input type="checkbox"/> Voluntary Compliance	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> Emergency Suspension
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:	

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 \_\_\_ F, #2 \_\_\_ F, #3 \_\_\_ F, #4 \_\_\_ F, #5 ~~\_\_\_ F~~, #6 ~~\_\_\_ F~~, #7 ~~\_\_\_ F~~, #8 ~~\_\_\_ F~~, #9 ~~\_\_\_ F~~

freezers

b) #1 \_\_\_ F, #2 ~~\_\_\_ F~~, #3 ~~\_\_\_ F~~, #4 ~~\_\_\_ F~~, #5 ~~\_\_\_ F~~, #6 ~~\_\_\_ F~~, #7 ~~\_\_\_ F~~

c) Are thermometers in place in all of the above? Yes  No \_\_\_

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes  No \_\_\_

b) Misbranded/adulterated/ unknown source?

Yes \_\_\_ No

c) Original, packaging, container in sound condition?

Yes  No \_\_\_

d) Outdated products?

Yes \_\_\_ No

e) PHF at proper temperatures (not/cold)?

Yes  No \_\_\_

3) Water source:

a) Any defects in system?

Yes \_\_\_ No

b) Cross Contamination (check backflow preventers where needed?)

Yes \_\_\_ No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes  No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes  No \_\_\_

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes  No \_\_\_

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes  No \_\_\_

b) Proper water temperature?

Yes  No \_\_\_

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes  No \_\_\_

d) Door closure in place?

Yes  No \_\_\_

e) Hand washing signs in place in all bathrooms?

Yes  No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes  No \_\_\_

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes  No \_\_\_

b) Sanitizer used?

Yes  No \_\_\_

c) Chemical test kit on premises?

Yes  No \_\_\_

d) Wiping cloths kept in sanitizer?

Yes  No \_\_\_

e) Sanitizer log kept?

Yes  No \_\_\_

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes  No \_\_\_

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes  No \_\_\_

10) Dumpster area clean/tight fitting lids/yard clean

Yes  No \_\_\_

11) Are toxic chemicals labeled and stored properly?

Yes  No \_\_\_

*Goal ✓*

*2/22/19 (PA)*

# Brockton Board of Health

## Food Protection Program

45 School Street  
 Brockton, MA 02301  
 Tel. (508) 580-7175 Fax (508) 580-7179

### FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Trinity Catholic upper</i>	Date <i>3/19/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>37 Erie Ave</i>	Risk Level	Permit No.	
Telephone [REDACTED]	HACCP Y/N		
Owner <i>Trinity Catholic Upper</i>	Time In: _____ Out: _____		
Person in Charge (PIC)			
Inspector <i>[Signature]</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

#### Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

#### Non-compliance with:

- Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.**

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		28. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <i>[Signature]</i>	Print: <i>Kevin Berger</i>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>[Signature]</i>	Print: <i>M. Leonard</i>	

Establishment Name:

Trinity Catholic Upper

Date:

3/19/19

Page:

2 of 2

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION

PLEASE PRINT CLEARLY

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Ver
			Parking lot clean and dumpster enclosed	
			Foodline is clean and welcoming	
			Hot holding temps, OK	
			NO outdated product	
			All coolers/freezers are at proper temps.	
			NO pest issues FPM 1x per month	
			All servers wearing hats and gloves	
			Bathrooms OK	

Discussion With Person in Charge:

Corrective Action Required:	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspendio	
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:	

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 70 F, #2 28 F, #3 36 F, #4 \_\_\_ F, #5 \_\_\_ F, #6 \_\_\_ F, #7 \_\_\_ F, #8 \_\_\_ F, #9 \_\_\_ F

freezers

b) #1 0 F, #2 \_\_\_ F, #3 \_\_\_ F, #4 \_\_\_ F, #5 \_\_\_ F, #6 \_\_\_ F, #7 \_\_\_ F

c) Are thermometers in place in all of the above? Yes \_\_\_ No \_\_\_

2) Potentially Hazardous foods:

- a) Stored at proper/temperatures/conditions?
- b) Misbranded/adulterated/ unknown source?
- c) Original, packaging, container in sound condition?
- d) Outdated products?
- e) PHF at proper temperatures (not/cold)?

Yes \_\_\_ No ✓

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes ✓ No \_\_\_

3) Water source:

- a) Any defects in system?
- b) Cross Contamination (check backflow preventers where needed?)
- c) Proper temperatures & pressure (check all faucets/fixtures)

Yes \_\_\_ No ✓

Yes \_\_\_ No ✓

Yes \_\_\_ No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition?  
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes ✓ No \_\_\_

Yes \_\_\_ No \_\_\_

5) Bathroom, Facilities (men', ladies, employees)

- a) Is facility vented properly?
- b) Proper water temperature?
- c) Soap, paper towels, toilet tissue, & all holders in place?
- d) Door closure in place?
- e) Hand washing signs in place in all bathrooms?

Yes ✓ No \_\_\_

Yes ✓ No \_\_\_

Yes ✓ No \_\_\_

Yes ✓ No \_\_\_

Yes \_\_\_ No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?  
Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes \_\_\_ No ✓

8) Two & three bay sinks/dishwashers/drain boards

- a) Sanitizer charts posted?
- b) Sanitizer used?
- c) Chemical test kit on premises?
- d) Wiping cloths kept in sanitizer?
- e) Sanitizer log kept?

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

9) Facilities

- a) Are food contact surfaces/equipment clean/sanitized
- b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

10) Dumpster area clean/tight fitting lids/yard clean

Yes \_\_\_ No \_\_\_

11) Are toxic chemicals labeled and stored properly?

Yes \_\_\_ No \_\_\_



# Brockton Board of Health

**Food Protection Program**  
 45 School Street  
 Brockton, MA 02301  
 Tel. (508) 580-7175 Fax (508) 580-7179

## FOOD ESTABLISHMENT INSPECTION REPORT

Name	Trinity Catholic - Lower	Date	3/20/19	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other <u>School</u>
Address	631 North Main Street	Risk Level			
Telephone	508 583 6231	HACCP Y/N		Permit No.	
Owner	Trinity Catholic - Lower	Time In:			
Person in Charge (PIC)		Time Out:			
Inspector	<i>[Signature]</i>				

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**  
 Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:  
 Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

### CONSUMER ADVISORY

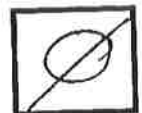
22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)** Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 28. Special Requirements (590.009)
- 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <i>[Signature]</i>	Print: Kevin Berger	Page 1 of 2 Page
PIC's Signature: <i>[Signature]</i>	Print: Kristin Blanchette	

Establishment Name: Trinity Catholic - Lower Date: 3/20/19 Page: 2 of 2

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION  
PLEASE PRINT CLEARLY

Item No. Code Reference C - Critical Item R - Red Item

Parking lot clean dumpster enclosed  
Kitchen area clean and organized  
No outdated product  
No chemicals near food  
Cooler/freezer is at proper temps.  
2 Bag SNK in use  
Bathrooms OK  
No pest issues at time of inspection.

Discussion With Person in Charge:

Corrective Action Required:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension	
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:	

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 38 F, #2 36 F, #3 37 F, #4 \_\_\_ F, #5 \_\_\_ F, #6 \_\_\_ F, #7 \_\_\_ F, #8 \_\_\_ F, #9 \_\_\_ F

freezers

b) #1 4 F, #2 \_\_\_ F, #3 \_\_\_ F, #4 \_\_\_ F, #5 \_\_\_ F, #6 \_\_\_ F, #7 \_\_\_ F

c) Are thermometers in place in all of the above? Yes \_\_\_ No \_\_\_

2) Potentially Hazardous foods:

- a) Stored at proper/temperatures/conditions?
- b) Misbranded/adulterated/ unknown source?
- c) Original, packaging, container in sound condition?
- d) Outdated products?
- e) PHF at proper temperatures (not/cold)?

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

3) Water source:

- a) Any defects in system?
- b) Cross Contamination (check backflow preventers where needed?)
- c) Proper temperatures & pressure (check all faucets/fixtures)

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition?  
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

5) Bathroom, Facilities (men', ladies, employees)

- a) Is facility vented properly?
- b) Proper water temperature?
- c) Soap, paper towels, toilet tissue, & all holders in place?
- d) Door closure in place?
- e) Hand washing signs in place in all bathrooms?

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?  
Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes \_\_\_ No \_\_\_

8) Two & three bay sinks/dishwashers/drain boards

- a) Sanitizer charts posted?
- b) Sanitizer used?
- c) Chemical test kit on premises?
- d) Wiping cloths kept in sanitizer?
- e) Sanitizer log kept?

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

9) Facilities

- a) Are food contact surfaces/equipment clean/sanitized
- b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

10) Dumpster area clean/tight fitting lids/yard clean

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

11) Are toxic chemicals labeled and stored properly?

Yes \_\_\_ No \_\_\_

# Brockton Board of Health

## Food Protection Program

45 School Street  
Brockton, MA 02301  
Tel. (508) 580-7175 Fax (508) 580-7179

### FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>West Junior High School</i>	Date <i>03-25-19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>271 West Street</i>	Risk Level	Permit No. <i>019970</i>	
Telephone <i>508-580-7514</i>	HACCP Y/N		
Owner <i>Brockton Public Schools</i>	Time In: Out:		
Person in Charge (PIC) <i>CHRISTINE HOEB</i>			
Inspector <i>Shahab Younes</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**  
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:  
Anti-Choking 590.009(E)  Tobacco 590.009(F)   
 Allergens

#### FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans

#### PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives  
 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.**

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		28. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal 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 aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <i>Shahab Younes</i>	Print: <i>Shahab Younes</i>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Christine Hoeb</i>	Print: <i>CHRISTINE HOEB</i>	

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION  
PLEASE PRINT CLEARLY

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY	Date Verified
			<p>Backyard clean (floors, tables, seats).</p> <p>Kitchen area clean organized</p> <p>Food line clean and stored properly</p> <p>Refrigerators freezers sub 40 degrees temperature (see attached)</p> <p>Hot holding 180C proper temperature (156 or 2)</p> <p>No outdated food products</p> <p>No chemicals near food products</p> <p>No evidence of rodents burrows or a nest (also as required)</p> <p>Hand sinks in use</p> <p>Bathrooms OK</p> <p>Same safe divided (see attached)</p> <p>Observed proper food handling serving to students</p>	
			<p>No violations at the time of inspection</p>	

Discussion With Person in Charge:

Corrective Action Required:

<input type="checkbox"/> Voluntary Compliance	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> Emergency Suspension
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:	



not holding

Food stored properly

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.

coolers/refrigerators

a) #1 40F, #2 38F, #3 40F, #4 \_\_\_F, #5 \_\_\_F, #6 \_\_\_F, #7 \_\_\_F, #8 \_\_\_F, #9 \_\_\_F

freezers

b) #1 4F, #2 4F, #3 \_\_\_F, #4 \_\_\_F, #5 \_\_\_F, #6 \_\_\_F, #7 \_\_\_F

c) Are thermometers in place in all of the above? Yes \_\_\_ No \_\_\_

2). Potentially Hazardous foods:

a) Stored at proper/temperatures/conditions?

Yes  No \_\_\_

b) Misbranded/adulterated/ unknown source?

Yes \_\_\_ No

c) Original, packaging, container in sound condition?

Yes  No \_\_\_

d) Outdated products?

Yes  No

e) PHF at proper temperatures (not/cold)?

Yes  No \_\_\_

3) Water source:

a) Any defects in system?

Yes \_\_\_ No

b) Cross Contamination (check backflow preventers where needed?)

Yes \_\_\_ No

c) Proper temperatures & pressure (check all faucets/fixtures)

Yes  No \_\_\_

4) Sewage/Plumbing

Is sewage disposal system in good condition?

Yes  No \_\_\_

(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)

Yes  No \_\_\_

5) Bathroom, Facilities (men', ladies, employees)

a) Is facility vented properly?

Yes  No \_\_\_

b) Proper water temperature?

Yes  No \_\_\_

c) Soap, paper towels, toilet tissue, & all holders in place?

Yes  No \_\_\_

d) Door closure in place?

Yes  No \_\_\_

e) Hand washing signs in place in all bathrooms?

Yes  No \_\_\_

6) Rodent/roach/insect infestation

Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?

OK

Look for bait boxes/droppings and check extermination reports

7) Worker Hygiene-Any signs of problems?

Check for hair restraints, clothing etc, any open cuts/sores etc?

Yes \_\_\_ No

8) Two & three bay sinks/dishwashers/drain boards

a) Sanitizer charts posted?

Yes  No \_\_\_

b) Sanitizer used?

Yes  No \_\_\_

c) Chemical test kit on premises?

Yes  No \_\_\_

d) Wiping cloths kept in sanitizer?

Yes  No \_\_\_

e) Sanitizer log kept?

Yes  No \_\_\_

9) Facilities

a) Are food contact surfaces/equipment clean/sanitized

Yes  No \_\_\_

b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/stoves/ovens/etc.)

Yes  No \_\_\_

10) Dumpster area clean/tight fitting lids/yard clean

Yes  No \_\_\_

11) Are toxic chemicals labeled and stored properly?

Yes  No \_\_\_

Hot water 126°F

Hair net. Gloves in use

✓ Serve safe Jennette Cox exp 23  
✓ Christine Hoeg exp 21.