### FOOD ESTABLISHMENT INSPECTION REPORT

**Food Protection Program** 

45 School Street Brockton, MA 02301

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

		101. (000) 000-1110	1 ax (500) 500-1 179						
Name Ashfield School	Date 3-19	Type of Operation(s)	Type of Inspection						
Address 225 Coe Rd	Risk	Risk 🗀 Retail							
Telephone 508 580 7247	Level	Residential Kitchen  Mobile	Previous Inspection Date:						
Owner 13 0 9	HACCP Y/N	HACCP Y/N Temporary Pre-							
Person In Charge (PIC) tom Mc neeld	Time								
Inenector in	In: HACCP								
I May ome sorie	Out:	Permit No.	Other						
Each violation checked requires an explanation on the violated.	narrative pag								
Violations Related to Foodborne Illness Interventions and	Risk Factors	(Red Items) Anti-Cho	n-compliance with: oking Tobacco						
Violations marked may pose an imminent health hazard and re	equire Immediat	e corrective 590.009(							
action as determined by the Board of Health.			☐ Allergens						
FOOD PROTECTION MANAGEMENT	12 Prevent	tion of Contamination from H	ande						
1. PIC Assigned / Knowledgeable / Duties	_	ash Facilities	anus						
EMPLOYEE HEALTH	_	ROM CHEMICALS							
Reporting of Diseases by Food Employee and PIC		ed Food or Color Additives							
3. Personnel with Infections Restricted/Excluded	14. Approve								
FOOD FROM APPROVED SOURCE	_								
4. Food and Water from Approved Source		TURE CONTROLS (Potentially	Hazardous Foods)						
5. Receiving/Condition		Temperatures							
6. Tags/Records/Accuracy of Ingredient Statements	17. Reheati	•							
7. Conformance with Approved Procedures/HACCP Plans	18. Cooling								
PROTECTION FROM CONTAMINATION		Cold Holding							
8. Separation/ Segregation/ Protection		a Public Health Control							
9. Food Contact Surfaces Cleaning and Sanitizing		FOR HIGHLY SUSCEPTIBLE	•						
10. Proper Adequate Handwashing		d Food Preparation for HSP							
11. Good Hygienic Practices	CONSUMER ADV								
	☐ 22. Posting of Consumer Advisories								
Violations Related to Good Retail Practices (Blue	Number of Vio	lated Provisions Related							
Items) Critical (C) violations marked must be corrected		Illnesses Interventions	1						
immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected	and Risk Facto	ors (Red Items 1-22):	A.						
immediately or within 90 days as determined by the Board	Official Order f	or Correction: Based on	an inspection						
of Health.	today, the Item	s checked indicate violat I Food Code. This report,	ions of 105 CMR						
23. Management and Personnel (FC-2)(590,003)	by a Board of I	Health member or its age	nt constitutes an						
24 Food and Food Bustantian	order of the Bo	pard of Health. Fallure to d	correct violations						
25 Equipment and Utangile	cited in this rep	port may result in suspen lishment permit and cess	sion or revocation of						
26. water, Plumbing and waste (FC-5)(590,006)		operations. If aggrieved b							
27. Physical Facility (FC-6)(590.007)	have a right to	a hearing. Your request n	nust be in writing						
OR Consist Description		to the Board of Health at	the above address						
20 041	DATE OF RE-IN	of receipt of this order. ISPECTION:							
S: 590InspectFarm5-14.doc		1							
Inspector's Signature: M. Print:	10	1-11	T						
11/1/hup 200	11/1912/	sono Bother							
PIC's Signature: Print:	an wil	Jeely	PageofPages						

No. Establishment Name:\_ פוטטתוטוו שטמוש ייייי Discussion With Person in Charge: Code Reference C - Critical Item R - Red Item A Seru Sale 5 Freezer Treezer moster さんついか r 200 20/20 MOSTIC 200 DESCRIPTION OF VIOLATION / PLAN OF CORRECTION Cloan GENTLES REPORTED 4.000 12 02 C Gorret Jen P 7 PLEASE PRINT CLEARLY Date: cloa 1040 Corrective Action Required: O 0 B Re-inspection Scheduled Voluntary Compliance Voluntary Disposal Embargo +-Page: Sovetre-ON C Emergency Suspension Employee Restriction / Emergency Closure D Date Yes Verified

<ol> <li>Temperatures: record the exact temperature of each refrigerator and frestablishment.</li> </ol>	reezer in the
coolers/refrigerators	
a) #1 <u>56</u> F, #2 <u>75</u> , F, #3 <u>7</u> F, #4 <u>7</u> F, #5 <u>7</u> F, #6 <u>7</u> F, #7 <u>7</u> F, #8 <u>7</u> F, #9	F
rreezers	
b)#1F, #2F,#3F, #4F, #5F, #6F, #7F	
c) Are thermometers in place in all of the above? YesNo	
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_ Nov
e) PHF at proper temperatures (not/cold)?	Yes No
3) Water source:	Official Statement
a) Any defects in system?	YesNo
b) Cross Contamination (check backflow preventers where needed?	YesNo_/
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, tollet 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?	YesNo
b) Sanitizer used?	YesNo
c) Chemical test kit on premises?	YesNo
d) Wiping cloths kept in sanitizer?	Yes_No_
e) Sanitizer log kept?	Yes V No_
9) Facilities	
a) Are food contact surfaces/equipment clean/sanitized	YesNo
b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/	
stoves/ovens/etc.)	YesNo
10) Dumpster area clean/tight fitting lids/yard clean	Yes_No_
11) Are toxic chemicals labeled and stored properly?	Yes / No

### Food Protection Program

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Bro	ockton	. MA	02301

FOOD ESTABLISHMENT INSPECTION REPORT $\left( \leq \frac{1}{2} \right)$	hools)	Brockton, MA 023 Tel. (508) 580-717	01 75 Fax (508) 580-7179
Name B.B. Russell School	Date /	Type of Operation(s) Food Service Retail	Routine Re-inspection
Address 45 Oak I she herve	Risk Level	Residential Kitchen	Previous Inspection
Telephone 508. 894. 4569		│	Date: 6   S   S
Owner BPS	HACCP Y/N	☐ Caterer	Suspect Illness
Person in Charge (PIC)	Time	Bed & Breakfast	General Complaint  HACCP
Inspector P)	In: ∦₽₩\ Out:	Permit No.	Other
Each violation checked requires an explanation on the	narrative pag	e(s) and a citation	of specific provision(s)
violated.			Non-compliance with: Choking Tobacco
Violations Related to Foodborne Illness Interventions and	Risk Factors	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	009(E) 590.009(F)
Violations marked may pose an imminent health hazard and reaction as determined by the Board of Health.	aquile illilledia	to compouvo	Allergens
FOOD PROTECTION MANAGEMENT		ntion of Contamination from	m Hands
1. PIC Assigned / Knowledgeable / Duties	☐ 13. Handw	ash Facilities	
EMPLOYEE HEALTH		ROM CHEMICALS	
2. Reporting of Diseases by Food Employee and PIC		ved Food or Color Additive	∋S
3. Personnel with Infections Restricted/Excluded	15. Toxic (		
FOOD FROM APPROVED SOURCE	TIME/TEMPERA	ATURE CONTROLS (Potent	ially Hazardous Foods)
4. Food and Water from Approved Source	☐ 16. Cookir	ng Temperatures	
5. Receiving/Condition	🗌 17. Rehea	ting	
6. Tags/Records/Accuracy of Ingredient Statements	🗌 18. Coolin	g	
7. Conformance with Approved Procedures/HACCP Plans	19. Hot an	d Cold Holding	
PROTECTION FROM CONTAMINATION	☐ 20. Time A	As a Public Health Control	
8. Separation/ Segregation/ Protection	REQUIREMENT	S FOR HIGHLY SUSCEPTION	BLE POPULATIONS (HSP)
9. Food Contact Surfaces Cleaning and Sanitizing	☐ 21. Food a	and Food Preparation for l	HSP
10. Proper Adequate Handwashing	CONSUMER A	VISORY	
11. Good Hygienic Practices	22. Postin	g of Consumer Advisories	<b>,</b>
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.  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	To Foodborn and Risk Factorial Order today, the Ite 590.000/fede by a Board of order of the Ite Ite Ite Ite Ite Ite Ite Ite Ite It	f Health member or its Board of Health. Failurd report may result in sur ablishment permit and nt operations. If aggrie to a hearing. Your requ	ns don an Inspection violations of 105 CMR port, when signed below agent constitutes an e to correct violations spension or revocation of cessation of food ved by this order, you lest must be in writing th at the above address
Inspector's Signature: Print:	DATIFICK	O. LAWTON	1. ~
PIC's Signature: Print:		Smillo	Pageof_Pages

Print:

No. Brockton Board of Peauli Establishment Name:\_ Discussion With Person in Charge: Code Reference C - Critical Item R - Red Item B.B Russell Kitchen Servers NO 2 S-BAY 3 138 Servesafe Hatachive . P 407 towlik is 400x HOLDING 1527 OUTDATED FOOD FOOD f SEX Wagners DESCRIPTION OF VIOLATION / PLAN OF CORRECTION exac : dra rico and JSSW2S pre-heated clean + ergonized South (P) Sociation has BAR A 6000 TAM PLEASE PRINT CLEARLY 00 Date: The Died glaves 1 266 CONSING HESH Corrective Action Required: Re-inspection Scheduled Voluntary Compliance Embargo Voluntary Disposal Dro Dec Z D Page: CIORTIONS 45505 ON NO Emergency Suspension Employee Restriction / Other: **Emergency Closure** Exclusion D Verifie Date Yes

	at a contract of the contract		
5 <b>5</b> ,		d function that	$\sim$ $/$
	1) Temperatures: record the exact temperature of each refrigerator and	d freezer in the	01/16
	establishment.	148	C HOLDING
	coolers/refrigerators	FD-E	
	coolers/refrigerators a) #1337F, #239, F, #340F, #438F, #5_F, #6_F, #7_F, #8_F, #	<sup>49</sup> —- <sup>r</sup> /	<u></u>
	freezers >	(	158°F
	b)#1 (2 E #2 E #3 E, #4 F, #5 F, #6		120.
	c) Are thermometers in place in all of the above? Yes No		
	2) Potentially Hazardous foods:	Yes_XNo	
	a) Stored at proper/temperatures/conditions?	Yes No 🛠	
	h) Mishranded/adulterated/ unknown source?	Yes_No_	
	c) Original, packaging, container in sound condition?	Yes_NoK	
	d) Outdated products?	Yes_No	
	e) PHF at proper temperatures (not/cold)?	1004	
	3) Water source:	Yes_No∑/	
	a) Any defects in system?	Yes No	
	W Cross Contamination (check backflow preventers where needed)	Yes \No_	
	c) Proper temperatures & pressure (check all faucets/fixtures)	7 -	
	4) Sewage/Plumbing	Yes KNo_	
	Is sewage disposal system in good condition?	Yes No_	
	(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)	7==	
	5) Bathroom, Facilities (men', ladies, employees)	Yes No_	
	a) Is facility vented properly?	Yes No_	
	b) Proper water temperature?	Yes 6No_	
	c) Soap, paper towels, tollet tissue, & all holders in place?	Yes_No_	200
	d) Door closure in place?	Yes_No_	0 /
	e) Hand washing signs in place in all bathrooms?		youl youl
	6) Rodent/roach/insect infestation	5	) 1/
	6) Rodent/roach/insect intestation Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?	8	your,
	Look for bait boxes/droppings and check extermination reports	(1987)	0
	7) Worker Hygiene-Any signs of problems?	Yes No_	10016
	Check for hair restraints, clothing etc, any open cuts/sores etc?		0
	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 <u>×</u> No_	ē.
	e) Sanitizer log kept?	×	
	9) Facilities a) Are food contact surfaces/equipment clean/sanitized	YesNo	-
	a) Are food contact surfaces/equipment clearly databases b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/	~	
	b) Are non-rood contact surfaces clearly (wans, in a section)	Yes_No	
	stoves/ovens/etc.) 10) Dumpster area clean/tight fitting lids/yard clean	Yes_No_	V2 (42
	10) Dumpster area clearly tight fitting ites, yard to the stored properly?	Yes X No	alailla
	TI) Are toxic chemicals labeled and section in the control of the		36/00)

PIC's Signature:

Food Protection Program 45 School Street

Brockton, MA 02301

FOOD ESTABLISHMENT INSPECTION REPORT		Tel. (508) 580-7175	Fax (508) 580-7179
Name Con Vario W. Ch. AZUTE	Date 4-11-19	Type of Operation(s)  Grant Food Service	Type of Inspection  Routine Re-inspection
Dicertain Kingh	Risk	Retall Residential Kitchen	Previous Inspection
Address 470-forest store	Level	Mobile	Date:
Telephone 508580 76 42	HACCP Y/N	Temporary	Pre-operation Suspect Illness
Owner Brockton School Dept.		Caterer	General Complaint
Person in Charge (PIC)	Time		HACCP
A 11	In: Out:	Permit No.	Other
Each violation checked requires an explanation on the	narrative pag	ge(s) and a citation of	specific provision(s)
Each violation checked requires an expense		(mad Itams) Anti-C	hoking Tobacco
violated. <u>Violations Related to Foodborne Illness Interventions and Illness Interven</u>	Risk Factors	(1660 Italiia)	9(E) 590.009(F)
Violations marked may pose an imminent neath nezara and	eduite inimedia	ALE COLLOCATO	Allergens
action as determined by the Board of Health.			
FOOD PROTECTION MANAGEMENT	🗌 12. Preve	ntlon of Contamination from	Hands
1. PIC Assigned / Knowledgeable / Duties	🗌 13. Hand	wash Facilities	
EMPLOYEE HEALTH		FROM CHEMICALS	
Reporting of Diseases by Food Employee and PIC	☐ 14. Appro	oved Food or Color Additives	3
3. Personnel with Infections Restricted/Excluded	15. Toxic	Chemicals	
FOOD FROM APPROVED SOURCE	TIME/TEMPER	RATURE CONTROLS (Potentia	ally Hazardous Foods)
4. Food and Water from Approved Source		ing Temperatures	
5. Receiving/Condition	☐ 17. Rehe	eating	
6. Tags/Records/Accuracy of Ingredient Statements	☐ 18. Cool	Ing	
7. Conformance with Approved Procedures/HACCP Plans	🔲 19. Hot a	and Cold Holding	
PROTECTION FROM CONTAMINATION	☐ 20. Time	As a Public Health Control	
8. Separation/ Segregation/ Protection	REQUIREME	NTS FOR HIGHLY SUSCEPTIE	BLE POPULATIONS (HSP)
Separation/ Segregation/ Free and Sanitizing     Food Contact Surfaces Cleaning and Sanitizing	21. Food	d and Food Preparation for I	HSP
10. Proper Adequate Handwashing	CONSUMER	ADVISORY	
	☐ 22. Pos	ting of Consumer Advisories	3
11. Good Hygienic Practices			
Violations Related to Good Retail Practices (Blue	Number of	Violated Provisions Rela	ated
	To Foodbo	rne Illnesses Interventio actors (Red Items 1-22):	
		1 for Correction: Based	on an inspection
of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board	44	the second of money are t	HOMALIONS OF 100 CIME
of Health.	anale-	Javal Food Code Inis re	DOLL MIGH SIMHOR POLOT.
CIN		of Health member or its e Board of Health. Failur	a m thinest violations
23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004)	** * * * * * * * * * * * * * * * * * * *	a wanner may result in St	SDGHSIOH OF LOADOWNS.
24. Food and Food Fredering (FC-4)(590.005)  25. Equipment and Utensils (FC-4)(590.005)			
26. Water, Plumbing and Waste (FC-5)(590,000)	establishr	nent operations, it aggre	uest must be in writing
27 Physical Facility (FC-8)(590.007)	and suhm	itted to the Board of ned	itti at tile above addi oo
28. Poisonous or Toxic Materials (FC-7)(590.008)	within 10	days of receipt of this or	der.
28. Special Requirements (590.009)	DATE OF	RE-INSPECTION:	
S. SSOInspectForm-14.dec			4
	Int: 1/2	JAno Botla	
Transactional Company of All	INDIA	1 1 BARIOUS	n n

Establishment Name: 16 Coclotin 12 Discussion With Person in Charge: Brockton Board of Health Code Reference C - Critical Item R - Red Item L DOCUMENTS og or jo ment 0 2/20 るか > 3 DESCRIPTION OF VIOLATION / PLAN OF CORRECTION 130 DM LY WORK 33 KINK 2 かっころ 5 (N) X 100 alleren 2 じてるが PLEASE PRINT CLEARLY Date: כזו זייטכ (סעכ) Corrective Action Required: O Voluntary Disposal Embargo Re-inspection Scheduled Voluntary Compliance ary Warry Page: Sugar ON D 0 Other: Emergency Closure Emergency Suspension Employee Restriction / Exclusion 9 □ Yes

Verifi Date

900	
1) Temperatures: record the exact temperature of each refrigerator an	d freezer in the
1) Temperatures, record the exact temperatures	
establishment.	
coolers/refrigerators a) #158 F, #256 F, #3 39 F, #439 F, #5 F, #6 F, #7 F, #8 F,	#9F
freezers	
b)#1F, #2F,#3F, #4F, #5F, #6F, #7F	
c) Are thermometers in place in all of the above? YesNo	
2). Potentially Hazardous foods:	Yes <u>⊬</u> No
a) Stored at proper/temperatures/conditions?	YesNo
b) Misbranded/adulterated/ unknown source?	Yes/No
c) Original, packaging, container in sound condition?	Yes Nov
d) Outdated products?	Yes No_
e) PHF at proper temperatures (not/cold)?	_
3) Water source:	Yes No
a) Any defects in system?	YesNo_
b) Cross Contamination (check backflow preventers where needed?	Yes_No_
c) Proper temperatures & pressure (check all faucets/fixtures)	
4) Sewage/Plumbing	Yes_No_
Is sewage disposal system in good condition?	Yes No_
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)	2
5) Bathroom, Facilities (men', ladies, employees)	Yes No_
a) Is facility vented properly?	Yes No_
h) 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?	
at a death and finger infectation	
Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?	
Look for balt boxes/droppings and check extermination reports	2
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	YesNo
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 V No_
e) Sanitizer log kept?	
9) Facilities	Yes No_
the department curfaces/equipment clean/samuzeu	
b) Are non-food contact surfaces clean? (walls/11001s/1100ds & 111c1s/	Yes No_
stoves/ovens/etc.)	Yes No_
10) Dumpster area clean/tight fitting lids/yard clean	Yes No_
11) Are toxic chemicals labeled and stored properly?	110 20 40 110 110 110 110 110 110 110 110 110

PIC's Signature:

Food Protection Program

FOOD ESTABLISHMENT INSPECTION REPORT		Tel. (508) 580-7175	Fax (508) 580-7179						
Name Brockta High Bakery	Date 11-19	Type of Operation(s)  Food Service  Retall  Type of Inspection  Re-inspection							
Address 470 forest Ave ]	Risk Level	Residential Kitchen Previous Inspection							
Telephone	20101	Mobile	Date:						
Owner B AS	HACCP Y/N	Temporary Caterer	Pre-operation Suspect Illness Constal Complaint						
Person in Charge (PIC)	Time	I HACCP							
Inspector Nasy Save Batha	ln: Out:	Permit No.	Other						
Each violation checked requires an explanation on the	narrative pag	e(s) and a citation of	specific provision(s)						
violated.		No	on-compliance with:						
Violations Related to Foodborne Illness Interventions and	Risk Factors	(Red Items) Anti-Ch							
Violations marked may pose an imminent health hazard and reaction as determined by the Board of Health.	equire inimedia	fe conective	☐ Allergens						
action as determined by the board of realth.									
FOOD PROTECTION MANAGEMENT	12. Preven	ition of Contamination from I	Hands						
1. PIC Assigned / Knowledgeable / Duties	☐ 13. Handw	ash Facilities							
EMPLOYEE HEALTH	PROTECTION F	ROM CHEMICALS							
Reporting of Diseases by Food Employee and PIC	☐ 14. Approv	ed Food or Color Additives							
3. Personnel with Infections Restricted/Excluded	15. Toxic C	Chemicals							
FOOD FROM APPROVED SOURCE	TIME/TEMPERA	TURE CONTROLS (Potential)	y Hazardous Foods)						
4. Food and Water from Approved Source		ng Temperatures							
5. Receiving/Condition	17. Reheat	ting							
6. Tags/Records/Accuracy of Ingredient Statements	18. Cooling	_							
7. Conformance with Approved Procedures/HACCP Plans		d Cold Holding							
PROTECTION FROM CONTAMINATION	<del></del>	as a Public Health Control							
8. Separation/ Segregation/ Protection	<del></del>	'S FOR HIGHLY SUSCEPTIBLE	E POPULATIONS (HSP)						
9. Food Contact Surfaces Cleaning and Sanitizing		and Food Preparation for HS							
10. Proper Adequate Handwashing	CONSUMER AD								
11. Good Hygienic Practices		g of Consumer Advisories							
	22. 1 O3(ii)	g of consumer rancome	W						
Violations Related to Good Retail Practices (Blue	Number of Vi	iolated Provisions Relate	d						
Items) Critical (C) violations marked must be corrected		e Ilinesses Interventions							
immediately or within 10 days as determined by the Board		tors (Red Items 1-22):							
of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board	Official Order	r for Correction: Based o ms checked indicate viol	n an inspection						
of Health.	590.000/feder	ral Food Code. This repo	rt, when signed below						
C N	by a Board of	f Health member or its ag	gent constitutes an						
23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004)		Board of Health. Failure to report may result in susp							
25. Equipment and Utensils (FC-4)(590.005)	the food esta	blishment permit and ce	ssation of food						
26. Water, Plumbing and Waste (FC-5)(690.006)	establishmer	nt operations. If aggrieve	d by this order, you						
27. Physical Facility (FC-6)(590.007)	have a right t	to a hearing. Your reques ed to the Board of Health	et the above address						
28. Poisonous or Toxic Materials (FC-7)(590.008) 28. Special Requirements (590.009)		so to the Board of Health /s of receipt of this order.							
30. Other	DATE OF RE	-INSPECTION:							
5: 690inspectForm8-14.doc	11								
Delints	mr.	1 111							

Establishment Name: 6 CCCC+CA 6 Brockton board of flearing Discussion With Person in Charge: Code \_\_\_\_ Reference C - Critical Item
R - Red Item OSPG 7000 200 500 ののようい Servi 1500 50 DESCRIPTION OF VIOLATION / PLAN OF CORRECTION 7 Medie Sund 38 PLEASE PRINT CLEARLY \_Date:\_ 250 0 Corrective Action Required: Re-inspection Scheduled Voluntary Compliance Embargo Voluntary Disposal Page: □ No Emergency Suspension Emergency Closure Employee Restriction 앜 Verifi Date Yes

Food Protection Program

45 School Street

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

FOOD ESTABLISHMENT INSPECTION REPORT	Tel. (508) 580-7175 Tax (605) 555
	Date Type of Operation(s)  Type of Inspection  Routine
Name Brockton did Commisaril	Re-Inspection
Dioces of the last	Residential Kitchen   Previous Inspection
Address 470 466 1076 651	Level Date:    Mobile   Pre-operation
Telephone	Suspect Illness
Owner GSD	General Complaint
Person in Charge (PIC)	IIMB
person in charge (1.10)	
Inspector Mary San explanation on the	Out:  narrative page(s) and a citation of specific provision(s)  Non-compliance with:  Anti-Choking Tobacco
Each violation checked requires an explanation	Anti-Choking Tobacco
	require immediate corrective
action as determined by the Board of Health.	
	12. Prevention of Contamination from Hands
FOOD PROTECTION MANAGEMENT	13. Handwash Facilities
1. PIC Assigned / Knowledgeable / Dutles	PROTECTION FROM CHEMICALS
EMPLOYEE HEALTH	14. Approved Food or Color Additives
Reporting of Diseases by Food Employee and PIC	[] 45 Toyle Chemicals
3. Personnel with Infections Restricted/Excluded	TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)
FOOD FROM APPROVED SOURCE	16. Cooking Temperatures
4. Food and Water from Approved Source	17. Reheating
5 Receiving/Condition	=
Total Records/Accuracy of Ingredient Statements	18. Cooling
7. Conformance with Approved Procedures/HACCP Plans	☐ 19. Hot and Cold Holding ☐ 20. Time As a Public Health Control
PROTECTION FROM CONTAMINATION	REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)
Separation/ Segregation/ Protection	REQUIREMENTS FOR HIGHET GOODS.
9. Food Contact Surfaces Cleaning and Sanitizing	21. Food and Food Preparation for HSP
10. Proper Adequate Handwashing	CONSUMER ADVISORY
11. Good Hygienic Practices	22. Posting of Consumer Advisorles
11. Good Hygielio i rassess	Number of Violated Provisions Related
Violations Related to Good Retail Practices (Blue	Number of Violated Provisions To Foodborne Illnesses Interventions
Violations Related to Good Retail Practices (State Items) Critical (C) violations marked must be corrected ltems) Critical (C) violations marked must be corrected ltems) Critical (C) violations marked must be corrected ltems) and determined by the Board	Intell Factors (Red Items 1-24).
Items) Critical (C) violations marked must be determined by the Board immediately or within 10 days as deter	
immediately or within 10 days as determined be corrected of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board	Official Order for Correction: Based of the State of the
immediately or within 90 days as a	590.000/federal Food Code. This report to the same constitutes an
of Health.  C N (FC-2)(590.003)	by a Board of Health member of its agent order of the Board of Health. Failure to correct violations
22 Management and Personnel	
24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005) (FC-5)(590.006)	the food establishment permit and doubt this order, you
ac Weter Dlumbing and waste (Foo)(coolers)	establishment operations. It aggins to a system witing
The state of the s	I Is well and to the pool u of flourer
20 Poisonous or Toxic Waterials (FC-7)(000.000)	within 10 days of receipt of this order.
28. Special Requirements	DATE OF RE-INSPECTION:
30. Other	
S: \$90inspectFormS-14.doc	Print: MARITAN Botta
	THU VIAN INTRE DUI DE

Discussion With Person in Charge: No. Establishment Name: Brockton PIVOINOII PVIII VI IIVAIIII o. Code Reference C - Critical Item R - Red Item 165 xox Xx477 PCCCULPUX D cir 100 Y OCK ey ondurant トグラとののふ DESCRIPTION OF VIOLATION / PLAN OF CORRECTION T. om MISSY Date: 3-11-16 Crow PLEASE PRINT CLEARLY 10x01 るがん C/I/-nac (anc) Corrective Action Required: いろかり J&E Voluntary Disposal Re-inspection Scheduled Voluntary Compliance Embargo Page: ۵ Q Emergency Suspension No Other: Emergency Closure Employee Restriction / Exclusion Yes Verified Date

1) Temperatures: record the exact temperature of each refrigerator and fre	ezer in the
establishment.	
coolers/refrigerators	
a) #1 <u>37</u> F, #2F,#3F, #4F, #5F, #6F, #7F, #8F, #9	_F
freezers	
b)#1/F, #2F,#3F, #4F, #5F, #6F, #7F	
c) Are thermometers in place in all of the above? YesNo	
2). Potentially Hazardous foods:	
a) Stored at proper/temperatures/conditions?	Yes <u>⊬</u> No
b) Misbranded/adulterated/ unknown source?	Yes No
c) Original, packaging, container in sound condition?	YesNo
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)	Modes — ottos
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?	YesNo YesNo
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?	25
Check for hair restraints, clothing etc, any open cuts/sores etc?	Yes No
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 V No
e) Sanitizer log kept?	105_110
9) Facilities	Yes No
a) Are food contact surfaces/equipment clean/sanitized	103_110_
b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/	Yes No
stoves/ovens/etc.)	Yes No
10) Dumpster area clean/tight fitting lids/yard clean	Yes No
11) Are toxic chemicals labeled and stored properly?	1621 NO_

**Food Protection Program** 

FOOD ESTABLISHMENT INSPECTION REPORT	n, si	Tel. (508) 580-7175	Fax (508) 580-7179							
Name Brockton H. M. Green	Date 4-11-19	Type of Operation(s) Food Service Retail	Twpe of Inspection Routine Re-Inspection							
Address 470 forest flue	Risk Level	Residential Kitchen   Previous Insp								
Telephone		Date:								
Owner GSA	HACCP Y/N	☐ Pre-operation☐ Suspect Illness								
Person in Charge (PIC)	Time	☐ Caterer☐ Bed & Breakfast	General Complaint							
Inspector Col Sing Ridde	in:	Permit No.								
THE DATE	Out:									
Each violation checked requires an explanation on the violated.  Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and reaction as determined by the Board of Health.	Risk Factors	No (Red Items) Anti-Ch	on-compliance with: oking Tobacco							
FOOD PROTECTION MANAGEMENT	☐ 12 Preven	tion of Contamination from h	tands							
1. PIC Assigned / Knowledgeable / Duties		ash Facilities	11							
EMPLOYEE HEALTH		ROM CHEMICALS								
2. Reporting of Diseases by Food Employee and PIC		ed Food or Color Additives								
3. Personnel with Infections Restricted/Excluded	15. Toxic C									
FOOD FROM APPROVED SOURCE	TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)									
4. Food and Water from Approved Source	☐ 16. Cooking Temperatures									
5. Receiving/Condition	☐ 17. Reheating									
6. Tags/Records/Accuracy of Ingredient Statements	17. Reneating  18. Cooling									
7. Conformance with Approved Procedures/HACCP Plans	16. Cooling  19. Hot and Cold Holding									
PROTECTION FROM CONTAMINATION	20, Time As a Public Health Control									
8. Separation/ Segregation/ Protection	REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)									
9. Food Contact Surfaces Cleaning and Sanitizing	-		•							
☐ 10. Proper Adequate Handwashing	21. Food and Food Preparation for HSP									
11. Good Hygienic Practices	CONSUMER ADVISORY  22. Posting of Consumer Advisories									
/iolations Related to Good Retail Practices (Blue tems) Critical (C) violations marked must be corrected mmediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected mmediately or within 90 days as determined by the Board of Health.    C N	To Foodborne and Risk Fact Official Order today, the Iten 590.000/federaby a Board of order of the Botted in this rethe food establishment have a right to and submitted	plated Provisions Related Illnesses Interventions ors (Red Items 1-22):  for Correction: Based on a checked indicate violated Irong Code. This report Health member or its agricular to a port may result in suspections. If aggrieved a hearing. Your request it to the Board of Health as of receipt of this order.  NSPECTION:	an Inspection ations of 105 CMR t, when signed below ent constitutes an correct violations nsion or revocation of sation of food by this order, you must be in writing							
Inspector's Signature fly fin South Print:	MARY	par Butte								
PIC's Signature: Print:	Kan D	não	PageofPages							

Brockton board of Dealth Date: C(~ll

			0000	2							Ì								lem lo.
			0000	Section With					3										Code Reference
				Discussion With Person in Charge:															C - Critical Item R - Red Item
												all tout distri	all solfaces char	THE THE SY WED	Act this Sucres Dicoll	(SA)	Hair & Gloves Usal	Res. 37 38 37 39 35 30	DESCRIPTION OF VIOLATION / PLAN PLEASE PRINT CLEARLY
D	O		ا ت	Con										5	5				NO NO
Voluntary Disposal	Embargo	Re-inspection Scheduled	Voluntary Compliance	Corrective Action Required:											(antanto)				LAN OF CORRECTION
۵	D	۵		Q						ļ									
Other.	Emergency Closure	Exclusion Emergency Suspens	Employee Re	No															
	Nosure	Suspens	strictio	۵ ۲	-	-	+			-			-	-	$\vdash$	-			Ve

4	
1) Temperatures: record the exact temperature of each refrigerator and fre	ezer in the
establishment.	
coolers/refrigerators a) #1 7 F, #2 8, F, #3 37 F, #4 9 F, #8 F, #6 30 F, #7 F, #8 F, #9	<b>F</b>
freezers	
b)#1F, #2,F,#3F, #4F, #5F, #6F, #7F	
c) Are thermometers in place in all of the above? YesNo	
2). Potentially Hazardous foods:	Yes No
a) Stored at proper/temperatures/conditions?	YesNo
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)?	
3) Water source:	Yes No
a) Any defects in system?	YesNo
b) Cross Contamination (check backflow preventers where needed?	Yes No ·
c) Proper temperatures & pressure (check all faucets/fixtures)	
4) Sewage/Plumbing	Yes_No_
Is sewage disposal system in good condition?	Yes_ No
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)	2
5) Bathroom, Facilities (men', ladies, employees)	Yes_ No_
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?	1,1000.0
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	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?	. /
9) Facilities	YesNo
a) Are food contact surfaces/equipment clean/sanitized	
b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/	Yes_No_
stoves/ovens/etc.)	YesNo
10) Dumpster area clean/tight fitting lids/yard clean	Yes No_
11) Are toxic chemicals labeled and stored properly?	3/

### **Food Protection Program**

FOOD ESTABLISHMENT INSPECTION REPORT		Tel. (508) 580-7175	Fax (508) 580-7179
Name Bracktow H. M. K. tohan Address 410 torest Hore Telephone	Date Y-17-19 Risk Level	Type of Operation(s) Food Service Retail Residential Kitchen Mobile	Type of Inspection Routine Re-inspection Previous Inspection Date:
Owner (251)	HACCP Y/N	☐ Temporary ☐ Caterer	☐ Pre-operation ☐ Suspect Illness
Person in Charge (PIC)	Time	☐ Bed & Breakfast	General Complaint
Inspector and Jave Botter	In: Out:	Permit No.	HACCP Other
Each violation checked requires an explanation on the violated.  Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and reaction as determined by the Board of Health.	Risk Factors	No (Red Items) Anti-Ch	<i>n-compliance with:</i> oking Tobacco
FOOD PROTECTION MANAGEMENT	12. Preven	tion of Contamination from h	lands
1. PIC Assigned / Knowledgeable / Duties	☐ 13. Handw	ash Facilities	
EMPLOYEE HEALTH	PROTECTION F	ROM CHEMICALS	
Reporting of Diseases by Food Employee and PIC	☐ 14. Approv	ed Food or Color Additives	
3. Personnel with Infections Restricted/Excluded	15. Toxic C	hemicals	
FOOD FROM APPROVED SOURCE	TIME/TEMPERA	TURE CONTROLS (Potentially	/ Hazardous Foods)
4. Food and Water from Approved Source	☐ 16. Cookin	g Temperatures	
5. Receiving/Condition	17. Reheat	ing	
6. Tags/Records/Accuracy of Ingredient Statements	☐ 18. Cooling	1	
7. Conformance with Approved Procedures/HACCP Plans	☐ 19. Hot and	d Cold Holding	
PROTECTION FROM CONTAMINATION	20. Time A	s a Public Health Control	
8. Separation/ Segregation/ Protection	REQUIREMENT	S FOR HIGHLY SUSCEPTIBLE	POPULATIONS (HSP)
9. Food Contact Surfaces Cleaning and Sanitizing	☐ 21. Food a	nd Food Preparation for HSI	Þ
10. Proper Adequate Handwashing	CONSUMER AD	VISORY	
☐ 11. Good Hyglenic Practices	22. Postlng	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	To Foodborne and Risk Fact Official Order today, the iter 590.000/feder by a Board of	clated Provisions Related Illnesses Interventions fors (Red Items 1-22): for Correction: Based or ins checked Indicate violate al Food Code, This repor Health member or its ag	n an Inspection ations of 105 CMR t, when signed below ent constitutes an
23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004)		oard of Health. Fallure to eport may result in suspe	
25. Equipment and Utensils (FC-4)(590.005)		sport may result in suspe blishment permit and ces	
26. Water, Plumbing and Waste (FC-5)(590.006)	establishmen	t operations. If aggrieved	l by this order, you
27. Physical Facility (FC-8)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008)	have a right to	o a hearing. Your request d to the Board of Health a	must be in writing
28. Special Requirements (590,009)		s of receipt of this order.	if the abold analoss
30. Other	DATE OF RE-		
8: 630(ms pectForm 6-14.doc		1	
		1 11	

Discussion With Person in Charge: Item No. Establishment Name: SPCCETCW A. prockton poard of Health Code Reference C - Critical Item
R - Red Item CCW WALK 3 pa Frena JASO C Stragies 125K ئى ئار DESCRIPTION OF VIOLATION / PLAN OF CORRECTION TOM was we 0 100V -11 ola くないか K XWOR PLEASE PRINT CLEARLY るかかっと \_Date:\_ (508) 580-7175 6 tx Corrective Action Required: 16 Voluntary Disposal Voluntary Compliance Embargo Re-inspection Scheduled 2<sub>e</sub> Ø Page: □ No Other: Emergency Closure Emergency Suspension Employee Restriction / Exclusion <u>으</u> □ Yes Verified Date

1) Temperatures: record the exact temperature of each refrigerator and fre	ezer in the
establishment.	
coolers/refrigerators	_
coolers/refrigerators a) #138F, #255, F, #85F, #45F, #58F, #6F, #7F, #8F, #8F, #9	_F
freezers	
b)#1 F, #2,F,#3F, #4F, #5F, #6F, #7F	
c) Are thermometers in place in all of the above? YesNo	
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?	YesNo <u>/</u>
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?	YesNo_
c) Proper temperatures & pressure (check all faucets/fixtures)	Yes_No_
4) Sewage/Plumbing	1
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 balt 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?	YesNo
b) Sanitizer used?	YesNo
c) Chemical test kit on premises?	YesNo
d) Wiping cloths kept in sanitizer?	Yes_No_
e) Sanitizer log kept?	Yes V No_
9) Facilities	V.
a) Are food contact surfaces/equipment clean/sanitized	Yes No
b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/	V.
stoves/ovens/etc.)	YesNo
10) Dumpster area clean/tight fitting lids/yard clean	Yes_No_
11) Are toxic chemicals labeled and stored properly?	Yes / No

### FOOD ESTABLISHMENT INSPECTION REPORT

### Food Protection Program

45 School Street Brockton, MA 02301

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

OOD ESTABLISHMENT MOLESTICK KELOKT		101: (000) 000 1 170	
Name Brockton Nish Red	Date 4-11-19	Type of Operation(s) -Food Service	Type of Inspection Routine
Address 476 format Ave	Risk	Retail Residential Kitchen	Re-inspection Previous Inspection
Telephone	Level	Mobile	Date:
Owner OSD	HACCP Y/N	Temporary Caterer	☐ Pre-operation ☐ Suspect Illness
Person in Charge (PIC)	Time	Bed & Breakfast	General Complaint
	In:	Dawell Na	☐ HACCP☐ Other
Inspector Mary TARE Botter	Out:	Permit No.	
ach violation checked requires an explanation on the	narrative pag	je(s) and a citation of	specific provision(s on-compliance with:
violated.  Violations Related to Foodborne Illness Interventions and	d Risk Factors		-
Violations marked may pose an imminent health hazard and	require immedia	ite corrective 590.009	9(E) 590.009(F)
action as determined by the Board of Health.			Allergens
FOOD PROTECTION MANAGEMENT	12. Prever	ntion of Contamination from	Hands
1. PIC Assigned / Knowledgeable / Dutles	☐ 13. Handw	vash Facilitles	
EMPLOYEE HEALTH	PROTECTION F	ROM CHEMICALS	
<ul><li>2. Reporting of Diseases by Food Employee and PIC</li></ul>	14. Approx	ved Food or Color Additives	
3. Personnel with Infections Restricted/Excluded	15. Toxic C	Chemicals	
FOOD FROM APPROVED SOURCE	TIME/TEMPERA	ATURE CONTROLS (Potential)	y Hazardous Foods)
4. Food and Water from Approved Source	☐ 16. Cookir	ng Temperatures	
5. Receiving/Condition	☐ 17. Rehea	ting	
6. Tags/Records/Accuracy of Ingredient Statements	18. Cooling	g	·
7. Conformance with Approved Procedures/HACCP Plans	☐ 19. Hot an	d Cold Holding	
PROTECTION FROM CONTAMINATION	☐ 20. Time A	As a Public Health Control	
8, Separation/ Segregation/ Protection	REQUIREMENT	S FOR HIGHLY SUSCEPTIBLE	E POPULATIONS (HSP)
9. Food Contact Surfaces Cleaning and Sanitizing		and Food Preparation for HS	
☐ 10. Proper Adequate Handwashing	CONSUMER AL	OVISORY	
11. Good Hygienic Practices	22. Posting	g of Consumer Advisorles	
		-	
/iolations Related to Good Retail Practices (Blue		iolated Provisions Relate	
tems) Critical (C) violations marked must be corrected mmediately or within 10 days as determined by the Board		e Illnesses Interventions tors (Red Items 1-22):	
of Health. Non-critical (N) violations must be corrected		r for Correction: Based o	n an inspection
mmediately or within 90 days as determined by the Board	today, the ite	ms checked indicate viol	ations of 105 CMR
of Health.	590.000/fede	ral Food Code. This repor	rt, when signed below
23. Management and Personnel (FC-2)(590.003)	by a Board o	f Health member or its ag Board of Health. Failure to	jent constitutes an o correct violations
24. Food and Food Protection (FC-3)(590.004)	cited in this r	eport may result in susp	ension or revocation of
25. Equipment and Utensils (FC-4)(590.005)	the food esta	blishment permit and ce	ssation of food
26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007)	establishmer	nt operations. If aggrieved to a hearing. Your reques	a by this order, you t must be in writing
28. Poisonous or Toxic Materials (FC-7)(590.008)	and submitte	ed to the Board of Health	at the above address
28. Special Requirements (590.009)		s of receipt of this order.	1
30. Other	DATE OF RE	-INSPECTION:	
5: 890InspectForm®-14.dog		1 11	7.2-2-2
Inspector's Signature: A Print	: Men	Jan Oct les	_
PIC's Signature: Print	177	he.	PageofPages

	Discussion With Person in Charge:					Establishment Name: 600 C - Critical Item Reference R - Red Item
	on in Charge:	46 CC++	yen to	Sin Sade	Spart Sing	Brutten With
		TOW DY	Sing Started by the		Sertaces Clear	DESCRIPTION OF VIOLATION / PLAIS PLEASE PRINT CLEARLY PLEASE PRINT CLEARLY
Re-inspection Scheduled     Embargo     Voluntary Disposal	Corrective Action Required:  O Voluntary Compliance	Car A		76.73	1'se 2023	LAN OF CORRECTION
000	100 Page 100					Date Verified

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

coolers/refrigerators	
a) #1 <u>38</u> F, #2 <u>37</u> ,F,# <u>3</u> 8 F, #4 <u>3</u> 8 F, #5 <u>8</u> F, #6 F, #7 F, #8 F, #9	F
freezers	
b)#1 <u> </u>	
c) Are thermometers in place in all of the above? Yes No	
2). Potentially Hazardous foods:	
a) Stored at proper/temperatures/conditions?	Yes <u>~</u> No
b) Misbranded/adulterated/ unknown source?	Yes No
c) Original, packaging, container in sound condition?	YesNo
d) Outdated products?	YesNo <u>/</u>
e) PHF at proper temperatures (not/cold)?	Yes <u>/</u> 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)	YesNo_
4) Sewage/Plumbing	_
Is sewage disposal system in good condition?	YesNo YesNo
(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?	YesNo
b) Sanitizer used?	YesNo
c) Chemical test kit on premises?	YesNo
d) Wiping cloths kept in sanitizer?	Yes_VNo_
e) Sanitizer log kept?	Yes V No_
9) Facilities	V
a) Are food contact surfaces/equipment clean/sanitized	Yes No
o) Are non-food contact surfaces clean? (walls/floors/hoods & filters/	
stoves/ovens/etc.)	YesNo
O) Dumpster area clean/tight fitting lids/yard clean	YesNo
1) Are toxic chemicals labeled and stored properly?	Yes / No

Food Protection Program

FOOD ESTABLISHMENT INSPECTION REPORT	Tel. (508) 580-7175 Fax (508) 580-7179
Name Brackton High Watchers. Address 470 Forest Ave	Risk Residential Kitchen Previous Inspection
Telephone Q	Mobile Date:
	HACCP Y/N Temporary Pre-operation Suspect Illness
Owner BSD	Bed & Breakfast General Complaint
Person In Charge (PIC)	In.
Inspector Mary Jane Buttre	T T T T T T T T T T T T T T T T T T T
Each violation checked requires an explanation on the	Non-compliance with:
violated.	Risk Factors (Red Items) Anti-Choking Tobacco
Violations Related to Foodborne filless interventions was a violations marked may pose an imminent health hazard and reaction as determined by the Board of Health.	Allergens
FOOD PROTECTION MANAGEMENT	12. Prevention of Contamination from Hands
1. PIC Assigned / Knowledgeable / Dutles	13. Handwash Facilitles
EMPLOYEE HEALTH	PROTECTION FROM CHEMICALS
2. Reporting of Diseases by Food Employee and PIC	14. Approved Food or Color Additives
3. Personnel with Infections Restricted/Excluded	15. Toxic Chemicals
FOOD FROM APPROVED SOURCE	TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)
4. Food and Water from Approved Source	☐ 16. Cooking Temperatures
5. Receiving/Condition	☐ 17. Reheating
6. Tags/Records/Accuracy of Ingredient Statements	☐ 18. Cooling
7. Conformance with Approved Procedures/HACCP Plans	☐ 19. Hot and Cold Holding
PROTECTION FROM CONTAMINATION	20. Time As a Public Health Control
8. Separation/ Segregation/ Protection	REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)
9. Food Contact Surfaces Cleaning and Sanitizing	21. Food and Food Preparation for HSP
10. Proper Adequate Handwashing	CONSUMER ADVISORY
11. Good Hygienic Practices	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.  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. Polsonous 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:
1 A I mile	it in the Mar
Inspector's Signature	Page of Page
PIC's Signature: / Dell & las len	Kenlinse

Establishment Name:\_\_ Brockton Board of Freature No. Discussion With Person in Charge: Code Reference C - Critical Item
R - Red Item to es NB LOCOMUNICAL OF るいと 53.00 25 35 430 CXXX D 3 DESCRIPTION OF VIOLATION / PLAN OF CORRECTION Warehouse Date: 9 3 teces drop port 08 PLEASE PRINT CLEARLY Y WERL 1 30 ナーニーナー Ø Corrective Action Required: O Re-inspection Scheduled Voluntary Compliance Embargo Voluntary Disposal O No 0 Employee Restriction L Exclusion Emergency Suspension Emergency Closure D Date Verified Yes

s ab mofrigorator and fi	eezer in the
1) <u>Temperatures:</u> record the exact temperature of each refrigerator and fr	
establishment.	
coolers/refrigerators	F
coolers/refrigerators a) #1 22 F, #2, F, #3 F, #4 F, #5 F, #6 F, #7 F, #8 F, #9	<del></del> '
freezers - 40 F 47 F	
freezers b)#1_2_F, #2,F,#3F, #4F, #5F, #6F, #7F c) Are thermometers in place in all of the above? Yes No	
c) Are thermometers in place in all of the above? YesNo	
2) Potentially Hazardous 1000s.	Yes⊬ No
a) Stored at proper/temperatures/conditions?	Yes_ No_
L) Michandod/adulterated/ unknown sourcer	Yes_No_
c) Original, packaging, container in sound condition?	Yes_No_
d) Outdated products?	Yes No_
e) PHF at proper temperatures (not/cold)?	100
3) Water source:	Yes_ No
t f t to contam?	Yes_No_
contamination (check backflow preventers where heads	Yes_No_
c) Proper temperatures & pressure (check all faucets/flxtures)	700
4) Sewage/Plumbing	Ves No
the state of the s	Yes No_
Johnsk drains/ice machines/bar sinks, air gap, traps/grease traps	
5) Bathroom, Facilities (men', ladies, employees)	Yes No_
a) Is facility vented properly?	Yes No_
13 possession temperature?	Yes No_
c) Soap, paper towels, toilet tissue, & all holders in place?	Yes No_
J. Door closure in place?	Yes No
e) Hand washing signs in place in all bathrooms?	
- 1 1 1 1 g and or all stoves/conjers/equipment/boxes/panets/	
Look for half boxes/droppings and check externing don't be	_
- Land Landono Any signs of proplems	Yes_No
chart 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_
h) Sanitizer used?	Yes No_
c) Chemical test kit on premises?	Yes No_
d) Wiping cloths kept in sanitizer?	Yes I No_
e) Sanitizer log kept?	
a) F - History	Yes No_
- t t t t t t t t t t t t t t t t t t t	, ,
a) Are food contact surfaces/equipment clearly b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/	Yes_No_
-tours/ovens/etc)	Yes_No_
40) Dumpstor area clean/tight fitting ligs/yatu clean	Yes No_
11) Are toxic chemicals labeled and stored properly?	
The state of the s	

# Food Protection Program 45 School Street

Brockton, MA 02301

FOOD ESTABLISHMENT INSPECTION REPORT	15.7-5	Tel. (508) 580-7175	
Name Brockton High Vellan	Date 4-// + 6/	Type of Operation(s) Food Service Retail	Type of Inspection
Address 470 to cost five	Level	Residential Kitchen	Previous Inspection
Telephone		│	Date: Pre-operation
Owner (2, L)	HACCP Y/N	☐ Caterer	Suspect Illness
Person In Charge (PIC)	Time	☐ Bed & Breakfast	General Complaint HACCP
	In:	Permit No.	Other
Each violation checked requires an explanation on the	Out:	e(s) and a citation of	specific provision(s)
each violation checked requires all explanation on the violated.	narrative pag	146	on-compilance with.
Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and raction as determined by the Board of Health.	I Risk Factors equire immedia	(Red Items) Anti-Cite corrective 590,000	noking Tobacco D(E)
FOOD PROTECTION MANAGEMENT	12. Prever	ntion of Contamination from	Hands
1. PIC Assigned / Knowledgeable / Dutles	☐ 13. Handw	vash Facilitles	
EMPLOYEE HEALTH	PROTECTION F	ROM CHEMICALS	
2. Reporting of Diseases by Food Employee and PiC	☐ 14. Approv	ved Food or Color Additives	
3. Personnel with Infections Restricted/Excluded	☐ 15. Toxic (	Chemicals	
FOOD FROM APPROVED SOURCE	TIME/TEMPERA	ATURE CONTROLS (Potential	ly Hazardous Foods)
4. Food and Water from Approved Source	16. Cookir	ng Temperatures	
5. Receiving/Condition	☐ 17. Rehea	ating	
6. Tags/Records/Accuracy of Ingredient Statements	☐ 18. Coolin	g	
7. Conformance with Approved Procedures/HACCP Plans	☐ 19. Hot ar	nd Cold Holding	
PROTECTION FROM CONTAMINATION	☐ 20. Tlme A	As a Public Health Control	
8. Separation/ Segregation/ Protection	REQUIREMENT	TS FOR HIGHLY SUSCEPTIBL	E POPULATIONS (HSP)
9. Food Contact Surfaces Cleaning and Sanitizing	☐ 21. Food	and Food Preparation for H	SP
10. Proper Adequate Handwashing	CONSUMER A	DVISORY	
11. Good Hygienic Practices	22. Postin	g 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.  23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(690.005) 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	To Foodborn and Risk Factorial Order today, the ite 590.000/fede by a Board corder of the cited in this the food establishme have a right and submitte within 10 day DATE OF RE	Floiated Provisions Related the Illinesses Interventions of tors (Red Items 1-22): ar for Correction: Based of the Illinesses Interventions of the Illinesses of Health member or its a Board of Health. Fallure of the Illinesses of Illi	on an inspection lations of 105 CMR ort, when signed below gent constitutes an to correct violations pension or revocation or essation of food ad by this order, you st must be in writing at the above address
Inspector's Signature: Halau Bart Print	11/1/14	Jane Botton	Page of Pages
Print Print	10 -1	1/2	Lage or Lages

S:590Narrative6-2.doc Discussion With Person in Charge: No. Establishment Name: () (CC וופמווו שישוע טו וופמוווו Code Reference C -- Critical Item
R -- Red Item 100 Sign 5445A Ko. 2000 DIVERY X KOCCUR ON KJ O MANANTO CHEN 380 からいの DESCRIPTION OF VIOLATION / PLAN OF CORRECTION えこ CO RE Patrick 15 K からの Cloan 36 \_\_\_Date:\_ PLEASE PRINT CLEARLY (508) 580-7175 E 20 70 Corrective Action Required: Re-inspection Scheduled Voluntary Disposal Embargo Voluntary Compliance ( | - | 1 | 4 | Page: 67 02 □ No D Other: Emergency Suspension Employee Restriction / Exclusion Emergency Closure D Yes Verific

Temperatures: record the exact temperature of each refrigerator and free establishment.	ezer in the
¥= 1	
coolers/refrigerators a) #1 <u>38</u> F, #2 <u>38</u> F, #3 <u>8</u> F, #3 <u>9</u> F, #5 <u>8</u> F, #6 <u>3</u> F, #7_F, #8_F, #9_	F
frèezers	
b)#1F, #2,F,#3F, #4F, #5F, #6F, #7F	
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?	YesNo
d) Outdated products?	YesNo
e) PHF at proper temperatures (not/cold)?	Yes <u>:/</u> No
3) Water source:	
a) Any defects in system?	Yes No
b) Cross Contamination (check backflow preventers where needed?	YesNo_<
c) Proper temperatures & pressure (check all faucets/fixtures)	Yes No_
4) Sewage/Plumbing	1
Is sewage disposal system in good condition?	YesNo
(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?	YesNo
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 balt 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?	YesNo
b) Sanitizer used?	YesNo
c) Chemical test kit on premises?	Yes_No_
d) Wiping cloths kept in sanitizer?	Yes_No_
e) Sanitizer log kept?	Yes V No
9) Facilities	V.
a) Are food contact surfaces/equipment clean/sanitized	Yes No
b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/	V.
stoves/ovens/etc.)	YesNo
10) Dumpster area clean/tight fitting lids/yard clean	Yes_No_
11) Are toxic chemicals labeled and stored properly?	Yes / No_

### **Food Protection Program**

1		Tel. (508) 580-7175	Fax (508) 580-7179
OOD ESTABLISHMENT INSPECTION REPORT	10. 0	Type of Operation(s)	Type of Inspection
Name Brookfield School	Z-28-19	Food Service	Routine Re-inspection
Address 135 Sen 21:00	Risk Level	Residentlal Kitchen	Previous Inspection Date:
Telephone 508 -580 -7514		☐ Mobile ☐ Temporary	Pre-operation
Owner GIPS	HACCP Y/N	Caterer Bed & Breakfast	Suspect Illness General Complaint
Person In Charge (PIC) Michelle Serglo	Time In:	1	☐ HACCP
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Permit No.	Other
Each violation checked requires an explanation on the	narrative pag	ge(s) and a citation of	lon-compliance with:
violated.	Rick Factors	(Red Items)	HOKING
Violated. <u>Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and relations marked that the Reard of Health</u>	equire immedia	ate corrective 590.00	9(E) 590.009(F) Allergens
Violations marked may pose an intrinsical research action as determined by the Board of Health.			Ti Yunigana
	12. Preve	ntion of Contamination from	Hands
FOOD PROTECTION MANAGEMENT		wash Facilities	
1. PIC Assigned / Knowledgeable / Duties	PROTECTION	FROM CHEMICALS	
EMPLOYEE HEALTH  2. Reporting of Diseases by Food Employee and PIC		oved Food or Color Additives	S
3. Personnel with Infections Restricted/Excluded	☐ 15. Toxic	Chemicals	
FOOD FROM APPROVED SOURCE		ATURE CONTROLS (Potentia	ally Hazardous Foods)
4. Food and Water from Approved Source	🗌 16. Cook	ing Temperatures	
5. Receiving/Condition	17. Rehe	eating	
6. Tags/Records/Accuracy of Ingredient Statements	18. Cooli	·	
7. Conformance with Approved Procedures/HACCP Plans		and Cold Holding	
PROTECTION FROM CONTAMINATION	☐ 20. Time	As a Public Health Control	E POPULATIONS (HSP)
8. Separation/ Segregation/ Protection	REQUIREMEN	NTS FOR HIGHLY SUSCEPTIE	4SP
9. Food Contact Surfaces Cleaning and Sanitizing		and Food Preparation for h	
☐ 10. Proper Adequate Handwashing	CONSUMER	ADVISORY ting of Consumer Advisories	<b>.</b>
11. Good Hygienic Practices	22. Posi	ling of Consumor Navioons	
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected	To Foodbo	Violated Provisions Rela	ns
the table and within 10 days as netering by the	and Risk F	actors (Red Items 1-22): der for Correction: Based	on an inspection
of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board	4 4 41 -	Manage obooked marcaie v	iblations of 100 office
of Health.		deral Food Code. This re	more writer sidiled boron
23. Management and Personnel (FC-2)(590.003)			
24. Food and Food Protection (FC-3)(590.004)	74 1 1 61m1	a report may result in SU	ISDENSION OF TEVOCALION
25 Equipment and Utensils (FC-4)(590.005)	the food e	stablishment permit and	eved by this order, you
26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007)		Litte - booring Voil teni	IBSI HIUDI DO III WILLIAM
28. Poisonous or Toxic Materials (FC-7)(590,008)	and cuhm	itted to the Board of Hea	illi at the above addition
28. Special Requirements (590,009)	DATE OF	days of receipt of this ore RE-INSPECTION:	इस का राज
30. Other	Les 11 10		
S: 590(nspectForm8-14.doa	t	TOU	,

Discussion With Person in Charge: No. Establishment Name: BREARIA School בוחפעוחוו בחפוח חו בופוווו Reference C - Critical Item
R - Red Item ) bw Serv 5 the state Surfaces VIOLATICA DESCRIPTION OF VIOLATION / PLAN OF CORRECTION SEX K 4 Michelle 6 5000 Sabino とうこと 0 37. the o PLEASE PRINT CLEARLY m.C Date: 3-28-19 いていま USAC (508) 580-7175 Voluntary Compliance Corrective Action Required: NO RCAPINT 2020 Re-inspection Scheduled Voluntary Disposal Embargo nsproxin 050 Page: BURKE ON 0 O Emergency Closure Emergency Suspension Employee Restriction / Exclusion Yes Date Verified

1) <u>Temperatures:</u> record the exact temperature of each Temperature	30201 111 1110
establishment.	
coolers/refrigerators	_
coolers/refrigerators a) #1 8 F, #2 3 F, #3 9 F, #4 5 F, #6 F, #7 F, #8 F, #9	<b>_</b> F
freezers o	
b)#1 <u>@</u> F, #2,F,#3F, #4F, #5F, #6F, #7F	
c) Are thermometers in place in all of the above? YesNo	
2). Potentially Hazardous foods:	
a) Stored at proper/temperatures/conditions?	Yes No
b) Misbranded/adulterated/ unknown source?	Yes No
c) Orlginal, packaging, container in sound condition?	YesNo
d) Outdated products?	YesNo
e) PHF at proper temperatures (not/cold)?	Yes <u>/</u> No
3) Water source:	
a) Any defects in system?	Yes No
b) Cross Contamination (check backflow preventers where needed?	YesNo_
c) Proper temperatures & pressure (check all faucets/fixtures)	YesNo
4) Sewage/Plumbing	_
Is sewage disposal system in good condition?	YesNo
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)	Yes No
5) Bathroom, Facilities (men', ladies, employees)	ſ
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?	YesNo
b) Sanitizer used?	YesNo
c) Chemical test kit on premises?	YesNo
d) Wiping cloths kept in sanitizer?	Yes_VNo
e) Sanitizer log kept?	Yes V No_
9) Facilities	1/
a) Are food contact surfaces/equipment clean/sanitized	Yes No
b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/	$\mathcal{L}$
stoves/ovens/etc.)	YesNo
10) Dumpster area clean/tight fitting lids/yard clean	YesNo
11) Are toxic chemicals labeled and stored properly?	Yes No_
•	

### **Food Protection Program**

45 School Street

Brockton, MA 02301
Tel (508) 580-7175 Fax (508) 580-7179

FOOD ESTABLISHIVIENT INSPECTION REPORT		101. (508) 580-7175	rax (508) 580-7179
Name Davis School	Date 3/25/19	Type of Operation(s) Food Service	Type of Inspection Legitine
Address 380 plain Street	Rísk Level	Retail Residential Kitchen	Re-inspection Previous Inspection
Telephone 508 580 7449	revei	Mobile	Date:
Owner 72 PS	HACCP Y/N	Temporary	Pre-operation
	Time	Caterer Bed & Breakfast	Suspect Illness General Complaint
Person in Charge (PIC)	In:		HACCPC /
Inspector	Out:	Permit No.	Other Ch ou/
Each violation effected 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.			
FOOD PROTECTION MANAGEMENT	12. Preven	tion of Contamination from I	lands
1. PIC Assigned / Knowledgeable / Duties	☐ 13. Handw	ash Facilities	
EMPLOYEE HEALTH	PROTECTION F	ROM CHEMICALS	
2. Reporting of Diseases by Food Employee and PIC	☐ 14. Approv	ed Food or Color Additives	
3. Personnel with Infections Restricted/Excluded	☐ 15. Toxic C		
FOOD FROM APPROVED SOURCE		TURE CONTROLS (Potentially	/ Hazardous Foods)
4. Food and Water from Approved Source		g Temperatures	,,
5. Receiving/Condition	17. Reheat	•	
6. Tags/Records/Accuracy of Ingredient Statements	17. Reneal	-	
7. Conformance with Approved Procedures/HACCP Plans			
E3		d Cold Holding	
PROTECTION FROM CONTAMINATION		s a Public Health Control	
8. Separation/ Segregation/ Protection		S FOR HIGHLY SUSCEPTIBLE	
Food Contact Surfaces Cleaning and Sanitizing	21. Food a	nd Food Preparation for HSI	•
10. Proper Adequate HandwashIng	CONSUMER AD	VISORY	
11. Good Hyglenic Practices	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.  23. Management and Personnel (FC-2)(690.003) 24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(690.005) 26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(690.007) 28. Poisonous or Toxic Materials (FC-7)(690.008) 28. Special Requirements (590.009) 30. Other	To Foodborne and Risk Fact Official Order today, the iter 590.000/feder by a Board of order of the Boited in this rethe food establishmen have a right to and submitted within 10 days	plated Provisions Related Illnesses Interventions fors (Red Items 1-22):  for Correction: Based or ms checked indicate violated Food Code. This report Health member or its against a food of Health. Failure to eport may result in suspetilishment permit and cest to perations. If aggrieved a hearing. Your request to the Board of Health as of receipt of this order. INSPECTION:	n an inspection ations of 105 CMR t, when signed below ent constitutes an correct violations ension or revocation of sation of food by this order, you must be in writing
Inspector's Signature: Print:	Jacon	1 100 300	1.2.
DICK Classificated	V	1/ 000	Page of Page

Establishment Name: PLOCKIOU DOGIO OI HEGINA Discussion With Person in Charge: Code Reference C - Critical Item
R - Red Item avis Schoo, Codles NO 50 arking lot clean and dismoster enclosed outdated represent French and of ふんへい ひょ DESCRIPTION OF VIOLATION / PLAN OF CORRECTION clean Dro duct near doca 020 PLEASE PRINT CLEARLY Date: 3/ organize Corrective Action Required: 0 Voluntary Compliance Re-inspection Scheduled Embargo Voluntary Disposal Page: ON D 0 **Emergency Susper** Employee Restriction Other: **Emergency Closure** Exclusion of. ٦ <u>۲</u>

<ol> <li>Temperatures: record the exact temperature of each refrigerator and freestablishment.</li> </ol>	ezer in the
<del>+</del>	
coolers/refrigerators a) #1 <u>40</u> F, #2 <del>1</del> F, #3 F, #4 F, #5 F, #6 F, #7 F, #8 F, #9	F
fragrans	
b)#1\(\mathcal{D}\) 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?	YesNo YesNo
b) Misbranded/adulterated/ unknown source?	Yes No
c) Original, packaging, container in sound condition?	YesNo
d) Outdated products?	Yes No
e) PHF at proper temperatures (not/cold)?	YesNo
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?	YesNo
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	Yes No
a) Sanitizer charts posted?	
b) Sanitizer used?	Yes No_
c) Chemical test kit on premises?	YesNo YesNo
d) Wiping cloths kept in sanitizer?	
e) Sanitizer log kept?	Yes_ No_
9) Facilities	Yes No_
a) Are food contact surfaces/equipment clean/sanitized	Tes_NO_
b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/	Yes No
stoves/ovens/etc.)	Yes \No_
10) Dumpster area clean/tight fitting lids/yard clean	Yes No
11) Are toxic chemicals labeled and stored properly?	163 NO

Inspector's Signature:

Brockton Board of Health	45 School Street
	Brockton, MA 02301 Tel. (508) 580-7175 Fax (508) 580-7179
FOOD ESTABLISHMENT INSPECTION REPORT	Alama Alama
011	Date Routine
Name Downey School	Risk Residential Kitchen Previous Inspection
Address 45 Electric Ave	Level Residential Michigan Date:
Telephone 508 580 8224	HACCP Y/N Caterer Pre-operation Suspect Illness Complete
Owner Brockfor Public Schools	General Complaint
Person in Charge (PIC)	In: Other School
Inspector	Out: 11:57 Permit No.  narrative page(s) and a citation of specific provision(s)  Non-compliance with:  Anti-Choking Tobacco
Each violation checked requires an explanation on the	Non-compliance with:
ulolotod	I Diele Factors (Nou itomo)
- magricod may noise all little	require immediate corrective
action as determined by the Board of Health.	
	12. Prevention of Contamination from Hands
FOOD PROTECTION MANAGEMENT  1. PIC Assigned / Knowledgeable / Dutles	13. Handwash Facilities
	PROTECTION FROM CHEMICALS
EMPLOYEE HEALTH  2. Reporting of Diseases by Food Employee and PIC	14. Approved Food or Color Additives
Reporting of Discussed 27 to 1.      Report of Discussed	15. Toxic Chemicals
FOOD FROM APPROVED SOURCE	TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)
4. Food and Water from Approved Source	16. Cooking Temperatures
5 Receiving/Condition	17. Reheating
C Tags/Records/Accuracy of Ingredient Statements	18. Gooling
7. Conformance with Approved Procedures/HACCP Plans	☐ 19. Hot and Cold Holding ☐ 20. Time As a Public Health Control
PROTECTION FROM CONTAMINATION	REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)
Separation/ Segregation/ Protection	21. Food and Food Preparation for HSP
9. Food Contact Surfaces Cleaning and Sanitizing	CONSUMER ADVISORY
10. Proper Adequate Handwashing	22. Posting of Consumer Advisories
11. Good Hygienic Practices	
Violations Related to Good Retail Practices (Blue	Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):
immediately or within 10 days as determine the corrected	Many Bacad on an inspection
immediately or within 10 days as determined by the Board immediately or within 90 days as determined by the Board	today, the items checked indicate violation when signed below
of Health.	
C N Apparement and Personnel (FC-2)(590.003)	
24 Food and Food Protection (Foodstate)	cited in this report may result in suspension or revocation the food establishment permit and cessation of food the food establishment permit and cessation of food
25 Equipment and Utensiis (FC-4)(090.000)	establishment operations. If aggrieved by this order, you establishment operations. Wour request must be in writing
26. Water, Fluiding (FC-6)(590.007)	have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address
28 Poisonous or Toxic Materials (PG-7)(080,000)	within 10 days of receipt of this order.
28. Special Requirements	DATE OF RE-INSPECTION:
30. Other	
5) 590inapselForms-14.dog	1-1-52

Food Protection Program

No. Establishment Name: מוטטאנטוו שטמוש טי ייי Discussion With Person in Charge: Code Reference C - Critical Item R - Red Item LOUMOR Foodline clean Bothering ナットストンシンとうと No Chemicals Servers wearing No outdated 50 acking 100 B let clean dumpter enclosed おいいの十 hand 0/0 DESCRIPTION OF VIOLATION / PLAN OF CORRECTION ひとの LJAPOJO 200 172 hati proper からか tr: 9 organize o Observer 1 Jamps 2 3/01/25 PLEASE PRINT CLEARLY Date: 3/. かのしょうべい スロンス こととってはって Corrective Action Required: 0 Re-inspection Scheduled Voluntary Compliance Voluntary Disposal Embargo Page: ON 0 Employee Restriction Other: **Emergency Closure** Emergency Suspens Exclusion of N D

1) Temperatures: record the exact temperature of each refrigerator and f	reezer in the
the exact temperature of each refrigerator and	
1) Temperatures: record the excess and	
establishment.	F
coolers/refrigerators - "246 #436 F. #5 F, #6F, #7F, #8F, #8	
establishment.  coolers/refrigerators a) #13 (F, #23 F, #3 46 F, #43 F, #5 F, #6 F, #7 F, #8 F, #9	
5 46 F. #7	
b)#1/0F, #2,F,#3F, #4 No	524
thermometers in place in all	Yes_No
2). Potentially Hazardous to save stures (conditions?	YesNo
a) Stored at proper/temperatures/	Yes_No_ Yes_No_
b) Misbranded/adulterated/ unknown sound condition? c) Original, packaging, container in sound condition?	Yes_No_
ol Original, packaging, contains	Yes_No_
d) Outdated products?	
e) PHF at proper temperatures (100)	Yes No
- LANGE LANGE COURCE	Yes_ No
a) Any defects in system?	Yes_No_
a) Any defects in system? b) Cross Contamination (check backflow preventers where needed? b) Cross Contamination (check backflow preventers where needed?	
c) Proper temperatures of Proper temperatures	Yes_No_
· · · · · · · · · · · · · · · · · · ·	Yes_ No_
Is sewage disposal system in good traps/grease traps etc)	
4) Sewage/Framsons Is sewage disposal system in good condition? (check drains/ice machines/bar sinks, air gap, traps/grease traps etc) (check drains/ice machines/bar sinks, employees)	YesNo
at nathroom Facilities interior	Yes_No_
a) is facility vented property.	Yes_No_
a) is facility ventous. b) Proper water temperature? c) Soap, paper towels, toilet tissue, & all holders in place? c) Soap, paper towels, toilet tissue, & all holders in place?	Yes_No_
c) Soap, paper towers, tollet tisses,	Yes∠ No_
d) Door closure in place? e) Hand washing signs in place in all bathrooms? e) Hand washing signs in place in all bathrooms?	
t and ciptis in piace in	
c) nodent/roach/msectiment/boxes/panets/	ж
Check behind & under all stoves/coolers/equipment, or check behind & under all stoves/coolers/equipmen	/
took for hait boxes/dioppine	Yes_ No_
7) Worker Hygiene-Airy sold any open cuts/sores etc.	
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	Yes_ No_
CITUO & three Day Siliks State	Yes_ No
a) Sanitizer charts posted?	Yes_No_
b) Sanitizer used?	Yes_No_
b) Sanitizer used? c) Chemical test kit on premises? c) Chemical test kit on premises?	Yes_ No
c) Chemical test kit on productive ? d) Wiping cloths kept in sanitizer?	1
e) Sanitizer log kept?	Yes_ No_
9) Facilities a) Are food contact surfaces/equipment clean/sanitized a) Are food contact surfaces clean? (walls/floors/hoods & filters/	
a) Are food contact surfaces/equipment clean/santized b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/	YesNo
b) Are non-tood contact and the contact and th	YesNo
stoves/ovens/etc.)  10) Dumpster area clean/tight fitting lids/yard clean  10) Dumpster area clean/tight fitting lids/yard clean	Yes No
10) Dumpster area clean/tight fitting flus/years 11) Are toxic chemicals labeled and stored properly?	*
11) Are toxic chemicals	

Food Protection Program

45 School Street

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

THE INSPECTION REPORT	Tel. (508) 580-7 170 Type of Inspection
FOOD ESTABLISHMENT INSPECTION REPORT	Date   IVDE OF OPERATION   Routine
Name [ 1 Tim High School	3/25/2019 Re-inspection
EAST JUNIOR	RISK Particular Kitchen / Previous (hispophier)
Address 454 Centre Street	Mobile Date.
Telephone (508) 580 - 7350	Suspect Illness/
7000/	Bed & Breakfast General Complaint
Person in Charge (PIC) ( ) and it is Beck ( Deboi eurs	Time
Person in Charge (PIC) Chastine Back (Debbiecus)	Out: Permit No.
Inspector +OC mention on the	Out: Permit No.  Out: Permit No.  Non-compliance with:  Anti-Choking Tobacco  For application of specific provision(s)  Non-compliance with:  Anti-Choking Tobacco  For application of specific provision(s)
Fach violation checked requires an explanation on the	Anti-Choking Tobacco
violations Related to Foodborne Illness Interventions and Violations Related to Foodborne Illness Interventions and Indiana Related and Indiana Re	d Risk Factors (Red Items)  590.009(E) 590.009(F)
Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and Violations marked by the Board of Health.	require immediate corrective Allergens
Violations marked may pose an invariant action as determined by the Board of Health.	· · · · · · · · · · · · · · · · · · ·
	12. Prevention of Contamination from Hands
FOOD PROTECTION MANAGEMENT	13. Handwash Facilities
1. PIC Assigned / Knowledgeable / Duties	PROTECTION FROM CHEMICALS
AND LIE ALTH	14. Approved Food or Color Additives
Reporting of Diseases by Food Employee and PIC     Reporting of Diseases by Food Employee and PIC	
Reporting of Discrete Activities and Section 2. Report 2. R	15. Toxic Chemicals
3. Personnel with models to	TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)
FOOD FROM APPROVED SOURCE	16. Cooking Temperatures
4. Food and Water from Approved Source	17. Reheating
5. Receiving/Condition	18. Cooling
5. Receiving Contains     5. Receiving Contains     6. Tags/Records/Accuracy of Ingredient Statements	19. Hot and Cold Holding
6. Tags/Records/Accuracy of this 7. Conformance with Approved Procedures/HACCP Plans	Control Aca Public Health Control
PROTECTION FROM CONTAMINATION	REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)
Congration/ Segregation/ Protection	21. Food and Food Preparation for HSP
9, Food Contact Surfaces Cleaning and Sanitizing	
10. Proper Adequate Handwashing	CONSUMER ADVISORY
10. Proper Adequate Practices	22. Posting of Consumer Advisories
11. Good Hygienic Practices	Number of Violated Provisions Related
Violations Related to Good Retail Practices (Blue	- Fdhorne Illnesses Interventions
Violations Related to Good Retail Practices (Charlet Items) Critical (C) violations marked must be corrected items) Critical (C) violations marked must be corrected items) and the sound items (C) violations as determined by the Board	
Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board immediately or within 10 days and 10 days as determined by the Board immediately or within 10 days and 10 days as determined by the Board immediately or within 10 days and 10 days as determined by the Board immediately or within 10 days as determined by the Board immediately or within 10 days as determined by the Board immediately or within 10 days as determined by the Board immediately or within 10 days as determined by the Board immediately or within 10 days as determined by the Board immediately or within 10 days as determined by the Board immediately or within 10 days as determined by the Board immediately or within 10 days as determined by the Board immediately or w	official Order for Correction: Based on an inspection Official Order for Correction: Based on an inspection
immediately or within 10 days as determined by immediately or within 10 days as determined by the Board	Official Order for Correction: Based off an inspection of 105 CMR today, the items checked indicate violations of 105 CMR
immediately or within 30 days	590.000/federal rood Code. The agent constitutes an
of Health.	by a Board of riealth members to correct violations
C N 23. Management and Personnel (FC-2)(590,003)	order of the Board of Health is suspension or revocatio
at Food and Food Protection (10 %)	cited in this report may result in suspension of food the food establishment permit and cessation of food the food establishment permit and cessation of food
or regiment and Utensiis (FO-7/Goods)	the food establishment permit and cessation of the food establishment operations. If aggrieved by this order, you establishment operations. Your request must be in writing
26. Water, Plumbing (FC-6)(590.007	have a right to a hearing. Total Health at the above addre
27. Physical Facility (FC-6)(590,007 28. Poisonous or Toxic Materials (FC-7)(590,008	and submitted to the board this order.
28. Special Requirements (690.009	DATE OF RE-INSPECTION:
30. Other	UNIT A. LINE
St 690InspectForms-14-696	
	Print: DEPICKO. LAWTON DOS JOS DE
Inspector's Signature:	Print: DESTINE BEEK Page of of
nrove Signature: V AV TO MAM	WINDAILIE OF THE

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment. coolers/refrigerators a) #138F, #235 F,#339 F,#4 freezers b)#1 5F, #2 F, #3 F, #4 F, #5 F, #6 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 balt 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?

Brockton Board of Fleatur		Brockton, MA 02301	Fax (508) 580-7179
OOD ESTABLISHMENT INSPECTION REPORT		Type of Operation(s)	Type of Inspection
Name of ences Case Care man Spalman	Pisk	☐ Food Service ☐ Retail ☐ Residential Kitchen	Re-inspection Previous Inspection
Address 738 Court St	Level	☐ Mobile	Date:
Telephone 781-888-0749	HACCP Y/N	☐ Temporary ☐ Caterer	Suspect Illness
Owner N81-888 OF TBA Elenes Care	Time	Bed & Breakfast	General Complaint HACCP
Person in Charge (PIC)	ln:	Permit No.	Other
Each violation checked requires an explanation on the	Out:	ne(s) and a citation of	f specific provision(s
Fach violation checked requires an explanation on the	Haitative put	A=41.6	Non-compliance with: Choking Tobacco
			09(E) 590.009(F)
Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and action as determined by the Board of Health.	require immedia	ate conscins	Allergens
action as determined by the Board	□ 12 Prev€	ention of Contamination from	n Hands
FOOD PROTECTION MANAGEMENT	TT 42 Hand	wash Facilities	
DIC Accigned / Knowledgeable / Duties	PROTECTION	FROM CHEMICALS	
EMPLOYEE HEALTH	☐ 14. Appr	oved Food or Color Additive	es
Reporting of Diseases by Food Employee and PIC     Reporting of Diseases by Food Employee and PIC		Obemicale	
3. Personnel with infections Restricted/Excluded	TIME/TEMPE	RATURE CONTROLS (Potent	ially Hazardous Foods)
FOOD FROM APPROVED SOURCE	☐ 16. Cool	king Temperatures	
4. Food and Water from Approved Source	17. Reh		
<ul> <li>5. Receiving/Condition</li> <li>6. Tags/Records/Accuracy of Ingredient Statements</li> </ul>	18. Coo	ling	
6. Tags/Records/Accuracy of Ingrecion Conformance with Approved Procedures/HACCP Plans 7. Conformance with Approved Procedures/HACCP Plans	☐ 19. Hot	and Cold Holding	
7. Conformance With Approved 1.	20. Time	e As a Public Health Contro	)
8. Separation/ Segregation/ Protection	REQUIREME	NTS FOR HIGHLY SUSCEPT	IBLE POPULATIONS (IIS)
Separation/ Segregation/ Free      Segregation/ Free      Segregation/ Segregation/ Free      Segregation/ Segregation/ Free      Segregation/ Segre	☐ 21. Foo	d and Food Preparation fo	r HSP Salabert — Strandard (* )
10. Proper Adequate Handwashing	CONSUMER	ADVISORY	# [전문학교회자   마음 등 시원 (40 mm)   - = - =
10. Proper Adequate Financians	22. Pos	sting of Consumer Advisorie	9S
11. Good Hyglenic Practices		f Violated Provisions Re	elated
Violations Related to Good Retail Practices (Blue	To Foodby	orne Ilinesses interventi	UIIS -
Violations Related to Good Retail Fractions (State of State of Sta		rather (Pod Items 1-44	· L
immediately or within 10 days as detroised the corrected	Official O	rder for Correction: Bas	violations of 105 CMR
of Health. Non-critical (N) Violations must be determined by the Board immediately or within 90 days as determined by the Board	today, the	eltems checked indicate	report, when signed belo
of Health.	by a Boar	rd of Health member or	ts agent constitutes an
23. Management and Personnel (FC-2)(590,003)	order of t	he Board of Health. Fair	suspension or revocatio
24 Food and Food Protection (Foogestion)	cited in the	nis report may result in establishment permit ar	nd cessation of food
25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.007)	establish	ment operations. If agg	guest must be in writing
	have a ri	ght to a nearing. Total to	ealth at the above addre
28 Poisonous of Toxic Materials (FC-7)(Sacross)	within 1f	days of receipt of time	order.
28. Special Requirements	DATE OF	RE-INSPECTION:	
30. Other		1	
S: 650InspectForm8-14.doo	Print: Mad	1 /Aug Bother	
Inspector's Signature:	Print: Klay	Marshari	Page of I
PIC's Signature:	Clen	H Thyongo	

No. Discussion With Person in Charge: Establishment Name: Elevo's (See **Brockton Board of Health** Code Reference C - Critical Item R - Red Item SS Mercen h cond 20 ロブ Mush purguss T Galont SPOIN A Caldinal Spelmy Date: Close SINK St 110 er ta 50 2 Post 7 5 DESCRIPTION OF VIOLATION / PLAN OF CORRECTION CANTINES S Kerby JANA SO NOS 10000 WILL B - va (45) X on one PLEASE PRINT CLEARLY ص ک MO CON (508) 580-7175 XA 0 Corrective Action Required: W 8-30-14 Page: Embargo Voluntary Disposal Re-inspection Scheduled Voluntary Compliance No No O D 2 of 2 Other: Employee Restriction / Exclusion **Emergency Closure** Emergency Suspension D Yes Date Verified

S:590Narratives-2 doc

		Ř
	J 6-1	oner in the
	1) Temperatures: record the exact temperature of each refrigerator and from	Sezei III die
	1) Temperatures: record the exact temperatures record the exact temperatures as the stablishment.	
	establishment.	-
	coolers/refrigerators 7 + 13 4/F #4 4/CF, #5.39F, #6F, #7F, #8F, #9_	r
	1 114 DE #7 1(25.#3 12/1"	) <u>)</u>
	f	
	b)#1 \_F, #2 \_F,#3F, #4F, #5F, #0 c) Are thermometers in place in all of the above? Yes \_NO	
*	the amounters in place in	100000
	2). Potentially Hazardous foods:	Yes LNO_
	2). Potentially Hazardous toous. a) Stored at proper/temperatures/conditions? a) Stored at proper/temperatures/conditions?	Yes_No_
	a) Stored at proper/temperatures/own source? b) Misbranded/adulterated/ unknown source? b) Misbranded/adulterated/ unknown source?	Yes No_
	b) Misbranded/adulterated/ unknown sound condition? c) Original, packaging, container in sound condition?	Yes_No_
	d) Outdated products?	Yes_No_
	d) Outdated products? e) PHF at proper temperatures (not/cold)?	
- 5	e) PHF at proper temper	Yes_ No_
	3) Water source:	Yes_No_
	a) Any defects in system?  a) Any defects in system? (check backflow preventers where needed?	Yes_No_
	a) Any defects in system? b) Cross Contamination (check backflow preventers where needed? b) Cross Contamination (check backflow preventers where needed?	/.
	c) Proper temperatures & P	Yes L No.L
		Yes_INO_
	is sewage disposal system to bar sinks, air gap, traps/grease traps etc/	
	4) Sewage/Flames.  Is sewage disposal system in good condition?  Is sewage disposal system in good condition?  (check drains/ice machines/bar sinks, air gap, traps/grease traps etc)  (check drains/ice machines/bar sinks, air gap, traps/grease traps etc)	Yes_No_
	El Bathroom, Facilities IIII	Yes_INO_
	a) Is facility vented properly	Yes No_
	b) Proper water temperature? c) Soap, paper towels, toilet tissue, & all holders in place?	Yes_No_
	c) Soap, paper towels, toller distance	Yes_No_
	d) Door closure in place?	No.
	Ling cions III Diace III	5
	a) padant/roach/lisect himself hoxes/pallets/	NO
	e) Hand washing sights in page 18 to	
	the for half boxes/ diopped	Yes_No_L
	7) Worker Hygiene Arty Labling etc. any open cuts/ sores etc.	
	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	Yes 1 No_
	CITUD & three Day Sinks/	Yes No
	a) Sanitizer charts posted?	Yes No_
	The second secon	Yes_No_
	test vit on Dictinos.	Yes No_
	d) Wining cloths kept in salita	
	a) Canitizer log Keptr	Yes_No_
	ANTE ANTE ANTE ANTE ANTE ANTE ANTE ANTE	
	g) Facilities a) Are food contact surfaces/equipment clean/sanitized b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/	Ves No
	h) Are non-tood contact of	Ves No
	etoves/ovens/etc./	Ves No
	10) Dumpster area clean/tight fitting hard stored properly?	10311
	10) Dumpster area clean/tight fitting has year.  11) Are toxic chemicals labeled and stored properly?	

### **Food Protection Program**

45 School Street Brockton, MA 02301

FOOD ESTABLISHMENT INSPECTION REPORT		Tel. (508) 580-7175	Fax (508) 580-7179
Name Gilhore School	Date/2//s	Type of Operation(s)	Type of Inspection
	Risk	Food Service	Routine Re-inspection
1 O CHINON OF	Level	Residential Kitchen	Previous Inspection
100 300 10 17	114 000 1/41	│	Date:
Owner BPS	HACCP Y/N	☐ Caterer	Suspect Illness
Person in Charge (PIC)	Time In:	Bed & Breakfast	☐ General Complaint☐ HACCP
Inspector Dennis Sonth	Out:	Permit No.	Other
Each violation checked requires an explanation on the	narrative pag		-
violated.	District		on-compliance with:
Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and re			
action as determined by the Board of Health.	squiro mimodia	to corrocavo	Allergens
FOOD PROTECTION MANAGEMENT			
	_	ntion of Contamination from F	lands
1. PIC Assigned / Knowledgeable / Duties		ash Facilities	
EMPLOYEE HEALTH	PROTECTION F	ROM CHEMICALS	
2. Reporting of Diseases by Food Employee and PIC	0.51	red Food or Color Additives	
3. Personnel with Infections Restricted/Excluded	15. Toxic C	hemicals	
FOOD FROM APPROVED SOURCE	TIME/TEMPERA	TURE CONTROLS (Potentially	/ Hazardous Foods)
4. Food and Water from Approved Source	☐ 16. Cookin	g Temperatures	
5. Receiving/Condition	☐ 17. Reheat	ling	
6. Tags/Records/Accuracy of Ingredient Statements	☐ 18. Cooling	3	
7. Conformance with Approved Procedures/HACCP Plans	19. Hot and	d Cold Holding	
PROTECTION FROM CONTAMINATION	☐ 20. Time A:	s a Public Health Control	
8. Separation/ Segregation/ Protection	REQUIREMENT	S FOR HIGHLY SUSCEPTIBLE	POPULATIONS (HSP)
9. Food Contact Surfaces Cleaning and Sanitizing	21. Food a	nd Food Preparation for HSF	>
10. Proper Adequate Handwashing	CONSUMER AD	VISORY	
11. Good Hygienic Practices	22. Posting	g of Consumer Advisories	
Violations Related to Good Retail Practices (Blue	Number of Viv	olated Provisions Related	
Items) Critical (C) violations marked must be corrected		olated Flovisions Related Billnesses Interventions	
Immediately or within 10 days as determined by the Board		tors (Red Items 1-22):	
of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board		for Correction: Based on	
of Health.		ns checked Indicate viola al Food Code. This report	
CN		i Health member or its age	
23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004)	order of the B	loard of Health. Fallure to	correct violations
24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005)		eport may result in suspe	
26. Water, Plumbing and Waste (FC-5)(590.006)		blishment permit and ces t operations. If aggrieved	
27. Physical Facility (FC-6)(590.007)		o a hearing. Your request	
28. Poisonous or Toxic Materials (FC-7)(590.008) 28. Special Requirements (590.009)		d to the Board of Health a	t the above address
28. Special Requirements (590.009) 30. Other	DATE OF RE-	s of receipt of this order. INSPECTION:	
8: 590InspeciForme-14-doc		Academy Academic Section Section 5	
Inspector's Signature: Print:	7		The second second second
Man Chi	Vennis	JMITY	Page of Zenges
PIC's Signature: Kausallag Print:	Laura	Maguire	rage of sanges

Brockton Board of Health Establishment Name: (2) | More Discussion With Person in Charge: Code Reference C - Critical Item
R - Red Item Bath Doms MIK 40 Fruzier -26 Thous thous が 10gc cridge, 370 Lents Clean HAIT NEWS No Cleamer Basin Sink Containers Out District Touch Floars + Surfaces 2 Shrope: 人やり十 CON+ Functioning 36°+34° 116/04/05 DESCRIPTION OF VIOLATION / PLAN OF CORRECTION 1/244 このこと **Food** 子被中 PLEASE PRINT CLEARLY Date: 3-26-17 Bupticing 15 8 CHON Corrective Action Required: Voluntary Compliance Re-inspection Scheduled Embargo Voluntary Disposal Provers Page: N NO Emergency Suspension Employee Restriction / Emergency Closure D Verified Date Yes

<ol> <li>Temperatures: record the exact temperature of each refrigerator and free establishment.</li> </ol>	ezer in the
coolers/refrigerators	
a) #157° F, #2 36° F, #38° F, #4 36° F, #5 40° F, #6 355 F, #7 F, #8 F, #9	_
freezers freezers	_+
b)#1-20°F, #2,F,#3F, #4F, #5F, #6F, #7F	
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?	Yes_No_
c) Original, packaging, container in sound condition?	YesNo_
d) Outdated products?	Yes No
e) PHF at proper temperatures (not/cold)?	YesNo
3) Water source:	Yes_No_
a) Any defects in system?	/
b) Cross Contamination (check backflow preventers where needed?	YesNo
c) Proper temperatures & pressure (check all faucets/fixtures)	Yes No
4) Sewage/Plumbing	Yesfio
Is sewage disposal system in good condition?	w/
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)	Yes_No_
5) Bathroom, Facilities (men', ladies, employees)	Yes_ No_
a) Is facility vented properly?	Van de
b) Proper water temperature?	Yes_No
c) Soap, paper towels, toilet tissue, & all holders in place?	YesNo YesNo
d) Door closure in place?	Yes_/No_
e) Hand washing signs in place in all bathrooms?	Yes No
6) Rodent/roach/insect infestation	1627 100_
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_XNo_/
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
	Yes No

## OD ESTABLISHMENT INSPECTION REPORT

**Food Protection Program** 

45 School Street

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

FOOD ESTABLISHMENT INSPECTION REPORT	Tel. (508) 580-7175 Fax (508) 500-7175
Name Hancock School Address 125 Peacl Street	Date 3/25 //9 Type of Operation(s) Type of Inspection  Risk Retail Residential Kitchen  Type of Inspection  Routine Re-inspection  Previous Inspection
70.0	Mobile Date:
Telephone 508 580 1514	HACCP Y/N Caterer Suspect Illness
Owner 13 P.S	Red & Breakfast General Complaint
Person In Charge (PIC)	In: Permit No. HACCP Choo
Inspector / Cu	Out: Permit (o)
Each violation checked requires an explanation on the	Non-compliance with:
Violated.  Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and raction as determined by the Board of Health.	I Risk Factors (Red Items)  require immediate corrective  Anti-Clicking  590.009(E)   590.009(F)   Allergens
FOOD PROTECTION MANAGEMENT	12. Prevention of Contamination from Hands
1. PIC Assigned / Knowledgeable / Duties	13. Handwash Facilities
EMPLOYEE HEALTH	PROTECTION FROM CHEMICALS
Reporting of Diseases by Food Employee and PIC	14. Approved Food or Color Additives
3. Personnel with Infections Restricted/Excluded	15. Toxic Chemicals
FOOD FROM APPROVED SOURCE	TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)
4. Food and Water from Approved Source	16. Cooking Temperatures
5. Receiving/Condition	17. Reheating
6. Tags/Records/Accuracy of Ingredient Statements	18. Cooling
7. Conformance with Approved Procedures/HACCP Plans	19. Hot and Cold Holding
PROTECTION FROM CONTAMINATION	20. Time As a Public Health Control
8. Separation/ Segregation/ Protection	REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)
9. Food Contact Surfaces Cleaning and Sanitizing	21. Food and Food Preparation for HSP
10. Proper Adequate Handwashing	CONSUMER ADVISORY
11. Good Hygienic Practices	22. Posting of Consumer Advisorles
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. Fallure 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:
: /	inti Va in Rarcass

S:590Narrative6-2.doc	Discussion With Person in Charge:	stablishment Name: Hamem Code R-Red Item
	arge:	Parking lot clean dumpster of the area clean dumpster of which area clean dumpster of the area frozent and order of lear that a sold hear traper temporal of the post is very wearn hat a proper temporal of the post is very wearn hat a proper temporal of the post is very wearn hat a
	Corrective Action Required:  Corrective Action Required:  Re-inspection Scheduled  Embargo  Voluntary Disposal	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION  PLEASE PRINT CLEARLY  PLEASE PRINT CLEARL
	D Employee Restriction Exclusion  Emergency Suspens  Country Closure  Country Closure  Country Closure	Verifier

establishment.	
coolers/refrigerators	
a) #1 <u>36</u> F, #2 <u>36</u> ,F,#3 <u>78</u> F, #4F, #5F, #6F, #7F, #8F, #9_	F
freezers	
—— b)#1- <sup>[</sup> /J-F, #2F,#3F, #4F, #5F, #6F, #7_ <del></del> F	
c) Are thermometers in place in all of the above? YesNo	
2). Potentially Hazardous foods:	
a) Stored at proper/temperatures/conditions?	YesNo
b) Misbranded/adulterated/ unknown source?	Yes No
c) Original, packaging, container in sound condition?	YesNo
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?	YesNo
c) Proper temperatures & pressure (check all faucets/fixtures)	YesNo
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?	YesNo
d) Door closure in place?	YesNo
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 balt 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	20200000
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	YesNo
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

1) <u>Temperatures:</u> record the exact temperature of each refrigerator and freezer in the

### FOOD ESTABLISHMENT INSPECTION REPORT

### **Food Protection Program**

45 School Street Brockton, MA 02301

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

		, .	· · · · · · · · · · · · · · · · · · ·
Name Huntington School	Date /2//19	Type of Operation(s)	Type of Inspection
Address 1129 Warren AVE	Risk	Retall	☐ Re-inspection
Telephone	Level	Residentlat Kitchen  Mobile	Previous Inspection Date:
Owner Brocken Rublic School	HACCP Y/N	☐ Temporary ☐ Caterer	☐ Pre-operation☐ Suspect Illness
Person in Charge (PIC) Mrchelle Raber 8	Time	Bed & Breakfast	General Complaint HACCP
Inspector Charles and	In: Out:	Permit No.	Other
Each violation checked requires an explanation on the		e(s) and a citation of	specific provision(s
violated.	Diele Feeters		n-compliance with:
Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and re			1. (1. (1. (1. (1. (1. (1. (1. (1. (1. (
action as determined by the Board of Health.	squire irriinediai	to corrective	☐ Allergens
FOOD PROTECTION MANAGEMENT			
1. PIC Assigned / Knowledgeable / Duties		tion of Contamination from H ash Facilities	lands
EMPLOYEE HEALTH		asn Facililles ROM CHEMICALS	
2. Reporting of Diseases by Food Employee and PiC	-	ed Food or Color Additives	
3. Personnel with Infections Restricted/Excluded	14. Approve		2.
FOOD FROM APPROVED SOURCE	_	TURE CONTROLS (Potentially	Hazardous Foods)
4. Food and Water from Approved Source	_	Temperatures	Tibedia duo i oodoj
5. Receiving/Condition	17. Reheati	,	
6. Tags/Records/Accuracy of Ingredient Statements	☐ 18. Cooling	•	
7. Conformance with Approved Procedures/HACCP Plans		Cold Holding	
PROTECTION FROM CONTAMINATION	_	a Public Health Control	
8. Separation/ Segregation/ Protection	<del>_</del>	FOR HIGHLY SUSCEPTIBLE	POPULATIONS (HSP)
9. Food Contact Surfaces Cleaning and Sanitizing		nd Food Preparation for HSP	
10. Proper Adequate Handwashing	CONSUMER AD		
11. Good Hygienic Practices	_	of Consumer Advisories	
Violations Related to Good Retail Practices (Blue tems) Critical (C) violations marked must be corrected mmediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected mmediately or within 90 days as determined by the Board of Health.  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)(690.007) 28. Poisonous or Toxic Materials (FC-7)(590.008) 28. Special Requirements (590.009) 30. Other	To Foodborne and Risk Factor Official Order today, the Item 590.000/federaby a Board of order of the Bocited in this rethe food establishment have a right to and submitted	plated Provisions Related Illnesses Interventions ors (Red Items 1-22): for Correction: Based on as checked Indicate violatif Food Code. This report Health member or its age oard of Health. Failure to port may result in suspendishment permit and cesses operations. If aggrieved a hearing. Your request to the Board of Health at of receipt of this order.	tions of 105 CMR , when signed below int constitutes an correct violations islon or revocation of sation of food by this order, you must be in writing
Inspector's Signature: Print:	Chale	6 young	1.2
PIC's Signature: Print:	Michelle	Roberts	PageofPages
			/

No violation at the true of inspection

DESCRIPTION OF VIOLATION IPLAN OF CORRECTION  AGE  RESTRICTION  RESTRI
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Exercise area le presente la chemica la chemica la chemica la chemica la chemica la contra la co
constant de se
DESCRIPTION OF VIOLATION I PL PLEASE PRINT CLEAR  CHAN TABLES SEALS  CAS PROJECT STAND DAY BOY  CAS PROJECT STAND DAY BOY  CAS PROJECT STANDS  CAS PRINTICIENT  CAS PROJECT STANDS  CAS PRINTICIENT  CAS P
ECRIPTION OF VIOLATION IPLESSE PRINTCHEAR PRINTCHEAR SEALS, CLEAN SUMBER SEALS, CLEAN SUMBER SEALS, CHANGE STANDS
DETION OF VIOLATION IPE  PLEASE PRINT CLEAR  AND SIND DY GON  SCHOOL SEMEN  LOOS  CAN LOOS  RAND SOLD  RAND
NOF VIOLATION IPL  PLESSE PRINT CLEAR  DEMPILIE SEALS  LONG SEALS
WIDEATION I PLEASE PRINT CLEAR  FILE SE SEALS  FOOD  AND
ATTION IPPLEASE OF THE PRINT CHEEN TO SEPRINT CHEEN TO SE
Correct Corret Correct Correct Correct Correct Correct Correct Correct Correct
Corrective Ac  Correc
CORRECTION  CORRECTION  CORRECTION  CORRECTION  Sec all  Columbs
RECTION RECTIO
No Pution Emergency Other:
Pura  Pura  Pura  Pura  Other:

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment.  coolers/refrigerators a) #128 F, #240, F, #3 F, #440 F, #540 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	Horinehs Gloves in use
c) Are thermometers in place in an order of the second sec	hot holds
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)  YesNo YesNo	
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?  Yes_No	hot wat
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  Yes / No	2 box
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_	
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 No	

serve sife Michelle Roberts exp 22.

# FOO

Brockton Board of Health		Food Protection P 45 School Street Brockton, MA 02301 Tel. (508) 580-7175	
Name  Address  Telephone  Owner  Person in Charge (PIC)	Date 3 20 19 Risk Level  HACCP Y/N Time In:	Type of Operation(s)  Food Service Retail Residential Kitchen Mobile Temporary Caterer Bed & Breakfast	Type of Inspection  Re-inspection Previous Inspection Date: Suspect Illness General Complaint HACCP Other
Each violation checked requires an explanation on the violated.  Violations Related to Foodborne Illness Interventions and violations related may pose an imminent health hazard and	Out: narrative page d Risk Factors require immedia	ge(s) and a citation of  N  (Red Items) Anti-Ci	specific provision(s) on-compliance with: noking Tobacco g(E)
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 in the content of the process of the pr	☐ 12. Prevention ☐ 13. Hand PROTECTION ☐ 14. Appr ☐ 15. Toxic TIME/TEMPE ☐ 16. Coo ☐ 17. Reh ☐ 18. Coo ☐ 19. Hot ☐ 20. Time REQUIREM! ☐ 21. Foo CONSUMER ☐ 22. Po Number of To Foodband Risk	ention of Contamination from Iwash Facilities I FROM CHEMICALS oved Food or Color Additive C Chemicals RATURE CONTROLS (Potenti king Temperatures leating oling and Cold Holding le As a Public Health Control ENTS FOR HIGHLY SUSCEPTI od and Food Preparation for R ADVISORY sting of Consumer Advisories of Violated Provisions Reforme Illnesses Interventic Factors (Red Items 1-22)	ally Hazardous Foods)  BLE POPULATIONS (HSP)  HSP  s lated ons
immediately or within 10 days as determined of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.  23. Management and Personnel (FC-2)(690.003) 24. Food and Food Protection (FC-3)(690.004) 25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.007) 27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008) 28. Special Requirements (590.008)	today, the 590.000/6 by a Boa order of cited in the food establishave a rand sub-	e items checked indicate items checked indicate items checked in a few part of the Board of Health. Fails this report may result in second in a festablishment permit and the checked in a few permits and the	report, when signed belowers agent constitutes an agent correct violations are to correct violations are to correct violations and cessation of food rieved by this order, you quest must be in writing ealth at the above addres

Print:

Page L of 2 P

Discussion With Person in Charge: Establishment Name: prockton poard of Health Code Reference C - Critical Item
R - Red Item -3 Bay · KANWOU \*Riking Servely たってき PLANOWAJE FREDGE & TREZZER Not エタ Sizk outstated HOLDING Temps Facilities STORALE! 18 Allegar well stacked 10+ 12 عديد لوز curtillage, cleus stored aloves; has reads DESCRIPTION OF VIOLATION / PLAN OF CORRECTION Took a o perdional SUME occomed, no syrus of なること dumps the enchasure WIN. checked Date: (508) 580-7175 Japan D Corrective Action Required; ON REL 164.5 Voluntary Disposal Re-inspection Scheduled Voluntary Compliance Embargo 510E Food 2 ratest active THE MENT prep / Serve Salah J Page: trace see stand O D No potrative D. Other: Emergency Suspension Employee Restriction / Exclusion Emergency Closure <u>으</u> 0 Yes Verified Date

3	
Temperatures: record the exact temperature of each refrigerator and free temperatures.  All 4.	ezer in the
record the exact temperature of each temperature	
octonisingent.	-F
coolers/refrigerators a) #131 F, #286 F, #338 F, #431 F, #5 F, #6 F, #7 F, #8 F, #9	3
a) #135° F, #286 F, #350 F, #431	
a) #131 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F	
b)#1 OF, #2 F,#3 F,#4 F,#5 F,#5 No C) Are thermometers in place in all of the above? Yes No C) Are thermometers in place in all of the above?	
c) Are thermometers in place in the	Yes No_
Are thermometers	Yes_NoX
a) Stored at proper/temperature source?	Yes No_
b) Misbranded/adulterated/ unknown source c) Original, packaging, container in sound condition?	Yes_No
a) Original, packaging, contra	Yes No_
d) Outdated products?	~= 
e) PHF at proper temperatures (11)	Yes_Nox
	Yes_No_()
A defects in System:	Yes No_
b) Cross Contamination (Check outside (check all faucets/fixtures)	
c) Proper temperatures & P	Yes No_
	Yes_No_
Is sewage disposal system in Bounds, air gap, traps/grease traps con	<b>7</b> 88
4) Sewage/Promptils Is sewage disposal system in good condition? Is sewage disposal system in good condition? (check drains/ice machines/bar sinks, air gap, traps/grease traps etc) (check drains/ice machines/bar sinks, air gap, traps/grease traps etc)	Yes No_ Yes No_
the throam Fallities in the	Yes No_
a) to facility venteu property	Yes No_
a) Is facility vertice properties? b) Proper water temperature? c) Soap, paper towels, toilet tissue, & all holders in place? c) Soap, paper towels, toilet tissue, all holders in place?	Yes No_ Yes No_
c) Soap, paper towers, toner to	Yes X No
d) Door closure in place? e) Hand washing signs in place in all bathrooms? e) Hand washing signs in festation	
- 1 m / roach/macov him - /	
Check behind & under all stores and check extermination reports	
. Lee hall librory with the	YesNo
7) Worker Hygiene Any etc. any open cuts/soles cts	A.1
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	YesNo
over 9, three Day Silikoz	YesNo
a) Sanitizer charts posted.	YesNo
b) Sanitizer used?	YesNo
b) Sanitizer used? c) Chemical test kit on premises? c) Chemical test kit on premises?	YesNo
c) Chemical test kit on parallel of the control of	No
e) Sanitizer log kept i	Yes No
9) Facilities a) Are food contact surfaces/equipment clean/sanitized a) Are food contact surfaces clean? (walls/floors/hoods & filters/	., 81a
a) Are food contact surfaces/equipment clean/santized b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/	YesNo
h) Are non-tood contact sale	Yes_No_
stoves/ovens/etc.)	Yes No
10) Dumpster area clean/tight fitting itds/yards 11) Are toxic chemicals labeled and stored properly?	17
11) Are toxic criefficults the	

Elaine Simmins Serves abe (exp 2020)

No.	Food Protection
, sucalth	45 School Street
Brockton Board of Health	- 1 (608) 580-7110
DI CONTRACT INSPECTION REPORT	Type of Operation(s) Type of Inspect
FOOD ESTABLISHMENT INSPECTION REPORT	Date / C. / CA TO Food Service
	Risk Residential Kitchen Previous mopes
Cenney Chopt	Level Mobile Pre-operation
	HACCP Y/N Temporary Suspect Illness General Complaint
Telephone 50%-580-7333	Bed & Breaklast   HACCP
Owner BPS	In: Permit No. Other
Person in Charge (PIC)	In: Out: Permit No. Out: narrative page(s) and a citation of specific provision(s) Non-compliance with: Anti-Choking Tobacco 590.009(E)  Allergens  Allergens
Inspector N Journs Smules an explanation on the	narrative page Tobacco
Each violation checked requires an explanation of violated.  Violations Related to Foodborne Illness Interventions an Violations marked may pose an imminent health hazard and	d Risk Factors (Red Items)  590.009(E)  Allergens
Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and Violations marked by the Board of Health.	require immediate correspond
Violations marked may pose an imminent the	a minotion from Hands
action as determined	1 12 11010
TON MANAGEMENT	13. Handwash Facilities
FOOD PROTECTION MAINTENANCE   Duties   1. PIC Assigned / Knowledgeable / Duties	PROTECTION FROM CHEMICALS
EMPLOYEE HEALTH	□ 14. Approved Food or Color Additives
	☐ 15. Toxic Chemicals  TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)
Personnel with Intections 1 to 1	TIME/TEMPERATURE CONTROLL
SOURCE	☐ 16. Cooking Temperatures
[] 4. Food and Water from Approve	17. Reheating
5. Receiving/Condition	18. Cooling
5. Receiving/Condition  5. Receiving/Condition  6. Tags/Records/Accuracy of Ingredient Statements  7. Approved Procedures/HACCP Plans	☐ 19. Hot and Cold Holding ☐ 20. Time As a Public Health Control ☐ 20. Time As a Public Health Control
Conformance With Approved 1	20. Time As a Public Health Control  REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)
TOM CONTAMINATION	REQUIREMENTS FOR THE PORT OF T
PROTECTION FROM Segregation/ Protection  8. Separation/ Segregation/ Protection  Segregation/ Protection  Segregation/ Protection	ADVISORY
The Fred Contact Surfaces of	CONSUMER ADVISORY  22. Posting of Consumer Advisories
9, Food Contact  10. Proper Adequate Handwashing	
11. Good Hygienic Practices	Number of Violated Provisions Related
Violations Related to Good Retail Practices (Blue Violations Related to Good Retail Practices (Blue	To Foodborne lillessed Items 1-22):
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected Items) Critical (C) violations marked must be corrected items or within 10 days as determined by the Board Items or within 10 days as determined by the Board Items or within 10 days as determined by the corrected	and Risk Factors (Norrection: Based on an inspection
Violations Related to South Marked must be corrected Items) Critical (C) violations marked must be corrected Immediately or within 10 days as determined by the Boat Immediately or within 10 days as determined by the Boat Items and Items	and Risk Factors:  Official Order for Correction: Based on an inspection  Official Order for Correction  Official Order for
immediately or within 10 days as determined by the immediately or within 10 days as determined by the of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Boundary	
immediately of the	by a Board of Health. Failure to correct violation or revoca
C N Personne	order of the Board of Health. Failure to correct violations or the Board of Health. Failure to correct violations or the Board of Health. Failure to correct violations or revoca cited in this report may result in suspension or revoca cited in this report may result and cessation of food the food establishment permit and cessation of food the food establishment operations. If aggrieved by this order, y
23. Management and 1 of the control	the food establishment operations. If aggrieved by this in writ
25 Equipment and 1 Weste (FC-5)(590	the food establishment operations. If aggrieved by this order, establishment operations. If aggrieved by this order, o.006) establishment operations. If aggrieved by this order, establishment operations. If aggrieved by this order with the stablishment operations. If aggrieved by this order with the stablishment operations. If aggrieved by this order with the stablishment operations. If aggrieved by this order with the stablishment operations. If aggrieved by this order with the stablishment operations. If aggrieved by this order with the stablishment operations. If aggrieved by this order with the stablishment operations. If aggrieved by this order with the stablishment operations. If aggrieved by this order with the stablishment operations are stablishment operations. If aggrieved by this order with the stablishment operations are stablishment operations. If aggrieved by this order with the stablishment operations are stablishment operations. If aggrieved by this order with the stablishment operations are stablishment operations are stablishment operations. If aggrieved by this order with the stablishment operations are stablishment operations are stablishment operations. If aggrieved by this order with the stablishment operations are stablished by the stablishment operations are stablishment op
26. Water, Plumbing and Waste (FC-6)(590) 27. Physical Facility (FC-7)(590)	0.008) and submitted to the Board of House 0.009) within 10 days of receipt of this order.
	0.009) within 10 days of Teochion:
28. Special Requirement	UAIEVILIE
30. Other	
S: 680InspectForms-14,doo	Print: Deuns On Page of
Transator's Signatura Common Shull	Print: OVOICE HOLDY

Discussion With Person in Charge: Stablishment Name: 1 Pun1 Brockton Board of Health Code Reference C – Critical Item R – Red Item Colores + Hairnets TINHAU. Berry'S Walkin All Formst-times 3 Basin Sink Milk Not obtained. Teaning CNITE IS MET KUTTED Prep Stations Jemps 40° Dumpster May CHAM. 48.5 Thea Clear, traps. Products Nix CHMECH In USE 411 DESCRIPTION OF VIOLATION / PLAN OF CORRECTION Char Clean Word. WOVKS Floors KADY MAIN FOR Schoolate: 3-19-19 PLEASE PRINT CLEARLY (508) 580-7175 たらしゃら 0 Corrective Action Required: Voluntary Disposal Embargo Re-inspection Scheduled Voluntary Compliance びをごり Page: No No Other Emergency Suspensi Emergency Closure Employee Restriction Exclusion □ Yes

1) Temperatures: record the exact temperature of each refrigerator and fre	eezer in the
establishment.	
coolers/refrigerators	
a) #1 <u>81 F, #248 F, #348 F, #5 F, #6 F, #7 F, #8 F, #9</u>	_F
freezers 😞	
b)#1 <u>6</u> 6, #2,F,#3F, #4F, #5F, #6F, #7F	
c) Are thermometers in place in all of the above? YesNo	
2). Potentially Hazardous foods:	
a) Stored at proper/temperatures/conditions?	YesNo YesNo
b) Misbranded/adulterated/ unknown source?	Yes No
c) Original, packaging, container in sound condition?	Yes / No_
d) Outdated products?	YesNo
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 Yes No
c) Proper temperatures & pressure (check all faucets/fixtures)	Yes_No_
4) Sewage/Plumbing	•
Is sewage disposal system in good condition?	YesNo
(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?	YesNo_
d) Door closure in place?	YesNo
e) Hand washing signs in place in all bathrooms?	YesNo
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	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?	YesNo
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
TTI VIE TOVIC CHELLICUS INDICION NICO STOLON PLOBOLIA.	

PIC's Signature:

Food Protection Program 45 School Street Brockton, MA 02301

Brockton,	MA 02301	- (con) EDO 7170
Tel. (508)	580-7175	Fax (508) 580-7179

WIGHTON DEDORT	Tel. (508) 580-7173 Tax (555)
OOD ESTABLISHMENT INSPECTION REPORT	Date Type of Operation(s)  Type of Inspection Routine
	63-18-17 A Betail Re-Inspection
Address 172 N Hain Street	Level Residential Kitchen Date:
Address	Temporary Pre-operation
Telephone Sou South Chron	General Complaint
OMINI	Time
Person in Charge (PIC)	
Inspector Chales young an explanation on the	Out: Permit No.  Non-compliance with:  Anti-Choking Tobacco  Son 109(E)
Each violation checked requires an explanation	d Risk Factors (Red Items)  Anti-Choking Tobacco  590,009(F)  590,009(F)
violated.  Violations Related to Foodborne Illness Interventions and Wiolations Related to Foodborne Illness Interventions and Interventio	require immediate corrective 590.009(E) 590.009(F)
Violations marked may pose an action as determined by the Board of Health.	☐ 12. Prevention of Contamination from Hands
FOOD PROTECTION MANAGEMENT	12. Prevention of Contambination of Contambinati
1. PIC Assigned / Knowledgeable / Duties	PROTECTION FROM CHEMICALS
CERLIEALTH	Color Additives
D. Reporting of Diseases by Food Employee and Fig.	Committee Chamicals
3. Personnel with infections Restricted/Excluded	TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)
FOOD FROM APPROVED SOURCE	16. Cooking Temperatures
<ul> <li>4. Food and Water from Approved Source</li> </ul>	17. Reheating
Condition	18. Cooling
- A series of Ingredient Statements	19. Hot and Cold Holding
6. Tags/Records/Accuracy of the first of the	Day Bublic Health Control
PROTECTION FROM CONTAMINATION	PEOLIBEMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HOT)
8. Separation/ Segregation/ Protection	21. Food and Food Preparation for HSP
9. Food Contact Surfaces Cleaning and Sanitizing	CONSUMER ADVISORY
10. Proper Adequate Handwashing	22. Posting of Consumer Advisorles
11. Good Hyglenic Practices	
Cood Petall Practices (Blue	Number of Violated Provisions Related To Foodborne Illnesses Interventions
<u>Violations Related to Good Retail Practices</u> (Blue Items) Critical (C) violations marked must be corrected by the Board	
immediately or within 10 days.	Official Order for Correction: Based of all more of 105 CMR
immediately or within 10 days as determined by or corrected of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board	today, the items checked indicate when signed belo
of Health.	590.000/federal Food Code. This report, which is a specific and by a Board of Health member or its agent constitutes an by a Board of Health Failure to correct violations
23. Management and Personnel (FC-2)(590.003)	order of the Board of Fleath Franciscon or revocation
23. Management and Food Protection (FC-3)(690.004)	cited in this report may result and engestion of food
ar maximum and Utensils (104)	the food establishment permit and cessation of the food establishment operations. If aggrieved by this order, you establishment operations. Your request must be in writing
26. Water, Plumbing and Waste (FC-6)(590.007)	have a right to a hearing. To all Health at the above addres
27. Physical Facility 28. Poisonous or Toxic Materials (FC-7)(590.008)	and submitted to the Board of this order.
28. Special Requirements (690,009)	DATE OF RE-INSPECTION:
30, Other	
Si 590inspectForm6-14.das	Die De Comme
Inspector's Signature:	Print: Chaleb focines Page of 2P
mspector of the control of the contr	Print: 150 MC Thes

No. Brockton Board of Healin Establishment Name: \( \int OW\) Discussion With Person in Charge: Code Reference C - Critical Item
R - Red Item Hot No chemistals W batis 1001 Tood lin exhaust Paservea Refregionstors Jath rooms 0 6000 Kitcher No outdalea Derive 54015 cherry Holdings water Gloves Cooked 200 close 0 4000 buck lexis 000 DESCRIPTION OF VIOLATION / PLAN OF CORRECTION 0 0 1 Bis Bodenla Allengen Geere Da LIMBEND 10 Southang Area Oroducks CITY TO LANCE LANCE ALLEN AS 71.15 SMO pholuse 800 870 bors handling 2500 h Required STOREO AWENNESS Mache PLEASE PRINT CLEARLY tables V Date: 03-19-19 9 Barrett Cro. leys church SIAIS alex 10 moseum poropor hadis ns PODODOS 0 Corrective Action Required: Voluntary Disposal Embargo Re-inspection Scheduled Voluntary Compliance ce AHaineo 4000 cupora 1 KS Joses handlung Page: OAK ON NO O 0 00 Other: Emergency Suspension Emergency Closure Employee Restriction / Exclusion Spallad □ Yes Verified Date

		160
l stimmeter and	freezer in the	
1) Temperatures: record the exact temperature of each refrigerator and	KUT	
establishment caleterio	•	Hain mets/ Bloves
coolers/refrigerators 0 40 3/- 45 8= 4640E 47 3 4E, #840 F, #9	F	12/21085
establishment apple (1) (1) (2) (2) (2) (2) (3) (4) (4) (4) (5) (4) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7		010
- 10 F H/I F III F/HU 1/1"		
b)#1 F, #2 F, #3 F, #4 T, #3 F, #4 No		
c) Are thermometers in place in all of the	Yes No	
2). Potentially Hazardous foods: a) Stored at proper/temperatures/conditions?	YesNo	
in a distribution of the control of	Yes_No_	
c) Original, packaging, container in sound condition?	Yes_ No_	
c) Original, packaging, contains	Yes / No_	
d) Outdated products? e) PHF at proper temperatures (not/cold)?	163_/_110	
e) PHF at proper temperatures (114 )	YesNo	7
3) Water source:	Yes_No_	Hota
a) Any defects in system? b) Cross Contamination (check backflow preventers where needed? b) Cross Contamination (check backflow preventers where needed?	Yes_/ No	waler
b) Cross Contamination (Check backhow p. b) Cross Contamination (Check backhow	100	129
c) proper temperatures & proper temperatures	Yes No	
4) Sewage/Plumbing Is sewage disposal system in good condition? Is sewage disposal system in good condition?	Yes No_	
the decine/ice machines/par sinks, all gap, tropers		
5) Bathroom, Facilities (men', ladies, employees)	Yes   No	
a) Is facility vented properly?	Yes   No_	
	Yes No	
b) Proper water temperature? c) Soap, paper towels, toilet tissue, & all holders in place?	Yes / No_	_
u n	Yes No_	
e) Hand washing signs in place in all bathrooms?		
6) Rodent/roach/insect infestation	ok	•
	OK	
took for hait hoves/droppings and check extended		
7) Worker Hygiene-Any signs of problems?  7) Worker Hygiene-Any signs of problems?	Yes No_	` 
. I c. Lair roctraints (IOIIIII) Clo, air)		
8)Two & three bay sinks/dishwashers/drain boards	Yes_ No_	
a) Sanitizer charts posted?	Yes_1 No_	
h) canitizer used?	Yes No	_
c) Chemical test kit on premises?	Yes_1 No_	
d) Wiping cloths kept in sanitizer?	Yes_/_ No	
e) Sanitizer log kept?		
	Yes_1_No	
9) Facilities a) Are food contact surfaces/equipment clean/sanitized a) Are food contact surfaces/equipment clean/sanitized		
a) Are food contact surfaces/equipment clean/surfaces/hoods & filters/b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/	Yes/ No	
1 Loto	Yes_+ No	
the area clean/fight litting hus/ yard court	YesNo	
10) Dumpster area clearly light to the stored properly?  11) Are toxic chemicals labeled and stored properly?	,	
667 <b>%</b> 0		, j-
"	2	1.15

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KAthleen LuB

### OD ESTADI ISUMENT INSDECTION REPORT

**Food Protection Program** 

45 School Street

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

FOOD ESTABLISHMENT INSPECTION REPORT	Tel. (508) 560-7175 Tax (505) 666 T776
Name Manthala George School  Address 180 Colonel Bell Drive  Telephone 508 580 7514  Owner BPS  Person in Charge (PIC)	Type of Operation(s)
Inspector /h-	Territoria i
Each violation checked requires an explanation on the violated.  Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and raction as determined by the Board of Health.	Allergens
FOOD PROTECTION MANAGEMENT	12. Prevention of Contamination from Hands
1. PIC Assigned / Knowledgeable / Duties	☐ 13. Handwash Facilities
EMPLOYEE HEALTH	PROTECTION FROM CHEMICALS
Reporting of Diseases by Food Employee and PIC	14. Approved Food or Color Additives
3. Personnel with Infections Restricted/Excluded	15. Toxic Chemicals
FOOD FROM APPROVED SOURCE	TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)
4. Food and Water from Approved Source	☐ 16. Cooking Temperatures
5. Receiving/Condition	17. Reheating
6. Tags/Records/Accuracy of Ingredient Statements	18. Cooling
7. Conformance with Approved Procedures/HACCP Plans	19. Hot and Cold Holding
PROTECTION FROM CONTAMINATION	20. Time As a Public Health Control
8. Separation/ Segregation/ Protection	REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)
9. Food Contact Surfaces Cleaning and Sanitizing	21. Food and Food Preparation for HSP
10. Proper Adequate Handwashing	CONSUMER ADVISORY
11. Good Hyglenic Practices	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.  23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(690.004) 25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-6)(590.006) 27. Physical Facility (FC-6)(690.007) 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:
	at: Varia Barasi
Inspector's Signature:	Page of Page
PIC's Signature	THI MATAVARES

No. Establishment Name: Manthala Brockton Board of neathi Discussion With Person in Charge: Code Reference C - Critical Item R - Red Item えんかんか 00/25 00 Kitchen arma Vo outdated bay sink in Sathrowns alc Chemicals Frezers George School to dat. clean dumpster enclused CIEAN ON BI n par are at DESCRIPTION OF VIOLATION / PLAN OF CORRECTION な Drope- Youn S. organized PLEASE PRINT CLEARLY Date: Corrective Action Required: Voluntary Compliance Re-inspection Scheduled Embargo Voluntary Disposal Page: ر ج O Emergency Suspension Employee Restriction / Exclusion **Emergency Closure** of □ Yes Verified Date

Temperatures: record the exact temperature of each refrigerator and	d freezer in the
Tamparatures: record the exact temperature of each to a	
establishment.	
establishmens	#9F
establishment.  coolers/refrigerators  a) #159 F, #2 10, F, #3 39 F, #4 F, #5 F, #6 F, #7 F, #8 F, #	
a) #1 <u>) (                                   </u>	
a) #15 [ , #2 F, #3 F, #4 F, #5 F, #6 F, #7 F b) #1	
the amometers in place in an	in manual Blog
c) Are thermometers as a conditions?  2). Potentially Hazardous foods:  (temperatures/conditions?	Yes_No_
2). Potentially Hazardous roous. a) Stored at proper/temperatures/conditions? a) Stored at proper/temperatures/conditions?	YesNo
a) Stored at proper/temperatures/continues? b) Misbranded/adulterated/ unknown source? b) Misbranded/adulterated/ unknown source?	Yes No
b) Misbranded/adulterated/ unknown sound condition? c) Original, packaging, container in sound condition?	Yes_No_
c) Original, packagins, control	YesNo
d) Outdated products? e) PHF at proper temperatures (not/cold)?	No.
e) PHF at proper temperature	Yes_No_
3) Water source:	YesNo
a) Any defects in system?  a) Any defects in system?  a) Check backflow preventers where needed?	YesNo
a) Nater source:  a) Any defects in system?  b) Cross Contamination (check backflow preventers where needed?  c) Proper temperatures & pressure (check all faucets/fixtures)	A1-
c) Proper temperatures of proper temperatures	Yes No_
4) Sewage/Plumbing Is sewage disposal system in good condition? Is sewage disposal system in good condition?	Yes_ No_
4) Sewage/Plansass Is sewage disposal system in good condition? Is sewage disposal system in good condition? (check drains/ice machines/bar sinks, air gap, traps/grease traps etc) (check drains/ice machines/bar sinks, air gap, traps/grease traps etc)	Yes_ No_
(check drains/ice machines/bar stitle) 5) Bathroom, Facilities (men', ladies, employees) 5) Bathroom, Facilities (men', ladies, employees)	
5) Bathroom, Facilities (moves)	Yes _ No_
a) Is facility vented properly?	Yes_No_
b) Proper water temperature? c) Soap, paper towels, toilet tissue, & all holders in place?	Yes_No_
c) Soap, paper towers, towers	YesNo
d) Door closure in place? e) Hand washing signs in place in all bathrooms? e) Hand washing signs in place in all bathrooms?	.00
e) Hand washing signs in pro-	•
e) Hand washing signs to the second s	
Check behind & under all stoves/coolers/equipment/ Check	(
Look for balt boxes/droppings and problems?  7) Worker Hygiene-Any signs of problems?  7) Worker Hygiene-Any clothing etc, any open cuts/sores etc?	YesNo
7) Worker Hygiette-Airy of the any open cuts/soles etc.	<b>\</b>
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	Yes_No_
oltino & three Day sinks go	Yes_No_
a) Sanitizer charts posted?	Yes No_
b) Sanitizer used?	Yes No_
b) Sanitizer used? c) Chemical test kit on premises? c) Chemical test kit on premises?	Yes_No_
d) Wiping cloths kept in sanitizer?	
el Sanitizer log keptr	Yes_No_
9) Facilities a) Are food contact surfaces/equipment clean/sanitized a) Are food contact surfaces clean? (walls/floors/hoods & filters/	
<ul> <li>a) Are food contact surfaces/equipment clean/santized</li> <li>b) Are non-food contact surfaces clean? (walls/floors/hoods &amp; filters/b) Are non-food contact surfaces clean?</li> </ul>	Yes_No_
b) Are non-food contact salvan	YesNo
stoves/ovens/etc./	YesNo
stoves/ovens/etc.)  10) Dumpster area clean/tight fitting lids/yard clean  10) Dumpster area clean/tight and stored properly?	N <sub>2</sub>
10) Dumpster area clean/tight fitting flus/yard 11) Are toxic chemicals labeled and stored properly?	

PIC's Signature: \

### FOOD ESTABLISHMENT INSPECTION REPORT

**Food Protection Program** 

45 School Street Brockton, MA 02301

Brockton, IVIA 02301		
Tel. (508) 580-7175	Fax (508)	580-7179

1 OOD LOTABLISTING. THE BOTTON TO			
Name May E. Baker School	Date 26/19	Type of Operation(s)  Food Service	Type of Inspection Routine
A -1-1-4X	Risk	Retail	Re-Inspection
13 /XUINCY S/100/	Level	Residential Kitchen	Previous Inspection Date:
Telephone 508 - 894 - 4485	HACCP Y/N	Temporary	Pre-operation
Owner BSS	HACCP Y/N	☐ Caterer	Suspect Illness
Person in Charge (PIC)	Time in:	☐ Bed & Breakfast	General Complaint HACCP
Inspector Dennis Smith	Out:	Permit No.	Other
Each violation checked requires an explanation on the	narrative pag	e(s) and a citation of	specific provision(s)
violated.		No	n-compliance with:
Violations Related to Foodborne Illness Interventions and	Risk Factors	11104 110111-7	
Violations marked may pose an imminent health hazard and re	equire illinedia	ie conecine	Allergens
action as determined by the Board of Health.			
FOOD PROTECTION MANAGEMENT	<del>_</del>	tion of Contamination from I	Hands
1. PIC Assigned / Knowledgeable / Duties	☐ 13. Handw	ash Facilities	
EMPLOYEE HEALTH	PROTECTION F	ROM CHEMICALS	
<ul> <li>2. Reporting of Diseases by Food Employee and PIC</li> </ul>	14. Approv	ed Food or Color Additives	
3. Personnel with Infections Restricted/Excluded	15. Toxic C	Chemicals	
FOOD FROM APPROVED SOURCE	TIME/TEMPERA	TURE CONTROLS (Potentially	/ Hazardous Foods)
4. Food and Water from Approved Source	☐ 16. Cookin	g Temperatures	
5. Receiving/Condition	17. Rehea	ting	
6. Tags/Records/Accuracy of Ingredient Statements	18. Cooling	_	
7. Conformance with Approved Procedures/HACCP Plans		d Cold Holding	
PROTECTION FROM CONTAMINATION	20. Time A	s a Public Health Control	
8. Separation/ Segregation/ Protection	REQUIREMENT	S FOR HIGHLY SUSCEPTIBLE	POPULATIONS (HSP)
9. Food Contact Surfaces Cleaning and Sanitizing		nd Food Preparation for HS	
10. Proper Adequate Handwashing	CONSUMER AD	·	
11. Good Hyglenic Practices		g of Consumer Advisories	
		,	
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected	To Foodborn	olated Provisions Relate e Illnesses Interventions	
immediately or within 10 days as determined by the Board		tors (Red Items 1-22):	L,7
of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board	Official Order	for Correction: Based or	n an Inspection
of Health.	today, the ite	ms checked indicate violeral Food Code. This repor	t when signed below
CN	by a Board o	f Health member or its ag	ent constitutes an
23. Management and Personnel (FC-2)(590.003)	order of the E	Board of Health. Failure to	correct violations
24. Food and Food Protection (FC-3)(690.004)	cited in this r	eport may result in suspe	ension or revocation of
25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.008)	the food esta	blishment permit and cent at operations. If aggrieved	ssation of food
27. Physical Facility (FC-6)(690.007)	have a right t	o a hearing. Your reques	t must be in writing
28. Poisonous or Toxic Materials (FC-7)(590.008)	and submitte	d to the Board of Health	at the above address
28. Special Requirements (590.009)	within 10 day	s of receipt of this order.	
30. Other	DATE OF RE	INSPECTION:	
S; 500inspectForm5-14.doc			
Prints	$\sim$	Calle	

Print:

Establishment Name: Mcry E. BAKEC School Brockton Board of Health Item No. Discussion With Person in Charge: Code Reference C - Critical Item R - Red Item 246 Tables Walls Ond (ments Jary Sale No Ontolated Food. Rest Box Fryt741. 110 WAIKIN Sanaly 10 CHAMING Rus OK Vends Chear Basin Sink Arter Pring / Hair Nots Morn + 470 NO Wolftons of time of Clean. Signs LUBARI DADA Clean. Mercy Predict Arce Floors DESCRIPTION OF VIOLATION / PLAN OF CORRECTION Kept Certs on Clean dean In Place () Hear. Nyar Will Inspection Posot PLEASE PRINT CLEARLY Date: 0 100" Soap Toweds Vary Clenn Corrective Action Required: Voluntary Compliance Re-inspection Scheduled Embargo Voluntary Disposal No Employee Restriction / Emergency Suspension Emergency Closure Date Verified Ò Yes

1) Temperatures: record the exact temperature of each refrigerator and fre	eezer in the
establishment.	
I Committee on the committee of the comm	
a) #1 <u>16</u> F, #2 <u>16</u> F, #3 F, #4 F, #5 F, #6 F, #7 F, #8 F, #9	F
b)#1	
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_
	,
a) Any defects in system?	YesNo_/
b) Cross Contamination (check backflow preventers where needed?	YesNo
c) Proper temperatures & pressure (check all faucets/fixtures)	Yes No
a) Course (Blumbing	,
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)	2
5) Bathroom, Facilities (inen , laures, employees)	Yes_No_
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?	THE VENTE
6) Rodent/roach/insect infestation Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?	
Look for bait boxes/droppings and check extermination reports	
Look for pair boxes/dioppings and check externments.	
7) Worker Hygiene-Any signs of problems? Check for hair restraints, clothing etc, any open cuts/sores etc?	Yes No
Check for hair restraints, clothing etc, any open edis, so es	
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?	
9) Facilities	Yes No
a) Are food contact surfaces/equipment clean/sanitized	7
b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/	Yes No
stoves/ovens/etc.)	Yes / No
10) Dumpster area clean/tight fitting lids/yard clean	Yes No
11) Are toxic chemicals labeled and stored properly?	1001

~ x \* \*\*\*

PIC's Signature:

**Food Protection Program** 

45 School Street

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

OOD ESTABLISHMENT INSPECTION REPORT	161. (508) 580-7175 Pax (506) 500-7175
Name New PRIVATE School	Date O3-/25/19 Food Service Risk Retail  Type of Inspection Re-Inspection
Address 135 Holmant Street	Level Residential Kitchen Previous Inspection
Telephone 508 8944400	Temporary Pre-operation
Owner D FL DIG Shall	HACCP Y/N Caterer Suspect Illness
Person in Charge (PIC) Strange To Const	Time Bed & Breakfast General Complaint HACCP
CHEDICIAE. VICA EI	In: Dermit No. Other
Inspector hatelessees	
Each violation checked requires an explanation on the	narrative page(s) and a citation of specific provision(s)  Non-compliance with:
violated. <u>Violations Related to Foodborne Illness Interventions and additional Related to Foodborne Illness Interventions and Illness Interventions </u>	I Risk Factors (Red Items) Anti-Choking Tobacco
Violations marked may pose an imminent health hazard and r	require immediate corrective 590.009(E) 590.009(F)
action as determined by the Board of Health.	☐ Allergens
FOOD PROTECTION MANAGEMENT	☐ 12. Prevention of Contamination from Hands
1. PIC Assigned / Knowledgeable / Duties	13. Handwash Facilities
EMPLOYEE HEALTH	PROTECTION FROM CHEMICALS
2. Reporting of Diseases by Food Employee and PIC	14. Approved Food or Color Additives
3. Personnel with Infections Restricted/Excluded	15. Toxic Chemicals
FOOD FROM APPROVED SOURCE	TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)
4. Food and Water from Approved Source  4. Food and Water from Approved Source	16. Cooking Temperatures
	17. Reheating
5. Receiving/Condition	18. Cooling
6. Tags/Records/Accuracy of Ingredient Statements	19. Hot and Cold Holding
7. Conformance with Approved Procedures/HACCP Plans	20. Time As a Public Health Control
PROTECTION FROM CONTAMINATION	REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)
8. Separation/ Segregation/ Protection	
9. Food Contact Surfaces Cleaning and Sanitizing	21. Food and Food Preparation for HSP
10. Proper Adequate Handwashing	CONSUMER ADVISORY
11. Good Hyglenic Practices	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.  23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(690.005) 26. Water, Plumbing and Waste (FC-6)(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: Prin	Born Lot Zpares

Establishment Name: / 対かルのルも られのの Item No. Brockton Board of Freely. Discussion With Person in Charge: Code Reference C - Critical Item R - Red Item Represignations Good Kikhen No May Akhema Hat No andence Haskmets 3 n Homo no line 200 如死 Chas 6 41 marsh 101 DESCRIPTION OF VIOLATION / PLAN OF CORRECTION neales ai dn Tables scales 2501 Rosery pood 1 ucto Wa no lahores Date: 1/2 rodan PLEASE PRINT CLEARLY progn ans 1 Rosh TE P Corrective Action Required: Ø BUK GULLAS contone 20 Voluntary Compliance Re-inspection Scheduled SYNS Embargo Voluntary Disposal R 000 8 302 No. Employee Restriction Emergency Suspens Other. Emergency Closure Exclusion Verified D Date

- hot holding

1) Temperatures: record the exact temperature of each refrigerator establishment.  coolers/refrigerators a) #141 F, #2 34 F, #3 LOF, #43 F, #5 F, #6 F, #7 F, #8 freezers b)#145 F, #2 F, #3 F, #4 F, #5 F, #6 F, #7 F	and freezer in the	- Hairmens/Glow
establishment.		in use
coolers/refrigerators	E #0 E	1.00
a) #140 F, #2,54,F,#3 40F, #43 (0F, #5/2 F, #6) (0F, #1F, #8	.r, #3i	_
freezers 10		
b)#1/69F, #2,F,#3F, #4F, #5F, #6F, #/F	•	
c) Are thermometers in place in all of the above: 165_165		
2). Potentially Hazardous foods:	Yes / No	
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)?		
3) Water source:	Yes No	
a) Any defects in system?	Yes No/	1
b) Cross Contamination (check backflow preventers where needed?	Yes / No	Wille
c) Proper temperatures & pressure (check all faucets/fixtures)		Teng 1950
4) Sewage/Plumbing	YesNo	1984
Is sewage disposal system in good condition?	Yes_/ No	123
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)		
5) Bathroom, Facilities (men', ladies, employees)	Yes_/_No	
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?		
6) Rodent/roach/insect infestation		
Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?	ot	
Look for bait boxes/droppings and check extermination reports		
7) Worker Hygiene-Any signs of problems?	YesNo_/	,
Check for hair restraints, clothing etc, any open cuts/sores etc?		
8)Two & three bay sinks/dishwashers/drain boards	Yes No	2/1
a) Sanitizer charts posted?	Yes_ No	3 perf in us
b) Sanitizer used?	Yes No Yes No	Sink in
c) Chemical test kit on premises?	Yes No	
d) Wiping cloths kept in sanitizer?	Yes / No	
e) Sanitizer log kept?	<del>-</del>	
9) Facilities	YesNo	
a) Are food contact surfaces/equipment clean/sanitized	<del></del>	
b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/	Yes_/ No	
stoves/ovens/etc.)	Yes_1 No	
10) Dumpster area clean/tight fitting lids/yard clean	Yes / No	
11) Are toxic chemicals labeled and stored properly?	<u> </u>	
- sate stephanie a levreault or		

Serve SaFe

Amanda AlGen ok

No Kice drypping . & bungers

**Food Protection Program** 

45 School Street Brockton, MA 02301

FOOD ESTABLISHMENT INSPECTION REPORT		Tel. (508) 580-7175	Fax (508) 580-7179	
Name New Weights Chiter School	Date 25/9	Type of Operation(s) Food Service	Type of Inspection	
Address 1690 Mein St.	Risk	Retail	Re-inspection	
Telephone Telephone	Level	Residential Kitchen Mobile	Previous Inspection Date:	
Owner Nathlandes Of start	HACCP Y/N	Temporary	☐ Pre-operation	
WEN HELGHIS CHAITER SCHOOLS		☐ Caterer☐ Bed & Breakfast	Suspect Illness	
Person in Charge (PIC) Post Mone, han.	Time In:	□ Bed & Breaklast	General Complaint HACCP	
Inspector Dennis Starth	Out:	Permit No.	Other	
Each violation checked requires an explanation on the	narrative pag		-	
violated.	Diele Frateur		n-compliance with: oking Tobacco	
Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and r		(/		
action as determined by the Board of Health.	equile illilledia	te conective	Allergens	
			-	
FOOD PROTECTION MANAGEMENT	☐ 12. Preven	tion of Contamination from H	łands	
1. PIC Assigned / Knowledgeable / Dutles	☐ 13. Handw	ash Facilities		
EMPLOYEE HEALTH	PROTECTION F	ROM CHEMICALS		
Reporting of Diseases by Food Employee and PIC	☐ 14. Approved Food or Color Additives			
3. Personnel with Infections Restricted/Excluded	15. Toxic C	hemicals		
FOOD FROM APPROVED SOURCE	TIME/TEMPERA	TURE CONTROLS (Potentially	Hazardous Foods)	
<ul><li>4. Food and Water from Approved Source</li></ul>	☐ 16. Cookin	g Temperatures		
5. Receiving/Condition	☐ 17, Reheat	ting		
6. Tags/Records/Accuracy of Ingredient Statements	☐ 18. Cooling	_		
7. Conformance with Approved Procedures/HACCP Plans		d Cold Holding	A.	
PROTECTION FROM CONTAMINATION		s a Public Health Control		
8. Separation/ Segregation/ Protection	_	S FOR HIGHLY SUSCEPTIBLE	POPULATIONS (HSD)	
9. Food Contact Surfaces Cleaning and Sanitizing		nd Food Preparation for HSF	• •	
10. Proper Adequate Handwashing		•		
11. Good Hyglenic Practices	CONSUMER ADVISORY  22. Posting of Consumer Advisories			
	22. Fosting	Of Consumer Advisories		
Violations Related to Good Retail Practices (Blue	Number of Vic	olated Provisions Related	-	
tems) Critical (C) violations marked must be corrected		Illnesses Interventions		
mmediately or within 10 days as determined by the Board	and Risk Fact	ors (Red Items 1-22):		
of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board		for Correction: Based on		
of Health.		ns checked indicate viola al Food Code. This report		
CN		Health member or its age		
23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004)	order of the B	oard of Health. Fallure to	correct violations	
24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005)		port may result in suspe		
26. Water, Plumbing and Waste (FC-5)(590.006)		olishment permit and cess t operations. If aggrieved		
27. Physical Facility (FC-6)(590.007)		a hearing. Your request		
28. Poisonous or Toxic Materials (FC-7)(590.008) 28. Special Requirements (590.009)		to the Board of Health a	t the above address	
28. Special Requirements (590.009) 30. Other	DATE OF RE-	s of receipt of this order.		
s: 550InspectForm9-14.dec	DAIL OF INE	HOI ECHOIL		
			William I am	
Inspector's Signature Print:	ROSE	monahan	1 4	
PIC's Signature Print:	Denn 5	Conth	Page of Pages	

	stabli
Discussion With Person in Charge:	stablishment Name: Me  Stablishment Name: Me  C-Critical Item  Reference R-Red Item
With Pe	
rson in C	3 [
Making Bating 18 18 18 18 18 18 18 18 18 18 18 18 18	Heights ( Refores
	3/2/1
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Set Set
	DESCRIPTION OF VIOLATION / PI
Rotan Fin	Dispersion of International Property of the International Property
on s	VIOLATIO
	PLEASE PRINT CLEARLY
	LAN OF CORRECTION
	ORRECT 36°
ective Action Required: voluntary Compliance Re-inspection Scheduled Embargo Voluntary Disposal	NOI
quired: ance	
OF ELEM NO	
ployee F Husion Hergency	
Closure	Date Verified

1) <u>Temperatures:</u> record the exact temperature of each refrigerator and fre	eezer in the
establishment.	11/1
coolers/refrigerators , go	Heating at 140
coolers/refrigerators , o a) #1 <u>35</u> F, #2 <u>36</u> ,F,#3 <u>38</u> F, #4 <u>F, #5</u> F, #6 <u>F, #7</u> F, #8 <u>F, #9</u>	F
freezers	
b)# <u>a</u>	
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?	YesNo_
c) Proper temperatures & pressure (check all faucets/fixtures)	Yes No_
4) Sewage/Plumbing	
Is sewage disposal system in good condition?	Yes_Yyo
(check drains/ice machines/bar sinks, air gap, traps/grease traps etc)	Yes_v/No
5) Bathroom, Facilities (men', ladies, employees)	/
a) Is facility vented properly?	Yes_/_No
b) Proper water temperature?	YesNo
c) Soap, paper towels, toilet tissue, & all holders in place?	YesNo
d) Door closure in place?	YesNo
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?	YesNo
c) Chemical test kit on premises?	YesNo
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/	v/ w.
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 ESTARI ISHMENT INSPECTION REPORT

Food Protection Program

45 School Street

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

OOD ESTABLISHMENT INSPECTION REPORT		161, (308) 684 7 1	Type of Inspection
Name Winh To Winh	Date	Type of Operation(s) Food Service	Re-Inspection
NORTH Tr High	Rlsk	Retail	t to median
Address ING ONE Street	Level	Residential Kitchen Mobile	Date:
Telephone 508 580 75 14		Temporary	Pre-operation
Owner Brockhon Dublic Store	HACCP Y/N	Caterer Bed & Breakfast	Suspect Illness General Complaint
	Time	Ded of Blogware	HACCP
Person in Charge (PIC) Delora + Co	In:	Permit No.	Other
Inspector Shafeb Mounes  Each violation checked requires an explanation on the	e narrative pa	ge(s) and a citation	of specific provision(
ach violation checked requires an explanation on an		men united and Am	Non-compliance with.
independent to the property of	ad Rick Factors	s (Red Items)	0.009(E) 590.009(F)
<u>Violations Related to Foodborne Illness Interventions at</u> Violations marked may pose an imminent health hazard and	l require immed	iate corrective	Allergens
violations marked may pose an intermed action as determined by the Board of Health.			
	□ 12 Prev	ention of Contamination fi	rom Hands
FOOD PROTECTION MANAGEMENT		dwash Facilities	
1. PIC Assigned / Knowledgeable / Duties		FROM CHEMICALS	
EMPLOYEE HEALTH	PROTECTION	roved Food or Color Addit	ives
Reporting of Diseases by Food Employee and PIC			
3. Personnel with Infections Restricted/Excluded		c Chemicals :RATURE CONTROLS (Pote	antially Hazardous Foods)
FOOD FROM APPROVED SOURCE	TIME/TEMPE	RATURE CONTROLS (FOR	in the same of the
4. Food and Water from Approved Source		king Temperatures	
5. Receiving/Condition	☐ 17. Ref	eating	
6. Tags/Records/Accuracy of Ingredient Statements	☐ 18. Cod	oling	
6. Tags/Records/Accellacy of Mag.  7. Conformance with Approved Procedures/HACCP Plans		and Cold Holding	
7. Conformance with Approved 1 to a second and a second a	20. Tim	ne As a Public Health Con	trol
PROTECTION FROM CONTAMINATION	REQUIREM	ENTS FOR HIGHLY SUSCE	PTIBLE POPULATIONS (HSP)
8. Separation/ Segregation/ Protection	☐ 21. Fo	od and Food Preparation	for HSP
9. Food Contact Surfaces Cleaning and Sanitizing		RADVISORY	
☐ 10. Proper Adequate HandwashIng		sting of Consumer Adviso	ories
11. Good Hygienic Practices			
LD 4-11 Procions (Rive	Number (	of Violated Provisions I	Related of tions
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected	To Foodb	orne Illnesses Interver	ILIONS
		Factors (Red Items 1-2)	sead on an ilispection
	Olitoral	rder for Correction, De	ate violations of 105 CMR
immediately or within 90 days as determined by	today, the	ederal Food Code. Thi	s report, when signed bel
of Health.	000.00		
23. Management and Personnel (FC-2)(690.003)	order of	the Board of Health. Fa	allure to correct violations in suspension or revocation and cossation of food
24 Food and Food Protection (FC-3)(38.004)			
25 Equipment and Utensils (FC-4)(890.009)			
26. Water, Fluinbing			
27. Physical Facility (FC-6)(590,007) 28. Poisonous or Toxic Materials (FC-7)(590,008)	dien le contra	mitted to the Board of 0 days of receipt of this	meanin at the above
28. Special Requirements (590.009)		F RE-INSPECTION:	
30. Other	DATE	F INC. III OF BEST	
S: 590inspectFormu-14.dos			
Paul (	Print: Bha	leb younes	
Inspector's Signature:	Print:	La Roo.	Pageof
PIC's Signature: 1 Dule 7 KONY	1000		

Discussion With Person in Charge: No item Establishment Name: בייסטוניוו בספוש טו זוקפוווו Code Reference C - Critical Item R - Red Item 10 The read of hour 600 Kitchen capetrema KINO MAK Homica 252 Qexx 88/ed Cloves R NEAF Wens DESCRIPTION OF VIOLATION / PLAN OF CORRECTION Sprage MUCLSPLI Area 108 CAK STREET (508) 580-7175 Tool 0 1 9 lables, scalls Vicala Joseph 500 PLEASE PRINT CLEARLY Date: 03. 15. 19 Campranuer gurpess resproduses Corrective Action Required: Voluntary Disposal Embargo Re-inspection Scheduled Voluntary Compliance R a month Page: No Emergency Closure Emergency Suspension Employee Restriction / Exclusion ø

Verifie

Yes

		.4.5
d and fr	oozer in the	
1) Temperatures: record the exact temperature of each refrigerator and fr	eezer in the	
1) Temperatures: record the exact temperatures		1
1) Temperatures: record the exact temperature of each second restablishment.  establishment.  coolers/refrigerators,  a) #1// F, #2 / F, #3 / F, #4 / LOF, #536 F, #6 F, #7 F, #8 F, #9 freezers		Stonage and Charles Food Should propert
coolers/refrigerators/	F	5 lowers
a) #1/f/1F, #2_7//,F,#3_///, #4_40F, #3_0_F, #0		Clery
freezers b)#1F, #2F, #3F, #4F, #5F, #6F, #7F		FOODSTART
b)#1-/F, #2 2, F,#3-//F, #4F, #5F, #6F, #7		As Well
c) Are thermometers in place in all of the above? YesNo		
2). Potentially Hazardous foods:	v / No	
2). Potentially Hazardous roots.	Yes_ No	
a) Stored at proper/temperatures/conditions?	Yes No <u>_</u>	
b) Misbranded/adulterated/ unknown source?	Yes No	
c) Original, packaging, container in sound condition?	Yes No	5
d) Outdated products?	Yes No	9
e) PHF at proper temperatures (not/cold)?		
3) Water source:	Yes No_	6
The second secon	Yes No	
contamination (check backflow preventers where necessary		
c) Proper temperatures & pressure (check all faucets/fixtures)	Yes_ No	
c) Proper temperatures & pressure (circuit all the		
4) Sewage/Plumbing	Yes_ No_	/ -
Is sewage disposal system in good condition?	Yes No	lypt wile
(about drains/ice machines/bar sinks, air gap, traps/grease staps	·	OF
5) Bathroom, Facilities (men', ladies, employees)	Yes No	- Wot wate
a) Is facility vented properly?	Yes_ No_	
1) P an wester temperature?	Yes No_	
c) Soap, paper towels, toilet tissue, & all holders in place?	Yes No	11:10
d) Door closure in place?	Yes No	No Kin
e) Hand washing signs in place in all bathrooms?	163140	Barpges an
		Birty
6) Rodent/roach/insect infestation Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?	ok	Raigges
Check behind & under all stoves/coolets, equipments  Look for bait boxes/droppings and check extermination reports		13011X am
Look for balt boxes/droppings and check externions?	/	(65.0
7) Worker Hygiene-Any signs of problems?  7) Worker Hygiene-Any signs of problems?	Yes No	
7) Worker Hygiene-Arry signs of prosecutory open cuts/sores etc? Check for hair restraints, clothing etc, any open cuts/sores etc?		3 hodrin
8)Two & three bay sinks/dishwashers/drain boards	Yes_, No	( M ) W
a) Sanitizer charts posted?	Yes No Yes No	3 4 4 4
b) Sanitizer used?	Yes_ No_	·
c) Chemical test kit on premises?	Yes / No_	w
d) Wiping cloths kept in sanitizer?	Yes/ No_	
a) Wiping clothe kept?	1637_110	
e) Sanitizer log kept?	N. ( Na	
9) Facilities a) Are food contact surfaces/equipment clean/sanitized a) Are food contact surfaces/equipment clean/sanitized	Yes_ No	
a) Are food contact surfaces clean? (walls/floors/hoods & filters/		
b) Are non-food contact surfaces clearly (wans, hours, hou	Yes_ <u>1_</u> No	
stoves/ovens/etc.)	Yes No	
10) Dumpster area clean/tight fitting lids/yard clean	Yes No	
44) Are toyle chemicals labeled and stored properly	,	
$f_{\nu}$		
1 1/2 20 20 Alleredell		
MaxINE chandler 2020 /		
MAINTEN DOOMING OF DOD		
MAXIME chandlen 2020 /Alleyon Debna Rooney 2020		
Device J		
5		

### OOD ESTADI ISUMENT INSPECTION REPORT

Food Protection Program

45 School Street Brockton, MA 02301

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

OOD ESTABLISHMENT INSPECTION REPORT	Type of Operation(s) Type of Inspection
	Date 1/1 10 Grand Service 4 Routine
+ 10 cg f c	Risk Residential Kitchen Previous Inspection
Address 43 Crescent sheet	Level Mobile Date:
Telephone 508 895 438/	HACCP Y/N Temporary Pre-operation Suspect illness
Owner Brockton Dublic School	Bed & Breakfast General Complaint
Person in Charge (PIC) Syndra Cowell	HACCP Cothor
Each violation checked requires an explanation on the	narrative page(s) and a citation of specific provision(s
violated.	Risk Factors (Red Items) Anti-Choking Tobacco
Violated. <u>Violations Related to Foodborne Illness Interventions and</u> Violations marked may pose an imminent health hazard and re	Risk Factors (Red Items)  equire immediate corrective  590.009(E) 590.009(F)
Violations marked may pose an imminent meant mazare are action as determined by the Board of Health.	Allergens
	12. Prevention of Contamination from Hands
FOOD PROTECTION MANAGEMENT	13. Handwash Facilities
1. PIC Assigned / Knowledgeable / Duties	PROTECTION FROM CHEMICALS
EMPLOYEE HEALTH	14. Approved Food or Color Additives
Reporting of Diseases by Food Employee and PIC	15. Toxic Chemicals
3. Personnel with Infections Restricted/Excluded	TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)
FOOD FROM APPROVED SOURCE	16. Cooking Temperatures
<ul> <li>4. Food and Water from Approved Source</li> </ul>	
5. Receiving/Condition	17. Reheating
6. Tags/Records/Accuracy of Ingredient Statements	<ul><li>☐ 18. Cooling</li><li>☐ 19. Hot and Cold Holding</li></ul>
7. Conformance with Approved Procedures/HACCP Plans	20. Time As a Public Health Control
PROTECTION FROM CONTAMINATION	REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)
8. Separation/ Segregation/ Protection	21. Food and Food Preparation for HSP
9. Food Contact Surfaces Cleaning and Sanitizing	
10. Proper Adequate Handwashing	CONSUMER ADVISORY  22. Posting of Consumer Advisories
11. Good Hyglenic Practices	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	Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):
and the Man anticol (All Molations must be composed	Landar Correction: Based on an inspection
immediately or within 90 days as determined by the 2001 to	today, the items checked indicate violations of 100 clint
of Health.	
23. Management and Personnel (FC-2)(690.003)	
24. Food and Food Protection (FC-3)(590.004)	cited in this report may result in suspension or revocation the food establishment permit and cessation of food
25. Equipment and Utensils (FC-4)(690.005) 26. Water, Plumbing and Waste (FC-5)(690.006)	t till and appretions it addrieved by this order, you
27 Physical Facility (FC-6)(590.007)	have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address
28. Poisonous or Toxic Materials (FC-7)(590.008)	within 10 days of receipt of this order.
28. Special Requirements (590.009)	DATE OF RE-INSPECTION:
30. Other	
3: 590InspectForms-14.doe	int: Chalch Younes
Inspector's Signature: Thotal Journal Pri	Page of Page
PIC's Signature: And it Compelled Pri	int: Sandra Cowell
IN TIME ALL	

1			, i			
S;590Narrative5-2.doc		Discussion With Person in Charge:			No. Reference R - Red Item	Brockton Board of Dealui
	Re-inspection Scheduled  Embargo  Voluntary Disposal	Corrective Action Required: 4	No violations at the time of inspection	emis es mar bood products infestation le some est in use a products infestation le a sint in use hours of see alleans	/IST 692	outh # School 45 CTUS WAY Date:
⊅l NMC	Exclusion 000000000000000000000000000000000000	No S S Yes Employee Restriction /	or GED and roc	A ddA ddAnid	) ME I ME	of or service of the party of t

a × 4 3. 1) <u>Temperatures:</u> record the exact temperature of each refrigerator and freezer in the lers/refrigerators: a) #137F, #240F, #38F, #49F, #59F, #68F, #78F, #8F, #9F, #9F establishment. coolers/refrigerators; freezers b)#1/2 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: Yes\_No\_ 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) 4) Sewage/Plumbing Yes / No\_\_ Is sewage disposal system in good condition? Yes / No\_\_ (check drains/ice machines/bar sinks, air gap, traps/grease traps etc) 5) Bathroom, Facilities (men', ladies, employees) Yes\_\_ No\_\_ 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\_ Yes No\_ 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? 08 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 Sink Yes\_ No\_\_ a) Sanitizer charts posted? Yes\_\_ No\_\_ b) Sanitizer used? Yes\_\_ No\_\_ Yes\_\_ No\_\_ 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/ Yes\_\_ No\_\_ Yes / No \_ Yes / No \_ stoves/ovens/etc.) 10) Dumpster area clean/tight fitting lids/yard clean 11) Are toxic chemicals labeled and stored properly? SANDRA COWELL EXP 2023 / Food Alleyen -Many TIMBER LAKE exp'2023 No Mice ng

#### Food Protection Program

45 School Street

40 2011001 211661	
Brockton, MA 02301	
Tel (508) 580-7175	Fax (508) 580-71

Page \_of \_Pag

OOD ESTABLISHMENT INSPECTION REPORT	Tel. (508) 580-7175 Fax (508) 580-7179
Name RAYMOND School	Date  Type of Operation(s)  Food Service  Re-inspection  Re-inspection
Address 128 Day Street	Residential Kitchen / Previous Inspection
Telephone 508.580.7514	Temporary Pre-operation
Owner TSPS	HACCP Y/N Caterer Suspect Illness General Complaint
Person in Charge (PIC)	Ime HACCP
	DAFMIT NO.
Inspector  Each violation checked requires an explanation on the	narrative page(s) and a citation of specific provides
violated.	Risk Factors (Red Items)
Violations Related to Foodborne Illness interventions and Violations marked may pose an imminent health hazard and reaction as determined by the Board of Health.	. — Milaigono
FOOD PROTECTION MANAGEMENT	12. Prevention of Contamination from Hands
1. PIC Assigned / Knowledgeable / Duties	13. Handwash Facilities
EMPLOYEE HEALTH	PROTECTION FROM CHEMICALS
Reporting of Diseases by Food Employee and PIC	14. Approved Food or Color Additives
3. Personnel with Infections Restricted/Excluded	15. Toxic Chemicals
FOOD FROM APPROVED SOURCE	TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)
4. Food and Water from Approved Source	☐ 16. Cooking Temperatures
5. Receiving/Condition	17. Reheating
6 Tags/Records/Accuracy of Ingredient Statements	18. Cooling
7. Conformance with Approved Procedures/HACCP Plans	19. Hot and Cold Holding
PROTECTION FROM CONTAMINATION	20. Time As a Public Health Control REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)
8. Separation/ Segregation/ Protection	REQUIREMENTS FOR HIGHLY SUBJECT HIGH
9. Food Contact Surfaces Cleaning and Sanitizing	21. Food and Food Preparation for HSP
10. Proper Adequate Handwashing	CONSUMER ADVISORY  22. Posting of Consumer Advisorles
11. Good Hygienic Practices	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)(690.004) 25. Equipment and Utensils (FC-4)(590.005)	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 belo 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
26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007) 28. Polsonous or Toxic Materials (FC-7)(590.008) 28. Special Requirements (590.009) 30. Other	establishment operations, it aggint to a hearing. Your request must be in writing 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:

0Nатайve6-2.doc				iscussio	$\dashv$		+	+							Item No.	Estab
8				n With Per		$\frac{1}{1}$									Code Reference	Establishment Name:
	24 F			iscussion With Person in Charge:											C Critical Item R Red Item	
U voluntary Disposal	Embargo	<u>e</u>	Corrective Action Required: No No C			* No VIOLATIONS *	termits Postal	-	/ San	Roper Face hardling force by Kilder shot	the post issues (TAM: BUTTON Pest Contact)	s okay -	Facilities are due on a scan swell closu + free.	of t chings for on John Son Son Son		
	16	on/ Ision	Yes									$\dagger \dagger$	litter.	Date Verifie	4	)

1) Temperatures: record the exact temperature of each refrigerator and fre	ezer in the
establishment.	
coolers/refrigerators a) #134_F, #239_F, #340F, #438_F, #537_F, #6F, #7F, #8F, #9	- C-
	<b>-</b>
freezers b)#1F, #23_F,#3F,#4F,#5F,#6F,#7F	
b)#1_v F, #2_3,F,#3F,#4F,#5F,#0F,#7F	
c) Are thermometers in place in all of the above? Yes No	
2). Potentially Hazardous foods:	Yes No
a) Stored at proper/temperatures/conditions?	Yes No X.
b) Misbranded/adulterated/ unknown source?	Yes No_
c) Original, packaging, container in sound condition?	Yes No\_
d) Outdated products?	YesNo
e) PHF at proper temperatures (not/cold)?	1c3_X.10_
3) Water source:	Yes Nov
a) Any defects in system?	Yes_ No Y
b) Cross Contamination (check backflow preventers where needed?	Yes / No_
c) Proper temperatures & pressure (check all faucets/fixtures)	102
4) Sewage/Plumbing	Yes_ No_
Is sewage disposal system in good condition? (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_
	Yes > No_
d) Door closure in place? e) Hand washing signs in place in all bathrooms?	Yes XNo
6) Rodent/roach/insect infestation	
Check behind & under all stoves/coolers/equipment/boxes/pallets/etc?	× \
Look for bait boxes/droppings and check extermination reports	Yes No_ Good
7) Worker Hygiene-Any signs of problems?	
Check for hair restraints, clothing etc, any open cuts/sores etc?	Yes No_ Gow
8)Two & three bay sinks/dishwashers/drain boards	<i>f</i>
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	18 Threads Atlantian
a) Are food contact surfaces/equipment clean/sanitized	Yes No
b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/	
stoves/ovens/etc.)	YesKNo
10) Dumpster area clean/tight fitting lids/yard clean	Yes No
11) Are toxic chemicals labeled and stored properly?	Yes No_ \
	118/19/2011
	5117
	, 💛

PIC's Signature:

### **Food Protection Program**

45 School Street Brockton, MA 02301

Brockton Board of Floating	Tel. (508) 580-7175 Fax (508) 580-7179
FOOD ESTABLISHMENT INSPECTION REPORT *	The OP
OOD ESTABLISHMENT INC.	Date Routine
Name Saint-Patricus Church	Risk Previous Inspection
Address 335 MATN STREET	Residential Kitchen  Level Residential Kitchen  Date: 2012018  Pre-operation
Telephone (508) 586-4848	Suspect Illness /
Owner St. Patrick's Charle	Time Caterer General Complaint HACCP
Charge (PIC)	Other
Inspector	Out: Permit No.  Out:  narrative page(s) and a citation of specific provision(s)  Non-compllance with:  Anti-Choking Tobacco  Foo.009(F) 590.009(F)
Each violation checked requires an explanation on the	Non-compliance with
violated.  Violations Related to Foodborne Illness Interventions and Violations Related may pose an imminent health hazard and	d Risk Factors (Red Items) 590.009(E) 590.009(F)
Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and Violations marked by the Board of Health.	require immediate corrective
Violations marked may pose an interest of Health.	tonds
	☐ 12. Prevention of Contamination from Hands
FOOD PROTECTION MANAGEMENT	13. Handwash Facilities
1. PIC Assigned / Knowledgeable / Dutles	PROTECTION FROM CHEMICALS
EMPLOYEE HEALTH	14. Approved Food or Color Additives
Reporting of Diseases by Food Employee and PIC     Reporting of Diseases by Food Employee and PIC	15. Toxic Chemicals
3. Personnel with Infections Restricted/Excluded	TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)
FOOD FROM APPROVED SOURCE	16. Cooking Temperatures
4. Food and Water from Approved Source	17. Reheating
5. Receiving/Condition	18. Cooling
S. Receiving Contains     S. Receiving	19. Hot and Cold Holding
6. Tags/Records/Accuracy of the conformance with Approved Procedures/HACCP Plans 7. Conformance with Approved Procedures/HACCP Plans	- A Bublic Health Control
PROTECTION FROM CONTAMINATION	DECUIPEMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (1017)
8. Separation/ Segregation/ Protection	21. Food and Food Preparation for HSP
9. Food Contact Surfaces Cleaning and Sanitizing	CONSUMER ADVISORY
10. Proper Adequate Handwashing	22. Posting of Consumer Advisorles
11. Good Hyglenic Practices	
I Descriços (Blue	Number of Violated Provisions Related
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected and the Board within 10 days as determined by the Board	To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):
Items) Critical (C) violations marked must be constructed immediately or within 10 days as determined by the Board immediately or within 10 layers must be corrected	official Order for Correction: Based on an inspection Official Order for Correction: Based on an inspection
immediately or within 10 days as determined by the sound of Health. Non-critical (N) violations must be corrected of Health. Non-critical (N) days as determined by the Board	Official Order for Correction: Based on an important today, the items checked indicate violations of 105 CMR today, the items checked This report, when signed belo
immediately of within 30 days	590,000/federal Food Code. The agent constitutes an
of Health.	by a Board of Health Inertial 5 to correct violations
as Management and Personner (10-2)	cited in this report may result in advantion of food
24. Food and Food Protection (FC-4)(590,005)	the food establishment points and by this order, you
- I Diumhing and Waste	establishment operations is a super must be in writing
29 Poisonous or Toxic Materials (1977)	within 10 days of receipt of this state
28. Special Requirements	DATE OF RE-INSPECTION:
30. Other	——————————————————————————————————————
	Print: PARICICO LAWTON Page of 2P
Inspector's Signature:	Printer The Action Page 1 of City

No. Establishment Name: Brockton Board of Health Discussion With Person in Charge: Code Reference C - Critical Item R - Red Item BARLOWERS St Warrick's awar Paraniks \* % Sange Sales Kither Ver Jest & Chemicals Storal Lefel Track. Lot & Dungster earlowe 3 asusi DESCRIPTION OF VIOLATION / PLAN OF CORRECTION 15 well strucked u (IDM tood mond Atte SCA 3 PLEASE PRINT CLEARLY Date: (508) 580-7175 52 cleant blann surpt □ Re-inspection Scheduled Voluntary Compliance Corrective Action Required: SOC LE Voluntary Disposal Embargo X MED S X 04 Page: O No Other: **Emergency Suspension** Employee Restriction / Exclusion Emergency Closure 으 Š Date Verified

THE PART OF THE PER

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment. coolers/refrigerators a) #13.7, #2 freezers 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 \_ Nox d) Outdated products? Yes No\_ e) PHF at proper temperatures (not/cold)? 3) Water source: a) Any defects in system? b) Cross Contamination (check backflow preventers where needed? Yes\_\_ NoX Yes\_ No\_ c) Proper temperatures & pressure (check all faucets/fixtures) 4) Sewage/Plumbing Yes No\_ Is sewage disposal system in good condition? (check drains/ice machines/bar sinks, air gap, traps/grease traps etc) Yes No\_ 5) Bathroom, Facilities (men', ladies, employees) Yes No 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? 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 balt 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 KNO 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? 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?

#### FOOD ESTABLISHMENT INSPECTION REPORT

**Food Protection Program** 

45 School Street Brockton, MA 02301

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

Name South Junior High School	الماميا ال	Type of Operation(s)	Type of Inspection
Address OF Vall	2 25 19 Risk	Retail	Re-inspection / /
Telephone (508) 580 - 7310	Level	Residential Kitchen Mobile	Previous Inspection 6 200
Telephone (5.8) 580 - 73(0) Owner >>5	HACCP Y/N	☐ Temporary	Pre-operation
513		☐ Caterer ☐ Bed & Breakfast	Suspect Illness General Complaint
Person in Charge (PIC) Elsive Next	Time In:	Ded & Dicariast	☐ HACCP
Inspector FSL	Out:	Permit No.	☐ Other
Each violation checked requires an explanation on the	narrative page		
violated. <u>Violations Related to Foodborne Illness Interventions and</u>	Risk Factors (I		on-compliance with: hoking Tobacco
Violations marked may pose an imminent health hazard and re			9(E)
action as determined by the Board of Health.	•		☐ Allergens
FOOD PROTECTION MANAGEMENT	12 Preventi	ion of Contamination from	Hande
1. PIC Assigned / Knowledgeable / Dutles	13. Handwa		Tianus
EMPLOYEE HEALTH			
2. Reporting of Diseases by Food Employee and PIC	PROTECTION FR		
3. Personnel with Infections Restricted/Excluded	☐ 14. Approve	d Food or Color Additives	
FOOD FROM APPROVED SOURCE			les Mamaudassa (Manada)
4. Food and Water from Approved Source		URE CONTROLS (Potential) Temperatures	iy nazardous roods)
5. Receiving/Condition	17. Reheating	·	
6. Tags/Records/Accuracy of Ingredient Statements	17. Reneau	ıy	
7. Conformance with Approved Procedures/HACCP Plans	_	Cold Halding	
PROTECTION FROM CONTAMINATION		Cold Holding a Public Health Control	
8. Separation/ Segregation/ Protection			
9. Food Contact Surfaces Cleaning and Sanitizing		FOR HIGHLY SUSCEPTIBLE	•
☐ 10. Proper Adequate Handwashing		d Food Preparation for HS	5P
11. Good Hyglenic Practices	CONSUMER ADV		
The Good Hygiother Fuolists	22. Posting o	of Consumer Advisories	
Violations Related to Good Retail Practices (Blue	Number of Viol	lated Provisions Relate	
tems) Critical (C) violations marked must be corrected	To Foodborne	Ilinesses Interventions	
mmediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected		ors (Red Items 1-22):	
mmediately or within 90 days as determined by the Board		or Correction; Based of s checked indicate viol	
of Health.		I Food Code. This repo	
23. Management and Personnel (FC-2)(590.003)	by a Board of H	lealth member or its ag	jent constitutes an
24. Food and Food Protection (FC-3)(590,004)		pard of Health. Failure to	o correct violations ension or revocation of
25. Equipment and Utensils (FC-4)(690.006)		lishment permit and ce	
26. Water, Plumbing and Waste (FC-5)(590,006)	establishment	operations. If aggrieved	d by this order, you
27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008)		a hearing. Your request to the Board of Health:	
28. Special Requirements (590.009)		of receipt of this order.	
30. Other	DATE OF RE-IN		
1 590InspectFormS-14,doc			
Inspector's Signature: Print:	IATO LA LE		
PIC's Signature Print:	MATRICK	2. LAWTON	Page Jof Pages
	1 Pa 1/ - // 1	11 \	

,		Discu												em C	rockt
		ssion Witi												Code	rockton Board or I
*		Discussion With Person in Charge:											2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tical Item	Tealun
	1	je:			Jemp	X. Kove	Paper	6			3.5	Kitos	Packing		L Hus
		2			o solol	4 1	Leus	EST TSS	outedated	Over fore head	- 3 BAY SINK	18	Lot 3		Union L
				7	walk-ju		The plant	SOES	2.2	\$		-	Importer	ESCRIPTION	High Sch
				O VULTION			Southered			-hallburg	-	despara	S	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY	School Date:
0	0			1000			es abserv			@ pag		Der 1	\$	N/PLAN O	36/2
Voluntary Disposal	Embargo	Voluntary Compliance Re-inspection Schedu	Corrective Action Required:				الله الله			sper tays		to food	book sw	CORRECT	5)क्टाव
sposal		Voluntary Compliance Re-inspection Scheduled	n Required:							14/2		Suprajority	or + forms	ION	Page:_
ם Other:	o Eme	D Eme	NO NO							(J.		ealer	145	n Ka	رو
IET.	Emergency Closure											5	1	\	دوا
	osure	triction /	Yes											Date Verified	

1) <u>Temperatures:</u> 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 freezers b)#1 F, #2 F, #3 F, #4 F, #5 F, #6 c) Are thermometers in place in all of the above? Yes No. 2). Potentially Hazardous foods: Yes XNo a) Stored at proper/temperatures/conditions? Yes No X b) Misbranded/adulterated/ unknown source? Yes XNo\_ c) Original, packaging, container in sound condition? Yes Nox d) Outdated products? Yes X No 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 Yes No\_ 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? No 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?

#### FOOD ESTABLISHMENT INSPECTION REPORT

**Food Protection Program** 

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

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

TOOL LOWER MAN TO LOT TO THE OWN		Tel. (508) 580-7175	Fax (508) 580-7179		
Name Trinity Catholic upper	Date/ 9/19	Type of Operation(s)	Type of Inspection		
7.7717 7 0 1.7710 170 0 1	Risk	Food Service	Routine Re-Inspection		
Address 37 Erie Ave	Level	Residential Kitchen	Previous Inspection		
		│	Date: Pre-operation		
Owner Trining Catholic Upper	HACCP Y/N	☐ Caterer	Suspect Illness		
Person in Charge (PIC)	Time	☐ Bed & Breakfast	General Complaint		
Inspector	In: Out:	Permit No.	HACCP Other		
Each violation checked requires an explanation on					
violated.		No	n-compilance with:		
Violations Related to Foodborne Illness Interventions	and Risk Factors	(Red Items) Anti-Che	oking Tobacco		
Violations marked may pose an imminent health hazard a	and require immedia	te corrective 590.009	· · _ · · · —		
action as determined by the Board of Health.			☐ Allergens		
FOOD PROTECTION MANAGEMENT	12. Preven	ition of Contamination from F	łands		
1. PIC Assigned / Knowledgeable / Dutles	☐ 13. Handw	ash Facilitles			
EMPLOYEE HEALTH		ROM CHEMICALS			
2. Reporting of Diseases by Food Employee and PIC	_	☐ 14. Approved Food or Color Additives			
3. Personnel with Infections Restricted/Excluded		15. Toxic Chemicals			
FOOD FROM APPROVED SOURCE	_	TURE CONTROLS (Potentially	Hozordova Cood-)		
4. Food and Water from Approved Source	_	g Temperatures	nazardous roods)		
5. Receiving/Condition	☐ 17. Reheat	- ·			
6. Tags/Records/Accuracy of Ingredient Statements		18. Cooling			
7. Conformance with Approved Procedures/HACCP Plans		19. Hot and Cold Holding			
PROTECTION FROM CONTAMINATION		20. Time As a Public Health Control			
8. Separation/ Segregation/ Protection	<del></del>				
Sood Contact Surfaces Cleaning and Sanitizing		FOR HIGHLY SUSCEPTIBLE	, ,		
10. Proper Adequate Handwashing		nd Food Preparation for HSP	ı		
11. Good Hygienic Practices		CONSUMER ADVISORY			
The Good Hygierile Fluctions	☐ 22. Posting	22. Posting of Consumer Advisorles			
/iolations Related to Good Retail Practices (Blue	Number of Vic	lated Provisions Related			
tems) Critical (C) violations marked must be corrected		Illnesses Interventions	08		
mmediately or within 10 days as determined by the Board		ors (Red Items 1-22):			
of Health. Non-critical (N) violations must be corrected mmediately or within 90 days as determined by the Board	Official Order	Official Order for Correction: Based on an inspection			
f Health.	today, the Item	ns checked Indicate violate	ions of 105 CMR		
CN	by a Board of	ા Food Code. This report, Health member or its age	, when signed below introduction		
23. Management and Personnel (FC-2)(590,003) 24. Food and Food Protection (FC-3)(590,004)	order of the B	pard of Health. Failure to	correct violations		
24. Food and Food Protection (FC-3)(590,004) 25. Equipment and Utensils (FC-4)(590,005)	cited in this re	port may result in susper	ision or revocation of		
26. Water, Plumbing and Waste (FC-5)(590.008)	the food estab	lishment permit and cess operations. If aggrieved	ation of food		
27. Physical Facility (FC-8)(590.007)	have a right to	a hearing. Your request r	ny tius order, you must be in writing		
28. Poisonous or Toxic Materials (FC-7)(590.008) 28. Special Requirements (590.009)	and submitted	to the Board of Health at	the above address		
28. Special Requirements (590,009)		of receipt of this order.			
890)nspsciForm9-14.doc	DATE OF RE-II	NOFECTION.			
			000		
Inspector's Signature! Pr	int: Kevin	Borges	/ 3		
PIC's Signature: M Comment	int: m./c	20000	Page of Pages		

Discussion With Person in Charge: Establishment Name: Brockton Board of health Code Reference C - Critical Item
R - Red Item アンナン 911 0 all coules, road No outdated 40tholding rarking Sathroms OK Server wearing post issues Catholic Uppor Date: 3, Freziers are at temps. clean and clean and product DESCRIPTION OF VIOLATION / PLAN OF CORRECTION 0/8 pat welcoming and slove ocaper temps. Dumpster enclosed PLEASE PRINT CLEARLY per month (508) 580-7175 Corrective Action Required: Re-inspection Scheduled Voluntary Disposal Voluntary Compliance Embargo \_ Page: ON VO Other: Emergency Closure Emergency Suspension Employee Restriction / Of □ Yes

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment. coolers/refrigerators a) #1\_\_F, #2\_5\_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: Yes No 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)? 3) Water source: Yes No 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) 4) Sewage/Plumbing Yes No 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) Yes No\_\_ 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? 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 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 b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/ No stoves/ovens/etc.) Yes No 10) Dumpster area clean/tight fitting lids/yard clean Yes No 11) Are toxic chemicals labeled and stored properly?

**Food Protection Program** 

45 School Street

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

OOD ESTABLISHMENT INSPECTION REPORT	Tel. (508) 580-7175 Fax (508) 580-7179
Name Trinity Catholic - Lower	Date/3/20/19 Type of Operation(s) Type of Inspection Routine Retail Re-inspection
Address 631 North Main Street	Risk Residential Kitchen Previous Inspection
001/01/11/12/	Mobile Date,
1000	HACCP Y/N Caterer Suspect Illness
/FINITY 2017 10172	Bed & Breakfast General Complaint
Person in Charge (PIC)	In: Permit No. HACCP Other School
Inspector (by 5	Out:   Permit No.
Each violation checked requires an explanation on the	narrative page(s) and a citation of specific provision(s  Non-compliance with:
violated.	Risk Factors (Red Items) Anti-Choking Tobacco
Violations Related to Foodborne timess interventions and Violations marked may pose an imminent health hazard and	require immediate corrective 590.009(E) 590.009(F)
action as determined by the Board of Health.	
	12. Prevention of Contamination from Hands
FOOD PROTECTION MANAGEMENT	13, Handwash Facilities
1. PIC Assigned / Knowledgeable / Duties	PROTECTION FROM CHEMICALS
EMPLOYEE HEALTH	14. Approved Food or Color Additives
Reporting of Diseases by Food Employee and PIC  2. Reporting of Diseases by Food Employee and PIC  3. Reporting of Diseases by Food Employee and PIC  4. Reporting of Diseases by Food Employee and PIC  4. Reporting of Diseases by Food Employee and PIC  5. Reporting of Diseases by Food Employee and PIC  6. Reporting of Diseases by Food Employee and PIC  6. Reporting of Diseases by Food Employee and PIC  7. Reporting of Diseases by Food Employee and PIC  7. Reporting of Diseases by Food Employee and PIC  8. Reporting of Diseases by Food Employee and PIC  8. Reporting of Diseases by Food Employee and PIC  9. Reporting of Diseases by Food Employee and PIC  9. Reporting of Diseases by Food Employee and PIC  9. Report of Diseases by Food Employee and PIC  9. Report of Diseases by Food Employee and PIC  9. Report of Diseases by Food Employee and PIC  9. Report of Diseases by Food Employee and PIC  9. Report of Diseases by Food Employee and PIC  9. Report of Diseases by Food Employee and PIC  9. Report of Disease by Food Employee and PIC  9. Repor	15. Toxic Chemicals
3. Personnel with Infections Restricted/Excluded	TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)
FOOD FROM APPROVED SOURCE	16. Cooking Temperatures
4. Food and Water from Approved Source	17. Reheating
5. Receiving/Condition	18. Cooling
6. Tags/Records/Accuracy of Ingredient Statements	19. Hot and Cold Holding
7. Conformance with Approved Procedures/HACCP Plans	20. Time As a Public Health Control
PROTECTION FROM CONTAMINATION	REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)
8. Separation/ Segregation/ Protection	21. Food and Food Preparation for HSP
9. Food Contact Surfaces Cleaning and Sanitizing	CONSUMER ADVISORY
☐ 10. Proper Adequate Handwashing	22. Posting of Consumer Advisories
11. Good Hyglenic Practices	
A LD Acil Proceedings (Rive	Number of Violated Provisions Related
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected	To Foodborne Illnesses Interventions
	and Risk Factors (Red Items 1-22):
THE NEW ORIGINAL ON VIOLATIONS MUST BE CONTECTED	Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR
immediately or within 90 days as determined by the Board	roo onolladoral Food Code, This report, when signed below
of Health.	
23. Management and Personnel (FC-2)(590.003)	order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation
24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005)	" - f d setablishment normit and cessation of lood
26. Water, Plumbing and Waste (FC-5)(590.006)	and the light mont operations it addreved by this older, you
27 Physical Facility (FC-6)(590.007)	have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address
28. Poisonous or Toxic Materials (FC-7)(590.008)	within 10 days of receipt of this order.
28. Special Requirements (590.009) 30. Other	DATE OF RE-INSPECTION:
S. 500inspectForm8-14.dos	
	int: Kevin Borges 1 2
Inspector's Signature:	Page of Pa
PIC's Signature: In what I thought	int: Kristin Blanchette

Item No. Establishment Name: **Brockton Board of Healtn** Discussion With Person in Charge: Code Reference C - Critical Item R - Red Item 5 110 No では Parking Barthrooms 00/05 2000 outdated chemica pest issues SINK Š clean DESCRIPTION OF VIOLATION / PLAN OF CORRECTION oraduc near Clean - 66 W L Date: 3 27 40 dumpster enclose tre of inspection Roud 22 proper temps. PLEASE PRINT CLEARLY organ 1 Zeg Corrective Action Required: Re-inspection Scheduled Voluntary Compliance Voluntary Disposal Embargo Page: P F Employee Restriction / Other: Emergency Closure Emergency Suspension Exclusion 옃 D Verified Date Yes

	nezer in the
1) Temperatures: record the exact temperature of each refrigerator and from	eezer iii die
establishment.	
	r
coolers/refrigerators, a) #156 F, #26 F, #37 F, #4 F, #5 F, #6 F, #7 F, #8 F, #9	
freezers	
b)#1F, #2F,#3F, #4F, #3F, #3F	
freezers b)#1F, #2F,#3F, #4F, #5F, #6F, #7F c) Are thermometers in place in all of the above? YesNo	
a) Detaptially Hazardous 1000s.	YesNo
a) Stored at proper/temperatures/conditions?	YesNo
1 3 Att-brandod /adulterated/ UNKNOWN Source:	YesNo
c) Original, packaging, container in sound conditions	Yes_ No_
d) Outdated products?	YesNo
e) PHF at proper temperatures (not/cold)?	
3) Water source:	Yes_ No
a) Any defects in system?	Yes_No_
a) Any defects in system? b) Cross Contamination (check backflow preventers where needed? b) Cross Contamination (check backflow preventers where needed?	Yes_No_
c) Proper temperatures & pressure (check an laddos)	_
4) Courage/Plumbing	Yes_No
Is sewage disposal system in good condition?	YesNo
Johnsk drains/ice machines/bar sinks, air gap, traps/greads staps	
5) Bathroom, Facilities (men', ladies, employees,	YesNo
a) Is facility vented properly?	Yes_No
tantomporature?	YesNo
c) Soap, paper towels, toilet tissue, & all holders in place?	Yes_No
1) Deer electro in place?	Yes <pre>_ No</pre>
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 hait hoxes/droppings and check externing	
7) Worker Hygiene-Any signs of problems?  7) Worker Hygiene-Any signs of problems?	Yes No
7) Worker Hygiene-Any signs of prosisting.  Check for hair restraints, clothing etc, any open cuts/sores etc?	7
8)Two & three bay sinks/dishwashers/drain boards	Yes No
a) Sanitizer charts posted?	YesNo
b) Sanitizer used?	YesNo
c) Chemical test kit on premises?	Yes_ No_
d) Wiping cloths kept in sanitizer?	yesNo
e) Sanitizer log kept?	1
9) Facilities	Yes No
<ul> <li>9) Facilities</li> <li>a) Are food contact surfaces/equipment clean/sanitized</li> <li>b) Are non-food contact surfaces clean? (walls/floors/hoods &amp; filters/</li> </ul>	1
b) Are non-food contact surfaces clearly (wans)	YesNo
stoves/ovens/etc.)	Yes_ No
10) Dumpster area clean/tight fitting lids/yard clean 11) Are toxic chemicals labeled and stored properly?	Yes_No_
11) Are toxic chemicals labeled and stored property.	X

#### FC

**Food Protection Program** 

45 School Street

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

OOD ESTABLISHMENT INSPECTION REPORT		Tel. (000) 000 7 170				
Name , /	Date 03 - 25.19	Type of Operation(s)	Type of Inspection  Routine			
West Junior Myth sowof	Risk	Retail	Re-inspection			
Address 271 west 5/ neet	Level	Residential Kitchen Mobile	Previous Inspection Date:			
Telephone 508 - 580 7514	HACCP Y/N	Temporary	Pre-operation			
Owner Busifetier public Schools		Caterer Bed & Breakfast	Suspect Illness General Complaint			
Person in Charge (PIC) (Thank) NO-1066	Time In:		HACCP			
Inspector Challe Ford	Out	Permit No. 0/9970	Other			
ach violation checked requires an explanation on the	narrative pag	je(s) and a citation of	specific provision(s) on-compliance with:			
Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and re	equire immedia	ate corrective 590.009				
Violations marked may pose an imminent health hazard and in a state of the state of			Allergens			
		ntion of Contamination from I	Hands			
FOOD PROTECTION MANAGEMENT	_		Tarido			
1. PIC Assigned / Knowledgeable / Duties		wash Facilities				
EMPLOYEE HEALTH		PROTECTION FROM CHEMICALS				
2. Reporting of Diseases by Food Employee and PIC		14. Approved Food or Color Additives				
3. Personnel with Infections Restricted/Excluded	☐ 15. Toxic Chemicals  TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)					
FOOD FROM APPROVED SOURCE			iy ilazulasua i sedej			
4. Food and Water from Approved Source		ng Temperatures				
5. Receiving/Condition	17. Rehea	_				
6. Tags/Records/Accuracy of Ingredient Statements	☐ 18. Coolir	_				
7. Conformance with Approved Procedures/HACCP Plans		nd Cold Holding				
PROTECTION FROM CONTAMINATION		As a Public Health Control	E DODUL ATIONS (USD)			
8. Separation/ Segregation/ Protection		ITS FOR HIGHLY SUSCEPTIBL				
9. Food Contact Surfaces Cleaning and Sanitizing		and Food Preparation for HS	517			
10. Proper Adequate Handwashing	CONSUMER A					
11. Good Hygienic Practices	22. Postli	ng of Consumer Advisorles				
Violations Related to Good Retail Practices (Blue tems) 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	To Foodbor and Risk Fa Official Order of the cited in this the food es establishmen have a right and submit within 10 de DATE OF R	Violated Provisions Relaterne Illnesses Interventions actors (Red Items 1-22):  er for Correction; Based of the series checked indicate violeral Food Code. This report Health member or its a Board of Health. Failure the series report may result in suspitablishment permit and content operations. If aggrieve to a hearing. Your requetted to the Board of Health ays of receipt of this order telephone.	on an inspection plations of 105 CMR ort, when signed below agent constitutes an to correct violations pension or revocation of essation of food ed by this order, you set must be in writing in at the above address			
Inspector's Signature:	ti Ghal	ob Younes				
PIC's Signature: // / / / / / / / / / Prin	ti Mais	4/110 HOPB	Page / of Z Page			
THEY WAS IT ONLY	011/10					

Establishment Name: Wes Brockton Board of nearur Discussion With Person in Charge: Code Reference C - Critical Item R - Red Item 200 Observed Horiror 1 resta Area C 27 West shall Date: 08-25 DESCRIPTION OF VIOLATION / PLAN OF CORRECTION Cost bet and bus Albors 117 Spored Service Services 220 Corrective Action Required: Ø 120 Re-inspection Scheduled Voluntary Compliance Voluntary Disposal Embargo BOUNDES Page: 0 T No Also As Reque range Ü Employee Restriction / Other. **Emergency Suspension Emergency Closure** 앜 Verified Yes

not holing

1) Temperatures: record the exact temperature of each refrigerator and freezer in the establishment. coolers/refrigerators a) #1(10F, #2 25F, #3/10 F, #4 F, #5 F, #6 F, #7 F, #8 F, #9 F b)#2/ F, #2 - GF, #3 F, #4 F, #5 F, #6 F, #7 F freezers c) Are thermometers in place in all of the above? Yes\_\_ No\_\_ 2). Potentially Hazardous foods: Yes / No\_ a) Stored at proper/temperatures/conditions? Yes\_\_ No\_ b) Misbranded/adulterated/ unknown source? c) Original, packaging, container in sound condition? Yes / No\_\_ Yes & No d) Outdated products? e) PHF at proper temperatures (not/cold)? 3) Water source: Yes No\_ a) Any defects in system? b) Cross Contamination (check backflow preventers where needed? Yes\_ No / c) Proper temperatures & pressure (check all faucets/fixtures) Yes\_\_\_No\_\_ 4) Sewage/Plumbing Yes / No Is sewage disposal system in good condition? (check drains/ice machines/bar sinks, air gap, traps/grease traps etc) Yes\_/ No\_\_ 5) Bathroom, Facilities (men', ladies, employees) Yes No\_ a) is facility vented properly? Yes\_\_ No\_\_ b) Proper water temperature? c) Soap, paper towels, tollet tissue, & all holders in place? Yes\_\_ No\_\_ 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 balt boxes/droppings and check extermination reports 7) Worker Hyglene-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 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? 9) Facilities a) Are food contact surfaces/equipment clean/sanitized Yes\_\_ No\_\_ b) Are non-food contact surfaces clean? (walls/floors/hoods & filters/ Yes\_\_\_ No\_\_\_ stoves/ovens/etc.) 10) Dumpster area clean/tight fitting lids/yard clean Yes No\_ 11) Are toxic chemicals labeled and stored properly? V Serve SAFE JENNERE COX exp23 V Christine Holy exp21.