

TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Byam School</u>	Date <u>10/25/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>25 Maple Rd</u>	Risk Level	Permit No.	
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Heather Makara</u>	Time In: <u>10:30</u> Out:		
Inspector <u>Mark Masiello</u>			

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

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

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

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives

15. Toxic Chemicals

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

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding 100 151° 35° 36°

20. Time As a Public Health Control

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION: 1/3/2018

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Heather Makara</u>	Print: <u>Heather Makara</u>	Page <u>1 of 1</u> Pages

TOWN OR CITY OF Chelmsford

Establishment Name: Byam School Date: 10/25/17 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Notified
95	FC-14	Re	<p>The freezer fan unit inside of the walk-in freezer is frozen solid. And when the defrost cycle goes on the ice is melting onto the freezer floor causing a large ice block.</p> <p>The freezer needs to be emptied and the units needs to be turned off and completely defrosted. Then have the defrost cycle checked by the authorized installing company. This will need to take place over the Christmas School break.</p> <p>The ceiling tiles over the walk-in freezer has not been put back.</p> <p>Place the ceiling tiles back over the top of the freezer before anyone working in the kitchen gets hurt: 10/23/17</p> <p>MARK Masciello cell phone 978 479-2820</p>	<p>10/25/17</p> <p>MD</p>
<p>Discussion With Person in Charge:</p> <p>Corrective Action Required: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p> <input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Employee Restriction / Exclusion  <input checked="" type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Emergency Suspension  <input type="checkbox"/> Embargo <input type="checkbox"/> Emergency Closure  <input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Other:                 </p>				

TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Byam School</u>	Date <u>5/31/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>25 Maple Rd</u>	Risk Level	Permit No.	
Telephone <u>978-251-5144 Ext 6443</u>	HACCP Y/N		
Owner <u>Town of Chelmsford</u>	Time In: <u>10:30</u> Out:		
Person in Charge (PIC) <u>HEATHER MAKARIA</u>			
Inspector <u>Mark Masello</u>			

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

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

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

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives

15. Toxic Chemicals

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

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding 376 20 40

20. Time As a Public Health Control

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

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

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masello</u>	Print: <u>Mark Masello</u>	
PIC's Signature: <u>Heather Makaria</u>	Print: <u>HEATHER MAKARIA</u>	Page <u>1</u> of <u>1</u> Pages



TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Byam School</u>	Date <u>12/10/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>25 Maple Rd</u>	Risk Level	Permit No.	
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>H. M. Makara</u>	Time In: <u>12:45</u>		
Inspector <u>Mark Masiello</u>	Out:		

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

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

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

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

**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 200 ppm
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

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

**PROTECTION FROM CHEMICALS**

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

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

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding 6.6 370 1450
- 20. Time As a Public Health Control

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

- 21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

0

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

DATE OF RE-INSPECTION: 12/28/18

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>H. M. Makara</u>	Print: <u>Heather Makara</u>	Page <u>1</u> of <u>1</u> Pages





TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Byram</u>	Date <u>5/10/19</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>Maple Rd 25</u>	Risk Level	Permit No.	
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Laura Bishop</u>	Time In: <u>10:45</u> Out: <u>11:25</u>		
Inspector <u>Mark Masietto</u>			

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

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

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

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

**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 200 ppm

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives

15. Toxic Chemicals

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

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding -10 41° 1440

20. Time As a Public Health Control

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masietto</u>	Print: <u>Mark Masietto</u>	
PIC's Signature: <u>Laura Bishop</u>	Print: <u>Laura Bishop</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF Chelmsford

Establishment Name: Pyram School

Date: 5/12/15

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
			Hot food Temps ok	
			hand wash stations ok	
			hot water temps ok	
			refrigerated storage ok	
			dry storage ok	
			sanitizer stations ok	
			no sign of rodents	
			food and beverage are from an approved source	
			good employee hygiene practices	
			pests checked ok	
			kitchen clean and organized	
			code dates ok	
			sanitizer solution ppm ok	
			certifications are up to date	
			The Recycle and Solidwaste dumpsters are still NOT in compliance by the towns Health Department from 2018.	
Discussion With Person in Charge:				
Corrective Action Required:		<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion			
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension			
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure			
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:			



TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Center School</u>	Date <u>10/20/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>Billerica Rd</u>	Risk Level	Permit No.	
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Linda McCaul</u>	Time In: <u>12:30</u>		
Inspector <u>Mark Masieko</u>	Time Out:		

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

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

Non-compliance with:  
Anti-Choking 590.009 (E)  
Tobacco 590.009 (F)  
Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives

15. Toxic Chemicals

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

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding 1660 320 340

20. Time As a Public Health Control

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)**

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

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**DATE OF RE-INSPECTION:**

Inspector's Signature: <u>Mark Masieko</u>	Print: <u>Mark Masieko</u>	
PIC's Signature: <u>Linda McCaul</u>	Print: <u>Linda McCaul</u>	Page <u>1</u> of <u>1</u> Pages



TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Center School</u>	Date <u>5/31/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>Billerica Rd 84</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner <u>Town of Chelmsford</u>	Time In/Out <u>12:15</u>		
Person in Charge (PIC) <u>Michelle Repora</u>			
Inspector <u>Mark Masiello</u>			

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

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Non-compliance with:

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**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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**FOOD FROM APPROVED SOURCE**

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**PROTECTION FROM CONTAMINATION**

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13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives

15. Toxic Chemicals

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

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding 148 420 46 380

20. Time As a Public Health Control

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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		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)
	<u>8</u>	27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

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

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DATE OF RE-INSPECTION: 6/5/18

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Michelle Repora</u>	Print: <u>Michelle Repora</u>	Page <u>1</u> of <u>1</u> Pages



TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>South Road School Center</u>	Date <u>12/7/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>84 Billerica Rd</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner <u>Town of Chelmsford</u>	Time In: <u>11:35</u>		
Person in Charge (PIC) <u>Michelle Repore</u>	Out:		
Inspector <u>Mark Masiello</u>			

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

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

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

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives

15. Toxic Chemicals

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

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding 139 380 40 10°

20. Time As a Public Health Control

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

0

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

DATE OF RE-INSPECTION: 12/12/18

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Michelle Repore</u>	Print: <u>Michelle Repore</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF Chelmsford

Establishment Name South Road School Center

Date: 12/3/18

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
29	590 mg c		<p>The food service department does not have a certified food manager operating this kitchen.</p> <p>Food service must provide a certified food manager daily to operate this school kitchen by 12-12-18 until the PIC becomes a certified food manager. <u>PLD 12/13/18</u></p> <p>Also the nipple hi-metal thermometer is no longer in compliance with the new food code. This thermometer must be replaced by a new <del>new</del> hi-metal thermometer with out a nipple or an instant read thermometer by 12-12-18</p>	
Discussion With Person in Charge:				
<p>Corrective Action Required: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p> <input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Employee Restriction / Exclusion  <input checked="" type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Emergency Suspension  <input type="checkbox"/> Embargo <input type="checkbox"/> Emergency Closure  <input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Other:                 </p>				



TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Center School</u>	Date <u>5/16/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>84 Billerica Rd</u>	Risk Level		Permit No.
Telephone	Owner <u>Town of Chelmsford</u>	HACCP Y/N	
Person in Charge (PIC) <u>Michele Repaza</u>	Inspector <u>Mark Masiello</u>	Time In: <u>10:45</u> Out: <u>11:35</u>	

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

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

Non-compliance with:  
 Anti-Choking 590.009 (E)  
 Tobacco 590.009 (F)  
 Allergen Awareness 590.009 (G)

**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 100 AP/17

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities OK

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives

15. Toxic Chemicals

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

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding 154 157° 35 - 7

20. Time As a Public Health Control

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

0

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

DATE OF RE-INSPECTION:

6/6/19

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Michele Repaza</u>	Print: <u>Michele Repaza</u>	Page <u>1</u> of <u>1</u> Pages





TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Chelmsford High School</u>	Date <u>11/29/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection
Address <u>300 Richardson Rd</u>	Risk Level	Permit No.	Previous Inspection Date:
Telephone	HACCP Y/N		<input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Owner <u>Town of Chelmsford</u>	Time In: <u>9:45</u> Out:		
Person in Charge (PIC) <u>Leah Perry</u>			
Inspector <u>Mark Masiello</u>			

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

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

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

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

- 1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

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

**PROTECTION FROM CONTAMINATION**

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

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

**PROTECTION FROM CHEMICALS**

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

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

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling -10 380
- 19. Hot and Cold Holding 380 158 164 1430
- 20. Time As a Public Health Control

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

- 21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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**DATE OF RE-INSPECTION:**

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Leah Perry</u>	Print: <u>Leah Perry</u>	Page <u>1</u> of <u>1</u> Pages



TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Chelmsford High School</u>	Date <u>6/15/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>200 Richardson Rd</u>	Risk Level	Permit No.	
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC)	Time In: <u>10:00</u> Out:		
Inspector <u>Mark Masiello</u>			

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

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

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- Non-compliance with:
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  - Tobacco 590.009 (F)
  - Allergen Awareness 590.009 (G)

**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 200 ppm

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives

15. Toxic Chemicals

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

16. Cooking Temperatures

17. Reheating

18. Cooling 140 153 370 370

19. Hot and Cold Holding 36 20 320 370

20. Time As a Public Health Control

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Leah Perry</u>	Print: <u>Leah Perry</u>	Page <u>1</u> of <u>1</u> Pages



TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Chelmsford High School</u>	Date <u>12/19/15</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection
Address <u>200 Richardson Rd</u>	Risk Level	Permit No.	Previous Inspection Date:
Telephone	HACCP Y/N		<input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Owner <u>Town of Chelmsford</u>	Time In: <u>10:00</u> Out:		
Person in Charge (PIC) <u>Leslie DeYoung</u>			
Inspector <u>Mark Masieello</u>			

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

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

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

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

**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 200°

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives

15. Toxic Chemicals

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

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding 100 400 400 158

20. Time As a Public Health Control

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

0

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

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masieello</u>	Print: <u>Mark Masieello</u>	
PIC's Signature: <u>Leslie DeYoung</u>	Print: <u>Leslie DeYoung</u>	Page <u>1</u> of <u>1</u> Pages





TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>CHS</u>	Date <u>4/11/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>200 Richardson Rd</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner <u>Town of Chelmsford</u>	Time In: <u>10:00</u> Out: <u>11:00</u>		
Person in Charge (PIC) <u>Leslie DeYoung</u>			
Inspector <u>Mark Masiello</u>			

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

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

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

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

- 1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

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

**PROTECTION FROM CONTAMINATION**

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

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

**PROTECTION FROM CHEMICALS**

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

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

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding 20 20 37 36 37
- 20. Time As a Public Health Control

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

- 21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

- 22. Posting of Consumer Advisories

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

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

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



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

DATE OF RE-INSPECTION: 9/18/19

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Leslie DeYoung</u>	Print: <u>Leslie DeYoung</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF Chelmsford

Establishment Name: CHS

Date: 6/11/19

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified												
25	FC-	N/C	The walk in cooler floor has a large build up of ice on the floor. Also the back of the fan unit coils are covered by dust. Shut down the fan unit and then clean all the back of the coils. Then have the refrigeration drain line checked for leaks.													
25	FC-4	N/C	The two freezer walk in doors do not have bottom door gaskets. This is causing a large build up of ice inside of the freezer. Have all of the ice removed from the freezer walls and ceiling. Place new door gaskets on the bottom of both doors.  Have the work done before the opening of the 2019-2020 School season.													
25	FC-4		The sink disposal on the food prep sink is broken. This disposal must be replaced as removed from prep sink before the start of the 2019-2020 School season													
Discussion With Person in Charge:																
<table border="0"> <tr> <td data-bbox="267 115 316 420">Corrective Action Required:</td> <td data-bbox="267 420 316 525"><input type="checkbox"/> No</td> <td data-bbox="267 525 316 630"><input checked="" type="checkbox"/> Yes</td> </tr> <tr> <td data-bbox="267 630 316 840"><input type="checkbox"/> Voluntary Compliance</td> <td data-bbox="267 840 316 1050"><input type="checkbox"/> Employee Restriction / Exclusion</td> <td data-bbox="267 1050 316 1260"><input type="checkbox"/> Emergency Suspension</td> </tr> <tr> <td data-bbox="267 1260 316 1470"><input checked="" type="checkbox"/> Re-inspection Scheduled</td> <td data-bbox="267 1470 316 1680"><input type="checkbox"/> Emergency Closure</td> <td data-bbox="267 1680 316 1890"><input type="checkbox"/> Other:</td> </tr> <tr> <td data-bbox="267 1890 316 1942"><input type="checkbox"/> Embargo</td> <td data-bbox="267 1942 316 1995"><input type="checkbox"/> Voluntary Disposal</td> <td data-bbox="267 1995 316 2047"><input type="checkbox"/> Other:</td> </tr> </table>					Corrective Action Required:	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> Emergency Suspension	<input checked="" type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Closure	<input type="checkbox"/> Other:	<input type="checkbox"/> Embargo	<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:
Corrective Action Required:	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes														
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> Emergency Suspension														
<input checked="" type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Closure	<input type="checkbox"/> Other:														
<input type="checkbox"/> Embargo	<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:														

TOWN OR CITY OF Wilmington Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Community Education</u>	Date <u>1/27/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>170 Dalton rd</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner <u>Community Ed / Town of Ch</u>	Time In: <u>10:45</u> Out:		
Person in Charge (PIC) <u>Gina Sandelli</u>			
Inspector <u>Mark Masiello</u>			

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

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

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

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives

15. Toxic Chemicals

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

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding 36° - 70 4/10

20. Time As a Public Health Control

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION: 1/17/17

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Gina Sandelli</u>	Print: <u>Gina Sandelli</u>	Page <u>L</u> of <u>L</u> Pages





TOWN OR CITY OF Chelmsford

Establishment Name: Community Education

Date: 6/15/18

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
27	Re-5	N/C	The walk in cooler floor is dirty. Roll out all of the mats and then mop floor. 6/8/18	6/8/18
15	720613 R		There are mice droppings inside of the walk in cooler, and along the base of the walls in the kitchen. There are also mice droppings inside of the food service dry storage room. Have Rain Pest Control come two times a month to treat for mice. Also the floors are not being cleaned daily. make sure that the floor is being swept and mopped daily inside of all rooms and also the walk in cooler. 6/15/18 C/R	
Discussion With Person in Charge: <u>I talked and showed the Director the mice droppings and also told the Director that the floor has not been getting cleaned daily.</u>				
Corrective Action Required:				
<input type="checkbox"/> Voluntary Compliance <input checked="" type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:



TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Community Education</u>	Date <u>12/11/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>170 Dalton Rd</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner <u>Town of Chelmsford</u>	Time In: <u>10:45</u> Out:		
Person in Charge (PIC) <u>Colleen Smith</u>			
Inspector <u>Mark Masciello</u>			

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

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

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

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

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

**PROTECTION FROM CONTAMINATION**

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

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

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

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

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding 70 360 890 1040
- 20. Time As a Public Health Control

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

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

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

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

2

**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:** 12/17/18 ✓

Inspector's Signature: <u>Mark Masciello</u>	Print: <u>Mark Masciello</u>	
PIC's Signature: <u>Colleen Smith</u>	Print: <u>Colleen Smith</u>	Page <u>  </u> of <u>  </u> Pages



TOWN OR CITY OF Chelmsford

Establishment Name: Community Education Date: 12/11/18 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified												
19	3501.16	R	The mac & cheese temp was 140° at time of delivery. The bread's temp was 89 at time of delivery. The food was placed into the food warmer. ✓													
25	R-4	C	The food warmer thermometer was not working. Have the thermometer on the food warmer fixed. ✓ Ade placed a thermometer inside of the food warmer.													
1	590.003 3105.11	(R) (R)	The PIC did not have knowledge of her duties when it came to food temp and safety food safety. ✓  The kitchen area has been shut down. The convection oven must be turned on to reheat the food to proper temperature. ✓													
	590.004	(C)	The Community Education along with the Food Service Dept must have a certified food manager to cover the lunch program from Monday - Friday during the lunch time program starting on Monday 12-17-18.													
Discussion With Person in Charge:																
Corrective Action Required: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Voluntary Compliance</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input checked="" type="checkbox"/> Re-inspection Scheduled</td> <td><input type="checkbox"/> Employee Restriction / Exclusion</td> <td><input type="checkbox"/> Emergency Suspension</td> </tr> <tr> <td><input type="checkbox"/> Embargo</td> <td><input type="checkbox"/> Emergency Closure</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Voluntary Disposal</td> <td><input type="checkbox"/> Other:</td> <td></td> </tr> </table>					<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> Emergency Suspension	<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure		<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:	
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> No	<input type="checkbox"/> Yes														
<input checked="" type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> Emergency Suspension														
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure															
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:															

TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Community Education School</u>	Date <u>5/14/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address <u>Dalton Rd 170</u>	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Telephone	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection
Owner <u>Community Ed School</u>	Time <u>11:15</u>	<input type="checkbox"/> Mobile	Date:
Person in Charge (PIC) <u>Colleen Smith</u>	In: <u>11:45</u>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
Inspector <u>Mark Masiello</u>	Out: <u>11:45</u>	<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
		Permit No.	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other _____

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

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

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

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives

15. Toxic Chemicals

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

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding 380 100

20. Time As a Public Health Control

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

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

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Colleen Smith</u>	Print: <u>Colleen Smith</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF Chelmsford

Establishment Name: Community Education School Date: 5/17/19 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
			No hot food for today's lunch.	
			Cold temps ok	
			hand wash station ok	
			3 bay sink ok	
			all certifications are up to date	
			WSP test strips ok	
			bath room ok	
			dry storage ok	
			find and beverage are from an approved source	
			MSDS sheets ok	
			The Solid Waste and Recycle Dumpsters are still not in compliance by the Towns Publics Department from 2018. (All dumpster must be endorsed)	
			The dumpsters need to be in full compliance for the beginning of the 2019-2020 School Season	
Discussion With Person in Charge:				
Corrective Action Required:			<input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Voluntary Compliance			<input type="checkbox"/> Employee Restriction / Exclusion	
<input type="checkbox"/> Re-inspection Scheduled			<input type="checkbox"/> Emergency Suspension	
<input type="checkbox"/> Embargo			<input type="checkbox"/> Emergency Closure	
<input type="checkbox"/> Voluntary Disposal			<input type="checkbox"/> Other:	

TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Harrington School</u>	Date <u>10/25/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>Richardson rd</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner <u>Town of Chelmsford</u>	Time In: <u>11:45</u>		
Person in Charge (PIC) <u>Allison Elliott</u>	Out:		
Inspector <u>Mark Masiello</u>			

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

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

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

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives

15. Toxic Chemicals

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

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding 100 - 100 1450

20. Time As a Public Health Control

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

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

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Allison Elliott</u>	Print: <u>Allison Elliott</u>	Page <u>1</u> of <u>1</u> Pages



TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Harrington School</u>	Date <u>6/11/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>Richardson Rd 126</u>	Risk Level		Permit No.
Telephone	HACCP Y/N		
Owner <u>Town of Chelmsford</u>	Time In: <u>10:30</u>		
Person in Charge (PIC) <u>Allison Elliott</u>	Out:		
Inspector <u>Mark Masciello</u>			

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

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

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

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

**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

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13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives

15. Toxic Chemicals

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

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding 40 450 370

20. Time As a Public Health Control

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masciello</u>	Print: <u>Mark Masciello</u>	
PIC's Signature: <u>Allison Elliott</u>	Print: <u>Allison Elliott</u>	Page <u>1</u> of <u>1</u> Pages





TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Harrington School</u>	Date <u>12/11/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>Richardson Rd 120</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner <u>Town of Chelmsford</u>	Time In: <u>12:10</u>		
Person in Charge (PIC) <u>Allison Elliott</u>	Out:		
Inspector <u>Mark Masiello</u>			

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

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

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

- Non-compliance with:
- Anti-Choking 590.009 (E)
  - Tobacco 590.009 (F)
  - Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives

15. Toxic Chemicals

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

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding 170° 100 390

20. Time As a Public Health Control

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

0

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

DATE OF RE-INSPECTION: 12/17/18

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Allison Elliott</u>	Print: <u>Allison Elliott</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF Chelsea

Establishment Name: Harrington School

Date: 12/11/18

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
27	FC-4	N/C	The floor inside of the dish room is in bad condition. The heavy build up on the floor must be removed by know later than 1/7/19	✓
27	FC-4		The dishroom cannot be used for any type of storage. ie- food, paper products, cleaning products, personal belongings.	✓
24	FC-3	C	The only way to use the dishroom for storage is to remove the dishwasher system. All products must be removed by 12/17/18.	✓
			The dishwashing room falls under the jurisdiction of foodservice and not the extended day program.	
			Mark Masieilo	
			918-449-2820	
Discussion With Person in Charge:				
Corrective Action Required:				
<input type="checkbox"/> Voluntary Compliance <input checked="" type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:		

TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Harrington School</u>	Date <u>5/8/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>120 Richardson Rd</u>	Risk Level	Permit No.	
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Jennifer Stuart</u>	Time In: <u>11:00</u> Out: <u>11:40</u>		
Inspector <u>Mark Masiello</u>			

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

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

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

Non-compliance with:  
Anti-Choking 590.009 (E)  
Tobacco 590.009 (F)  
Allergen Awareness 590.009 (G)

**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 200ppm

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives

15. Toxic Chemicals

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

16. Cooking Temperatures - e

17. Reheating

18. Cooling

19. Hot and Cold Holding - 20 38 142

20. Time As a Public Health Control

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

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

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Jennifer Stuart</u>	Print: <u>Jennifer Stuart</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF Chelmsford

Establishment Name: Harrington School

Date: 5/8/19

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
	592.009	C	The Allergen Awareness Certification is not in compliance The Allergen Certification must be in compliance for the start of the 2019-2020 School seasons.	
			No sign of any rodents	
			hot food temps OK	
			dry storage OK	
			Hydrooom OK	
			hand wash station OK	
			3 bay sink OK	
			mSDS sheets OK	
			water temps OK	
			Refrigerated storage OK	
			good employee hygienic practices	
			kitchen cleaned and organized	
			The Solid Waste and Recycle dumpsters still have not been brought into compliance by the Towns Facility Department.	
Discussion With Person in Charge:			The daytime Porter is going to clean the right top side of the walk in cooler wall by 5/10/19.	
Corrective Action Required:				
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
<input checked="" type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension			
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure			
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:			

**Massachusetts Department of Public Health**

*First Inspection*

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Lowell Day School</u>	Date <u>8/15/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Previous Inspection Date: <input checked="" type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>60 Corliss St</u>	Risk Level		
Telephone <u>978-674-2400</u>	HACCP Y/N	Permit No.	
Owner <u>Lowell Public Schools</u>	Time In: <u>10:00</u> Out:		
Person in Charge (PIC) <u>Patricia Clark-Nowoswiat</u>			
Inspector <u>Mark Masjello</u>			

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

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

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

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

**PROTECTION FROM CONTAMINATION**

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

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

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

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

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

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

- 21. Food and Food Preparation for HSP
- 22. Posting of Consumer Advisories

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

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

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

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

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masjello</u>	Print: <u>Mark Masjello</u>	
PIC's Signature: <u>Patricia Clark-Nowoswiat</u>	Print: <u>Patricia Clark-Nowoswiat</u>	Page <u>1</u> of <u>1</u> Pages





TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Lowell Public School System</u>	Date <u>5/15/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date:
Address <u>61 Carlisle St</u>	Risk Level		<input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Telephone <u>978-474-2405</u>	HACCP Y/N	Permit No.	
Owner <u>Lowell Public School</u>	Time In: <u>11:38</u> Out: <u>12:10</u>		
Person in Charge (PIC) <u>Wendy Zyla</u>			
Inspector <u>Mark Masiello</u>			

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

Non-compliance with:

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.

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

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

**PROTECTION FROM CONTAMINATION**

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

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

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

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

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding 36° 141°
- 20. Time As a Public Health Control

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

- 21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

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

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



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

**DATE OF RE-INSPECTION:**

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Wendy Zyla</u>	Print: <u>Wendy Zyla</u>	Page <u>1</u> of <u>1</u> Pages



TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>McCarthy Middle School</u>	Date <u>11/13/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>North Rd</u>	Risk Level	Permit No.	
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Lester DeYoung</u>	Time In: <u>11:20</u> Out:		
Inspector <u>Mark Masiello</u>			

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

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

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

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

**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 see pp 19

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives

15. Toxic Chemicals

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

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding 380 39 41 1580

20. Time As a Public Health Control

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

0

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

**DATE OF RE-INSPECTION:** 1/5/18 11/20/17

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Lester DeYoung</u>	Print: <u>Lester DeYoung</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF Chelmsford

Establishment Name: McCarthy Middle School

Date: 11/13/17

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
07	FC-6		The walls behind all of the trash cans inside of the cafeteria are dirty. Have the walls cleaned by 11/16/17	MPD
07	FC-6		The bottom of the wall in the cafeteria next to the water vending machine is damaged. Have the bottom of the wall repaired during the Christmas break. 1/5/18	MPD
05	FC-H		The outside and inside of the trash inside of the cafeteria. The trash cans need to be cleaned on the inside and outside several times a week. 11/16/17	MPD
Discussion With Person in Charge:				
Corrective Action Required:		<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion			
<input type="checkbox"/> Re-Inspection Scheduled	<input type="checkbox"/> Emergency Suspension			
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure			
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:			

TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>McCarthy Middle School</u>	Date <u>6/14/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Calerer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>North Rd 250</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner <u>Town of Chelmsford</u>	Time In: <u>10:40</u> Out:		
Person in Charge (PIC) <u>Leslie DeYoung</u>			
Inspector <u>Mark Masciello</u>			

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

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

- Non-compliance with:
- Anti-Choking 590.009 (E)
  - Tobacco 590.009 (F)
  - Allergen Awareness 590.009 (G)

- FOOD PROTECTION MANAGEMENT**  
 1. PIC Assigned / Knowledgeable / Duties
- EMPLOYEE HEALTH**  
 2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded
- FOOD FROM APPROVED SOURCE**  
 4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans
- PROTECTION FROM CONTAMINATION**  
 8. Separation/Segregation/Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
  - 13. Handwash Facilities
- PROTECTION FROM CHEMICALS**  
 14. Approved Food or Color Additives  
 15. Toxic Chemicals
- TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**  
 16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding 7 380/410 - 8  
 20. Time As a Public Health Control
- REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**  
 21. Food and Food Preparation for HSP
- CONSUMER ADVISORY**  
 22. Posting of Consumer Advisories

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

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

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



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

**DATE OF RE-INSPECTION:** Sept 9, 2018

Inspector's Signature: <u>Mark Masciello</u>	Print: <u>Mark Masciello</u>	
PIC's Signature: <u>Leslie DeYoung</u>	Print: <u>Leslie DeYoung</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF Chelmsford

Establishment Name: McCarthy Middle School

Date: 6/14/18

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
23	Fr-6	N/C	The bottom of the wall next to the vending machine in the cafeteria still is not in compliance from last year. Have the base of the wall fixed before the opening of the 2018-2019 school year. ✓	
25	Fr-4	N/C	The walls and floor inside of the walk-in cooler are dirty. At the end of the school year empty the walls in cooler and then clean the groos and walls with a heavy duty all purpose solution. ✓	
25	Fr-4	N/C	The top of the kitchen hoods are dirty. (Trust) Have the top of the hoods cleaned at the end of the school year. ✓	
27	Fr-6	N/C	The floor tile next to the clean out in front of the food prep sink are broken. Replace all of the broken tile by the opening of the 2018-2019 school year. ✓	
27	Fr-6	N/C	The black window ledges are dirty. The heating units are dirty. The walls are dirty. ✓ Clean all of the above at the end of the school year.	
Discussion With Person in Charge			✓ The walls need to be <del>fixed</del>	
Corrective Action Required:			<input type="checkbox"/> Voluntary Compliance <input checked="" type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
			<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:	
have FRP.				



TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>McCarthy School</u>	Date <u>12/13/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>250 North Rd</u>	Risk Level	Permit No.	
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Georgia Fredericks</u>	Time In: <u>11:40</u> Out:		
Inspector <u>Mark Masiello</u>			

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

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

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

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

- 1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

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

**PROTECTION FROM CONTAMINATION**

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

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

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

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

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding 177° 370 370 410
- 20. Time As a Public Health Control

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

- 21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

**DATE OF RE-INSPECTION:**

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Georgia Fredericks</u>	Print: <u>Georgia Fredericks</u>	Page <u>L</u> of <u>L</u> Pages



TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>McCarthy Middle School</u>	Date <u>5/15/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>North Rd</u>	Risk Level	Permit No.	
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Georgia Fredericks</u>	Time In: <u>10:15</u> Out: <u>11:25</u>		
Inspector <u>Mark Masiello</u>			

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

Non-compliance with:

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.

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

**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 200ppm

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives

15. Toxic Chemicals

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

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding 39 161 36 - 10

20. Time As a Public Health Control

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

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

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

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

0

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

**DATE OF RE-INSPECTION:** 5/17/19 5/24/19

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Georgia Fredericks</u>	Print: <u>Georgia Fredericks</u>	Page <u>1</u> of <u>4</u> Pages

TOWN OR CITY OF Chelmsford

Establishment Name: McCarthy Middle School

Date: 5/15/19

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified																				
25	FC-4	C	The door latch on the walk in freezer door is not closing all the way, which is causing a build up of ice and snow on the door jam. The door latch needs to be <del>re</del> readjusted so the door will close all the way which will prevent the buildup of ice. This is also a employee safety issue. 5/24/19																					
27	FC-6	C	The back wall inside of the dry storage area has a black fungus at the base of the wall. The wall board is very wet. Have the wall board removed 8ft up the wall then address the damaged of the rest of the wall. 5/17/19 Brian from the School Superintendents Office was made aware of this issue by myself at the time of my inspection																					
517	119		The town had an Abatement Company come in to take samples to determine the level and board of the black fungus before demolition of the wall board.																					
Discussion With Person in Charge:																								
<table border="0"> <tr> <td colspan="2">Corrective Action Required:</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> Voluntary Compliance</td> <td><input type="checkbox"/> Employee Restriction / Exclusion</td> <td colspan="2"></td> </tr> <tr> <td><input checked="" type="checkbox"/> Re-inspection Scheduled</td> <td><input type="checkbox"/> Emergency Suspension</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Embargo</td> <td><input type="checkbox"/> Emergency Closure</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Voluntary Disposal</td> <td><input type="checkbox"/> Other:</td> <td colspan="2"></td> </tr> </table>					Corrective Action Required:		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion			<input checked="" type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension			<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure			<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:		
Corrective Action Required:		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes																					
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion																							
<input checked="" type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension																							
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure																							
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:																							

TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Parker Middle School</u>	Date <u>11/15/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>7 Graniteville Rd</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner <u>Town of Chelmsford</u>	Time In: <u>10:15</u> Out:		
Person in Charge (PIC) <u>Georgia Fredenck</u>			
Inspector <u>Mark Masiello</u>			

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

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

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

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

**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 200 ppm

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives

15. Toxic Chemicals

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

16. Cooking Temperatures

17. Reheating

18. Cooling 380 42 380 -10°

19. Hot and Cold Holding 32° 58 158 0°

20. Time As a Public Health Control

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

5

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

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
Signature: <u>Georgia Fredenck</u>	Print: <u>Georgia Fredenck</u>	Page <u>1</u> of <u>1</u> Pages





TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Parker Middle School</u>	Date <u>4/15/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>7 Graniteville Rd</u>	Risk Level	Permit No.	
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Cathy Maiellano</u>	Time In: <u>11:00</u> Out:		
Inspector <u>Mark Masiello</u>			

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

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

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

Non-compliance with:  
Anti-Choking 590.009 (E)   
Tobacco 590.009 (F)   
Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives

15. Toxic Chemicals

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

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding 38.7° 39° 1430

20. Time As a Public Health Control

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

0

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

DATE OF RE-INSPECTION: 6/12/18

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Cathy Maiellano</u>	Print: <u>Cathy Maiellano</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF Chelmsford

Establishment Name: Parker Middle School

Date: 6/15/18

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
24	Fa	<del>RC</del> C	<p>The ice cream freezer did not have a thermometer. Place a thermometer inside of the ice cream freezer. by 6/16/18</p> <p>The new milk coolers did not have thermometers. Place a thermometer inside of each milk cooler. Also the new milk coolers are cooled by ice packs. It is very important to test the milk temperature manually every hour during the lunch period. 6/12/18</p> <p>The pre made smoothies will need ingredient labels and sell by dates if they are present as grab and go products displayed</p> <p>Place the milk crates on a rack inside of the walk-in cooler.</p> <p>This also goes for all prepackaged food containers that are displayed for grab and go ie: cookies, yogurt, jello, pudding and etc.</p>	6/16/18
Discussion With Person In Charge:				
Corrective Action Required:		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion			
<input checked="" type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension			
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure			
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:			

TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Parker Middle School</u>	Date <u>12/17/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>7 Graniteville Rd</u>	Risk Level		Permit No.
Telephone	HACCP Y/N		
Owner <u>Town of Chelmsford</u>	Time In: <u>11:30</u>		
Person in Charge (PIC) <u>Catherine Mairillano</u>	Out:		
Inspector <u>Mark Masciello</u>			

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

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

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

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

**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 200ppm
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

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

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

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding 370 39-10 1430
- 20. Time As a Public Health Control

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

- 21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

- 22. Posting of Consumer Advisories

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

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

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

0

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

DATE OF RE-INSPECTION: 1/4/19

Inspector's Signature: <u>Mark Masciello</u>	Print: <u>Mark Masciello</u>	
PIC's Signature: <u>Catherine Mairillano</u>	Print: <u>Catherine Mairillano</u>	Page <u>1</u> of <u>1</u> Pages



TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Parker Middle School</u>	Date <u>5/10/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>7 Graniteville Rd</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner <u>Town of Chelmsford</u>	Time In: <u>11:45</u> Out: <u>12:30</u>		
Person in Charge (PIC) <u>Cathleen Maiellano</u>			
Inspector <u>Mark Masiello</u>			

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

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

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

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives

15. Toxic Chemicals

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

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding - 8 35° 42° 89 141° 153

20. Time As a Public Health Control

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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

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



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

DATE OF RE-INSPECTION: 9/11/19

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Cathleen Maiellano</u>	Print: <u>Cathleen Maiellano</u>	Page <u>1</u> of <u>1</u> Pages

Establishment Name: Town or City of Chelmsford  
Parker Middle School  
 Date: 5/10/19 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
27	FC-6	n/c	The white block walls inside of the kitchen are still not cleaned from 19st years inspection. The need to be cleaned prior to the start of the 2019-2020 school season.	
	590.007 (G)	c	The Allergen Awareness Certification is not in compliance. The Allergen Certification must be in compliance for the start of the 2019-2020	
27	FC-6	n/c	The kitchen floor condition is not in sanitary condition. The floor needs to be striped and refinished for the beginning of the 2019-2020 school season.	
24	FC-3	c	The walkin freezer is not sufficient for the storage of the frozen food. This kitchen needs to have another freezer three days reach in freezer to keep the food of the freezer floor for the 2019-2020 school season.	
Discussion With Person in Charge:				
Corrective Action Required:				
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
<input checked="" type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension			
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure			
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:			



TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>South Row School</u>	Date <u>10/23/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>Boston Rd</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner <u>Town of Chelmsford</u>	Time In: <u>12:00</u> Out:		
Person in Charge (PIC) <u>Robin Downey</u>			
Inspector <u>Mark Masiello</u>			

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

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

- Non-compliance with:
- Anti-Choking 590.009 (E)
  - Tobacco 590.009 (F)
  - Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

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

**PROTECTION FROM CONTAMINATION**

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

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives  
 15. Toxic Chemicals

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

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling 154° - 70 350  
 19. Hot and Cold Holding 280 400 400 360  
 20. Time As a Public Health Control

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

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

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

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

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

**DATE OF RE-INSPECTION:**

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Robin Downey</u>	Print: <u>Robin Downey</u>	Page <u>1</u> of <u>1</u> Pages



TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>South Row School</u>	Date <u>5/31/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>250 Boston Rd</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner <u>Town of Chelmsford</u>	Time In: <u>11:30</u> Out:		
Person in Charge (PIC) <u>Robin Donoghue</u>			
Inspector <u>Mark Masiello</u>			

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

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

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

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives

15. Toxic Chemicals

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

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding 148° 36° 40° 37° 40°

20. Time As a Public Health Control

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

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

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

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



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DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Robin Donoghue</u>	Print: <u>Robin Donoghue</u>	Page <u>1</u> of <u>1</u> Pages



TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>South Row School</u>	Date <u>12/10/18</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>250 South Row Boston Rd</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner <u>Town of Chelmsford</u>	Time In: <u>11:20</u>		
Person in Charge (PIC)	Out:		
Inspector <u>Mark Masiello</u>			

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

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

Non-compliance with:  
Anti-Choking 590.009 (E)   
Tobacco 590.009 (F)   
Allergen Awareness 590.009 (G)

- FOOD PROTECTION MANAGEMENT**  
 1. PIC Assigned / Knowledgeable / Duties
- EMPLOYEE HEALTH**  
 2. Reporting of Diseases by Food Employee and PIC  
 3. Personnel with Infections Restricted/Excluded
- FOOD FROM APPROVED SOURCE**  
 4. Food and Water from Approved Source  
 5. Receiving/Condition  
 6. Tags/Records/Accuracy of Ingredient Statements  
 7. Conformance with Approved Procedures/HACCP Plans
- PROTECTION FROM CONTAMINATION**  
 8. Separation/Segregation/Protection  
 9. Food Contact Surfaces Cleaning and Sanitizing  
 10. Proper Adequate Handwashing  
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands  
 13. Handwash Facilities
- PROTECTION FROM CHEMICALS**  
 14. Approved Food or Color Additives  
 15. Toxic Chemicals
- TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**  
 16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding 410 400 380 1410  
 20. Time As a Public Health Control
- REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**  
 21. Food and Food Preparation for HSP
- CONSUMER ADVISORY**  
 22. Posting of Consumer Advisories

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

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

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

0

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

DATE OF RE-INSPECTION: 2/28/18

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Robin Donaghy</u>	Print: <u>Robin Donaghy</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF Chelmsford

Establishment Name: South Row School Date: 12/10/18 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified												
27	FC-6		The kitchen ceiling tiles are still not in compliance from the last inspection.	12/10												
27	FC-6		The kitchen roof is still leaking water which means the roof still has not been repaired.													
			The self services utensils are not in compliance with the local BOH by-laws. All self services utensils must be wrapped or be placed inside of mounted display containers.													
			The above violations must be in compliance by 2-28-19.													
			If the roof does not get fixed and on a rainy day the kitchen ceiling is leaking water, the kitchen will be shut down by the BOH.													
Discussion With Person in Charge:			I will keep a copy of the self services ROH by law to the food service director.													
Corrective Action Required: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Voluntary Compliance</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> Re-inspection Scheduled</td> <td><input type="checkbox"/> Employee Restriction / Exclusion</td> <td><input type="checkbox"/> Emergency Suspension</td> </tr> <tr> <td><input type="checkbox"/> Embargo</td> <td><input type="checkbox"/> Emergency Closure</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Voluntary Disposal</td> <td><input type="checkbox"/> Other:</td> <td></td> </tr> </table>					<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> Emergency Suspension	<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure		<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:	
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> No	<input type="checkbox"/> Yes														
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> Emergency Suspension														
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure															
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:															



TOWN OR CITY OF Chelmsford

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>South Row School</u>	Date <u>5/6/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>Boston Rd</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner <u>Town of Chelmsford</u>	Time In: <u>11:45</u> Out: <u>12:30</u>		
Person in Charge (PIC) <u>Robin Donoghue</u>			
Inspector <u>Mark Masiello</u>			

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

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

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

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

- 1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

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

**PROTECTION FROM CONTAMINATION**

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

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

**PROTECTION FROM CHEMICALS**

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

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

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling 143° 144
- 19. Hot and Cold Holding -10° 40° 28° 32° 43
- 20. Time As a Public Health Control

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

- 21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

0

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

**DATE OF RE-INSPECTION:**

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Robin Donoghue</u>	Print: <u>Robin Donoghue</u>	Page <u>1</u> of <u>1</u> Pages

Establishment Name: Town or City of Chelmsford  
South Row School Date: 5/6/19 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
			Hot food temps OK	
			Refrigeration temps OK	
			dry storage OK	
			handwash station OK	
			sanitizer station OK	
			No sign of any rodents	
			mess sheets OK	
			good employee hygienic practices	
			food and beverage are from an approved source.	
			① The kitchen ceiling is still not in compliance by the Facility Department from last year.	
			② The Recycle Dumpster is still not in compliance by the Facility Department from last year.	
			③ The Allergen Awareness (certification is not in compliance. The Allergen Certification must be in compliance by the start of the 2019-2020 school year	
Discussion With Person in Charge:				
Corrective Action Required:			<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
<input type="checkbox"/> Voluntary Compliance			<input type="checkbox"/> Employee Restriction / Exclusion	
<input type="checkbox"/> Re-inspection Scheduled			<input type="checkbox"/> Emergency Suspension	
<input type="checkbox"/> Embargo			<input type="checkbox"/> Emergency Closure	
<input type="checkbox"/> Voluntary Disposal			<input type="checkbox"/> Other	