

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Name AVERY SCHOOL	Date 10/18/2018	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 checked="" type="checkbox"/> Re-inspection Previous Inspection Date: 10/04/2018 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other: _____
Address 366 HIGH ST	Risk Level		
Telephone (781) 326-7872			
Owner	HACCP Y/N	Permit No. 087	
Person-in-Charge (PIC) MARY WATSON	Time In: 10:36 Out: 10:52		
Inspector LEONTIA FLANAGAN			

Each violation checked required 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) ☐
Local Law ☐
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

CONSUMER ADVISORY

☐ 22. Posting or 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
		24. Food and Food Protection
	✓	25. Equipment and Utensils
	✓	26. Water, Plumbing and Waste
		27. Physical Facility
		28. Poisonous or Toxic Materials
		29. Special Requirements
		30. Other

(FC-2)(590.003)
(FC-3)(590.004)
(FC-4)(590.005)
(FC-5)(590.006)
(FC-6)(590.007)
(FC-7)(590.008)
(590.009)

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: 11/01/2018

Inspector's Signature: <i>Leontia Flanagan</i>	Print: LEONTIA FLANAGAN	Page 1 of 2
PIC's Signature: <i>Mary Watson</i>	Print: MARY WATSON	

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Establishment Name: AVERY SCHOOL

Date: 10/18/2018

[illegible]

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Name AVERY SCHOOL	Date 11/01/2018	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 checked="" type="checkbox"/> Re-inspection Previous Inspection Date: 10/18/2018 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other: _____
Address 366 HIGH ST	Risk Level	Permit No. 087	
Telephone (781) 326-7872			
Owner	HACCP Y/N		
Person-in-Charge (PIC) MARY WHYNOT	Time In: 10:03 Out: 10:28		
Inspector LEONTIA FLANAGAN			

Each violation checked required 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) ☐
Local Law ☐
Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

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☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

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TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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CONSUMER ADVISORY

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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: TBD

Inspector's Signature: <i>Leontia Flanagan</i>	Print: LEONTIA FLANAGAN	Page 1 of 2
PIC's Signature: <i>Mary Whynot</i>	Print: MARY WHYNOT	

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Establishment Name: AVERY SCHOOL

Date: 11/01/2018

Item No.	Code Reference	Department	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
26	590.006	Food Service	FC-5, toilet not flushing properly	11/01/2018
25	4-501.11	Food Service	Good Repair and Proper Adjustment, water not working at garbage disposal	
26	590.006	Food Service	FC-5, hand washing sink in bathroom mens	
Discussion With Person In Charge:			Corrective Action Required:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Contact the BOH when repaired			<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other

Town of Dedham

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Board of Health

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Name AVERY SCHOOL	Date 06/04/2019	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 366 HIGH ST	Risk Level	Permit No. 087	
Telephone (781) 326-7872			
Owner	HACCP Y/N		
Person-in-Charge (PIC) MARY WHYNOT	Time In: 09:24 Out: 09:44		
Inspector KRISTIN MCMILLAN			

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

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Non-compliance with:

Anti-Choking

590.009 (E) ☐

Tobacco

590.009 (F) ☐

Local Law

590.009 (G) ☐

Allergen Awareness

FOOD PROTECTION MANAGEMENT

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CONSUMER ADVISORY

☐ 22. Posting or Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

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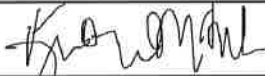
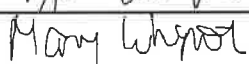
C	N	
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		30. Other

(FC-2)(590.003)
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DATE OF RE-INSPECTION: 06/18/2019

Inspector's Signature: 	Print: KRISTIN MCMILLAN	Page 1 of 2
PIC's Signature: 	Print: MARY WHYNOT	

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Establishment Name: AVERY SCHOOL

Date: 06/04/2019

[illegible]

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

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Name AVERY SCHOOL	Date 06/18/2019	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 checked="" type="checkbox"/> Re-inspection Previous Inspection Date: 06/04/2019 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other: _____
Address 366 HIGH ST	Risk Level		
Telephone (781) 326-7872			
Owner	HACCP Y/N		
Person-in-Charge (PIC) MARY WHYNOT	Time In: 09:35 Out: 09:36		
Inspector KRISTIN MCMILLAN		Permit No. 087	

Each violation checked required 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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Anti-Choking

590.009 (E) ☐

Non-compliance with:

Tobacco

590.009 (F) ☐

Local Law ☐

Allergen Awareness

590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

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TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

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REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting or 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

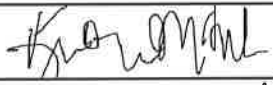
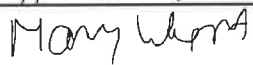
☐ 23. Management and Personnel
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☐ 25. Equipment and Utensils
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☒ 27. Physical Facility
☐ 28. Poisonous or Toxic Materials
☐ 29. Special Requirements
☒ 30. Other

(FC-2)(590.003)
(FC-3)(590.004)
(FC-4)(590.005)
(FC-5)(590.006)
(FC-6)(590.007)
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(590.009)

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DATE OF RE-INSPECTION: N/A

Inspector's Signature: 	Print: KRISTIN MCMILLAN	Page 1 of 2
PIC's Signature: 	Print: MARY WHYNOT	

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Establishment Name: AVERY SCHOOL

Date: 06/18/2019

[illegible]

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Name DEDHAM COUNTRY DAY SCHOOL	Date 11/28/2018	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 90 SANDY VALLEY RD	Risk Level	Permit No. 113	
Telephone (781) 329-0850			
Owner DEDHAM COUNTRY DAY SCHOOL	HACCP Y/N		
Person-in-Charge (PIC) JACK O'DONNELL	Time In: 10:19 Out: 10:43		
Inspector LEONTIA FLANAGAN			

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Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
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Non-compliance with:

Anti-Choking

Tobacco

590.009 (E)

☐ 590.009 (F)

Local Law

Allergen Awareness

590.009 (G)

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

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REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

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CONSUMER ADVISORY

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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 type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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DATE OF RE-INSPECTION: N/A

Inspector's Signature: <i>Leontia Flanagan</i>	Print: LEONTIA FLANAGAN	Page 1 of 2
PIC's Signature: <i>Jack O'Donnell</i>	Print: JACK O'DONNELL	

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. (781) 751-9220 Fax. (781) 751-9229

Date: 11/28/2018

[illegible]

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Name DEDHAM COUNTRY DAY SCHOOL	Date 06/12/2019	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 90 SANDY VALLEY RD	Risk Level	Permit No. 113	
Telephone (781) 329-0850			
Owner DEDHAM COUNTRY DAY SCHOOL	HACCP Y/N		
Person-in-Charge (PIC) PHIL HOLDEN	Time In: 09:28		
Inspector KRISTIN MCMILLAN	Out: 09:32		

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Violations Related to Good Retail Practices (Blue Items)

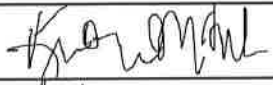

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
<input 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 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):

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: N/A

Inspector's Signature: 	Print: KRISTIN MCMILLAN	Page 1 of 2
PIC's Signature: 	Print: PHIL HOLDEN	

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Establishment Name: DEDHAM COUNTRY DAY SCHOOL

Date: 06/12/2019

[illegible]

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Name DEDHAM HIGH SCHOOL	Date 10/22/2018	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 140 WHITING AV	Risk Level	Permit No. 129	
Telephone (781) 326-4773			
Owner JEANNE JOHNSON	HACCP Y/N		
Person-in-Charge (PIC) CAITLIN FAHY	Time In: 09:16		
Inspector KRISTIN MCMILLAN	Out: 09:48		

Each violation checked required 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) ☐

Local Law ☐

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

CONSUMER ADVISORY

☐ 22. Posting or 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: 11/05/2018

Inspector's Signature: 	Print: KRISTIN MCMILLAN	Page 1 of 2
PIC's Signature: 	Print: CAITLIN FAHY	

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Establishment Name: DEDHAM HIGH SCHOOL

Date: 10/22/2018

[illegible]

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Name DEDHAM HIGH SCHOOL	Date 11/09/2018	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 checked="" type="checkbox"/> Re-inspection Previous Inspection Date: 10/22/2018 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other: _____
Address 140 WHITING AV	Risk Level	Permit No. 129	
Telephone (781) 326-4773			
Owner JEANNE JOHNSON	HACCP Y/N		
Person-in-Charge (PIC) CAITLIN FAHY	Time In: 10:15 Out: 10:37		
Inspector KRISTIN MCMILLAN			

Each violation checked required 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) ☐
Local Law ☐
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

CONSUMER ADVISORY

☐ 22. Posting or Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

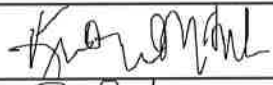

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

Inspector's Signature: 	Print: KRISTIN MCMILLAN	Page 1 of 2
PIC's Signature: 	Print: CAITLIN FAHY	

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Establishment Name: DEDHAM HIGH SCHOOL

Date: 11/09/2018

[illegible]

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Name DEDHAM HIGH SCHOOL	Date 05/14/2019	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 140 WHITING AV	Risk Level	Permit No. 129	
Telephone (781) 326-4773			
Owner JEANNE JOHNSON	HACCP Y/N		
Person-in-Charge (PIC) CAITLIN FAHY	Time In: 09:36 Out: 10:11		
Inspector LEONTIA FLANAGAN			

Each violation checked required 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) ☐
Local Law ☐
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

CONSUMER ADVISORY

☐ 22. Posting or 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: 05/28/2019

Inspector's Signature: <i>Leontia Flanagan</i>	Print: LEONTIA FLANAGAN	Page 1 of 2
PIC's Signature: <i>C Fahy</i>	Print: CAITLIN FAHY	

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Establishment Name: DEDHAM HIGH SCHOOL

Date: 05/14/2019

[illegible]

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Name DEDHAM HIGH SCHOOL	Date 06/12/2019	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 checked="" type="checkbox"/> Re-inspection Previous Inspection Date: 05/14/2019 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other: _____
Address 140 WHITING AV	Risk Level	Permit No. 129	
Telephone (781) 326-4773			
Owner JEANNE JOHNSON	HACCP Y/N		
Person-in-Charge (PIC) KAMARA GOSS	Time In: 10:13 Out: 10:33		
Inspector KRISTIN MCMILLAN			

Each violation checked required 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) ☐

Local Law

590.009 (G) ☐

Allergen Awareness

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving / Condition

☐ 6. Tags / Records / Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation / Segregation / Protection

☒ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting or Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

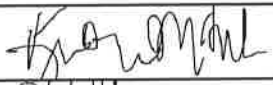

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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: 06/26/2019

Inspector's Signature: 	Print: KRISTIN MCMILLAN	Page 1 of 2
PIC's Signature: 	Print: KAMARA GOSS	

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. (781) 751-9220 Fax. (781) 751-9229

Date: 06/12/2019

Item No.	Code Reference	Department	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
27	6-501.11	Food Service	Repairing, Repair or replace gasket	
27	6-501.12	Food Service	Cleaning, Frequency and Restrictions, Clean gaskets in deli station	
9	4-702.11	Food Service	Frequency of Sanitization of Utensils and Food Contact Surfaces of Equipment, Sanitizer needs to be placed in deli station	
27	6-201.11	Food Service	Floors, Walls, and Ceilings - cleanability, Clean walls in salad area	
27	6-501.11	Food Service	Repairing, Food service storage area floor needs to be epoxied	
27	6-501.11	Food Service	Repairing, Freezer 4 door sweep	
25	4-501.11	Food Service	Good Repair and Proper Adjustment, Fill thresh hold to freezer #1	
27	6-501.11	Food Service	Repairing, Repair or replace gaskets for kitchen freezer	
Discussion With Person In Charge:			Corrective Action Required:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Remove grease build up and food in drains			<input type="checkbox"/> Voluntary Compliance <input checked="" type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Name DEDHAM HIGH SCHOOL	Date 06/18/2019	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 checked="" type="checkbox"/> Re-inspection Previous Inspection Date: 06/12/2019 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other: _____
Address 140 WHITING AV	Risk Level	Permit No. 129	
Telephone (781) 326-4773			
Owner JEANNE JOHNSON	HACCP Y/N		
Person-in-Charge (PIC) CAITLIN FAHY	Time In: 12:47		
Inspector KRISTIN MCMILLAN	Time Out: 12:48		

Each violation checked required 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)

Local Law

590.009 (G)

Allergen Awareness

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving / Condition

☐ 6. Tags / Records / Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation / Segregation / Protection

☒ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting or Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

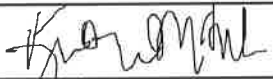

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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: N/A

Inspector's Signature: 	Print: KRISTIN MCMILLAN	Page 1 of 2
PIC's Signature: 	Print: CAITLIN FAHY	

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. (781) 751-9220 Fax. (781) 751-9229

Date: 06/18/2019

Item No.	Code Reference	Department	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
27	6-501.11	Food Service	Repairing, Repair or replace gasket	06/18/2019
27	6-501.12	Food Service	Cleaning, Frequency and Restrictions, Clean gaskets in deli station	06/18/2019
9	4-702.11	Food Service	Frequency of Sanitization of Utensils and Food Contact Surfaces of Equipment, Sanitizer needs to be placed in deli station	06/18/2019
27	6-201.11	Food Service	Floors, Walls, and Ceilings - cleanability, Clean walls in salad area	06/18/2019
27	6-501.11	Food Service	Repairing, Food service storage area floor needs to be epoxied	06/18/2019
27	6-501.11	Food Service	Repairing, Freezer 4 door sweep	06/18/2019
25	4-501.11	Food Service	Good Repair and Proper Adjustment, Fill thresh hold to freezer #1	06/18/2019
27	6-501.11	Food Service	Repairing, Repair or replace gaskets for kitchen freezer	06/18/2019
Discussion With Person In Charge:			Corrective Action Required:	<input checked="checked" type="checkbox"/> No <input type="checkbox"/> Yes
Plan for floor Hallway in front of freezers this summer Next summer back storage area			<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Name DEDHAM HIGH SCHOOL	Date 06/20/2019	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 checked="" type="checkbox"/> Re-inspection Previous Inspection Date: 06/12/2019 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other: _____
Address 140 WHITING AV	Risk Level	Permit No. 129	
Telephone (781) 326-4773			
Owner JEANNE JOHNSON	HACCP Y/N		
Person-in-Charge (PIC) CAITLIN FAHY	Time In: 12:47 Out: 09:39		
Inspector KRISTIN MCMILLAN			

Each violation checked required 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) ☐

Local Law ☐

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

CONSUMER ADVISORY

☐ 22. Posting or Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

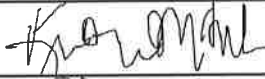

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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: N/A

Inspector's Signature: 	Print: KRISTIN MCMILLAN	Page 1 of 2
PIC's Signature: 	Print: CAITLIN FAHY	

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. (781) 751-9220 Fax. (781) 751-9229

Date: 06/20/2019

Item No.	Code Reference	Department	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
27	6-501.11	Food Service	Repairing, Repair or replace gasket	06/20/2019
27	6-501.12	Food Service	Cleaning, Frequency and Restrictions, Clean gaskets in deli station	06/20/2019
9	4-702.11	Food Service	Frequency of Sanitization of Utensils and Food Contact Surfaces of Equipment, Sanitizer needs to be placed in deli station	06/20/2019
27	6-201.11	Food Service	Floors, Walls, and Ceilings - cleanability, Clean walls in salad area	06/20/2019
27	6-501.11	Food Service	Repairing, Food service storage area floor needs to be epoxied	06/20/2019
27	6-501.11	Food Service	Repairing, Freezer 4 door sweep	06/20/2019
25	4-501.11	Food Service	Good Repair and Proper Adjustment, Fill thresh hold to freezer #1	06/20/2019
27	6-501.11	Food Service	Repairing, Repair or replace gaskets for kitchen freezer	06/20/2019
Discussion With Person In Charge:			Corrective Action Required:	<input checked="checked" type="checkbox"/> No <input type="checkbox"/> Yes
None			<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Name DEDHAM MIDDLE SCHOOL	Date 10/29/2019	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 checked="" type="checkbox"/> Re-inspection Previous Inspection Date: 10/03/2019 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other: _____
Address 70 WHITING AV	Risk Level		
Telephone (781) 326-1339			
Owner JEANNE JOHNSON	HACCP Y/N		
Person-in-Charge (PIC) CHERYL CUDDY	Time In: 08:57	Permit No. 014	
Inspector KRISTIN MCMILLAN	Out: 10:20		

Each violation checked required 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)

Local Law

590.009 (G)

Allergen Awareness

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving / Condition

☐ 6. Tags / Records / Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation / Segregation / Protection

☒ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting or 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.

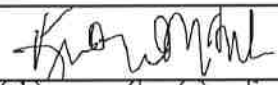

C	N	
		23. Management and Personnel
	✓	24. Food and Food Protection
	✓	25. Equipment and Utensils
		26. Water, Plumbing and Waste
	✓	27. Physical Facility
		28. Poisonous or Toxic Materials
		29. Special Requirements
		30. Other

(FC-2)(590.003)
(FC-3)(590.004)
(FC-4)(590.005)
(FC-5)(590.006)
(FC-6)(590.007)
(FC-7)(590.008)
(590.009)

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: N/A

Inspector's Signature: 	Print: KRISTIN MCMILLAN	Page 1 of 2
PIC's Signature: 	Print: CHERYL CUDDY	

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Establishment Name: DEDHAM MIDDLE SCHOOL

Date: 10/29/2019

[illegible]

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Name DEDHAM MIDDLE SCHOOL	Date 05/15/2019	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 70 WHITING AV	Risk Level	Permit No. 014	
Telephone (781) 326-1339			
Owner JEANNE JOHNSON	HACCP Y/N		
Person-in-Charge (PIC) CHERYL CUDDY	Time In: 09:17 Out: 09:46		
Inspector LEONTIA FLANAGAN			

Each violation checked required 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.

Anti-Choking

590.009 (E)

Non-compliance with:

Tobacco

590.009 (F)

Local Law

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

CONSUMER ADVISORY

☐ 22. Posting or 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
☐ 24. Food and Food Protection
☐ 25. Equipment and Utensils
☐ 26. Water, Plumbing and Waste
☒ 27. Physical Facility
☐ 28. Poisonous or Toxic Materials
☐ 29. Special Requirements
☐ 30. Other

(FC-2)(590.003)
(FC-3)(590.004)
(FC-4)(590.005)
(FC-5)(590.006)
(FC-6)(590.007)
(FC-7)(590.008)
(590.009)

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: 05/29/2019

Inspector's Signature: <i>Leontia Flanagan</i>	Print: LEONTIA FLANAGAN	Page 1 of 2
PIC's Signature: <i>Cheryl Cuddy</i>	Print: CHERYL CUDDY	

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. (781) 751-9220 Fax. (781) 751-9229

Date: 05/15/2019

[illegible]



FOOD ESTABLISHMENT INSPECTION REPORT

Tel. (781) 751-9220 Fax. (781) 751-9229

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

590.009 (G)

DATE OF RE-INSPECTION: N/A

Inspector's Signature: 	Print: KRISTIN MCMILLAN	Page 1 of 2
PIC's Signature: 	Print: CHERYL CUDDY	

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Establishment Name: DEDHAM MIDDLE SCHOOL

Date: 09/06/2019

[illegible]

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Name DEDHAM MIDDLE SCHOOL	Date 10/03/2019	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 70 WHITING AV	Risk Level	Permit No. 014	
Telephone (781) 326-1339			
Owner JEANNE JOHNSON	HACCP Y/N		
Person-in-Charge (PIC) CHERLY CUDDY	Time In: 12:56 Out: 13:31		
Inspector KRISTIN MCMILLAN			

Each violation checked required 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)

Local Law

590.009 (G)

Allergen Awareness

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving / Condition

☐ 6. Tags / Records / Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation / Segregation / Protection

☒ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting or Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

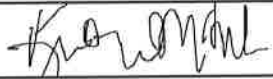
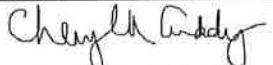
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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: 010/17/2019

Inspector's Signature: 	Print: KRISTIN MCMILLAN	Page 1 of 2
PIC's Signature: 	Print: CHERLY CUDDY	

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Establishment Name: DEDHAM MIDDLE SCHOOL

Date: 10/03/2019

Item No.	Code Reference	Department	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
24	590.004	Food Service	FC-3, Food on floor walk in from delivery	
9	4-202.11	Food Service	Equipment and Utensils, Towels in front cooler because of condensation	
25	4-501.11	Food Service	Good Repair and Proper Adjustment, Dripping water by cooler	
27	6-501.11	Food Service	Controlling Pests, Need to see current pest control report	
Discussion With Person In Charge:			Corrective Action Required:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Need to see current pest control			<input type="checkbox"/> Voluntary Compliance <input checked="" type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Name EARLY CHILDHOOD EDUCATION CENTER	Date 02/20/2019	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 checked="" type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other: _____
Address 322 SPRAGUE ST	Risk Level	Permit No. 164	
Telephone (781) 310-8000			
Owner DEDHAM PUBLIC SCHOOLS	HACCP Y/N		
Person-in-Charge (PIC) JEANNE JOHNSON	Time In: 13:51		
Inspector LEONTIA FLANAGAN	Time Out: 14:25		

Each violation checked required 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.

Anti-Choking

590.009 (E) ☐

Non-compliance with:

Tobacco

590.009 (F) ☐

Local Law ☐

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

CONSUMER ADVISORY

☐ 22. Posting or 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 type="checkbox"/> | 23. Management and Personnel |
| <input type="checkbox"/> | 24. Food and Food Protection |
| <input type="checkbox"/> | 25. Equipment and Utensils |
| <input type="checkbox"/> | 26. Water, Plumbing and Waste |
| <input type="checkbox"/> | 27. Physical Facility |
| <input type="checkbox"/> | 28. Poisonous or Toxic Materials |
| <input type="checkbox"/> | 29. Special Requirements |
| <input type="checkbox"/> | 30. Other |

(FC-2)(590.003)

(FC-3)(590.004)

(FC-4)(590.005)

(FC-5)(590.006)

(FC-6)(590.007)

(FC-7)(590.008)

(590.009)

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: N/A

Inspector's Signature: <i>Leontia Flanagan</i>	Print: LEONTIA FLANAGAN	Page 1 of 2
PIC's Signature: <i>Jeanne Johnson</i>	Print: JEANNE JOHNSON	

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. (781) 751-9220 Fax. (781) 751-9229

Date: 02/20/2019

[illegible]

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Name EARLY CHILDHOOD EDUCATION CENTER	Date 02/22/2019	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 322 SPRAGUE ST	Risk Level	Permit No. 164	
Telephone (781) 310-8000			
Owner DEDHAM PUBLIC SCHOOLS	HACCP Y/N		
Person-in-Charge (PIC) JEANNE JOHNSON	Time In: 10:14 Out: 10:15		
Inspector LEONTIA FLANAGAN			

Each violation checked required 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)

Local Law

590.009 (G)

Allergen Awareness

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving / Condition

☐ 6. Tags / Records / Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation / Segregation / Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting or 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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	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: 02/26/2019

Inspector's Signature: <i>Leontia Flanagan</i>	Print: LEONTIA FLANAGAN	Page 1 of 2
PIC's Signature: <i>Jeanne Johnson</i>	Print: JEANNE JOHNSON	

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Establishment Name: EARLY CHILDHOOD EDUCATION CENTER

Date: 02/22/2019

[illegible]

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Name EARLY CHILDHOOD EDUCATION CENTER	Date 06/06/2019	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 1100 HIGH ST	Risk Level	Permit No. 164	
Telephone (781) 310-8000			
Owner DEDHAM PUBLIC SCHOOLS	HACCP Y/N		
Person-in-Charge (PIC) DANIELLE MATTHEWS	Time In: 07:54 Out: 08:10		
Inspector JESSICA GARDNER			

Each violation checked required 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)

Local Law

590.009 (G)

Allergen Awareness

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving / Condition

☐ 6. Tags / Records / Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation / Segregation / Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting or Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

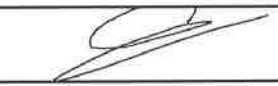

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

Inspector's Signature: 	Print: JESSICA GARDNER	Page 1 of 2
PIC's Signature: 	Print: DANIELLE MATTHEWS	

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Establishment Name: EARLY CHILDHOOD EDUCATION CENTER **Date:** 06/06/2019

[illegible]

Discussion With Person In Charge:

Corrective Action Required:

☒ No ☐ Yes

Permits posted. Sanitizer Quat at appropriate level do have sanitizer strips. Handwash sinks hot water soap drying provisions and signage. Fridge/freezer units have thermometers at temp. Gloves available onsite. Very clean organized. Temperature logs available and stem probe thermometer available. Hood vent doesnt have sticker? Please ensure sticker is put on unit(new).

☐ Voluntary Compliance

☐ Re-inspection Scheduled

☐ Embargo

☐ Voluntary Disposal

Employee Restriction / Exclusion

☐ Emergency Suspension

☐ Emergency Closure

☐ Other

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Name NOBLE AND GREENOUGH SCHOOL	Date 11/06/2018	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 10 CAMPUS DR	Risk Level	Permit No. 224	
Telephone (781) 326-3700			
Owner FLIK INDEPENDENT SCHOOLS BY CHARTWELLS	HACCP Y/N		
Person-in-Charge (PIC) MATTHEW BUREK	Time In: 10:21 Out: 11:10		
Inspector JESSICA GARDNER			

Each violation checked required 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.

Anti-Choking

590.009 (E) ☐

Non-compliance with:

Tobacco

590.009 (F) ☐

Local Law

590.009 (G) ☐

Allergen Awareness

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving / Condition

☐ 6. Tags / Records / Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation / Segregation / Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting or 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 type="checkbox"/>	<input type="checkbox"/>	23. Management and Personnel
<input type="checkbox"/>	<input type="checkbox"/>	24. Food and Food Protection
<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Equipment and Utensils
<input type="checkbox"/>	<input type="checkbox"/>	26. Water, Plumbing and Waste
<input type="checkbox"/>	<input type="checkbox"/>	27. Physical Facility
<input type="checkbox"/>	<input type="checkbox"/>	28. Poisonous or Toxic Materials
<input type="checkbox"/>	<input type="checkbox"/>	29. Special Requirements
<input type="checkbox"/>	<input type="checkbox"/>	30. Other

(FC-2)(590.003)

(FC-3)(590.004)

(FC-4)(590.005)

(FC-5)(590.006)

(FC-6)(590.007)



(FC-7)(590.008)

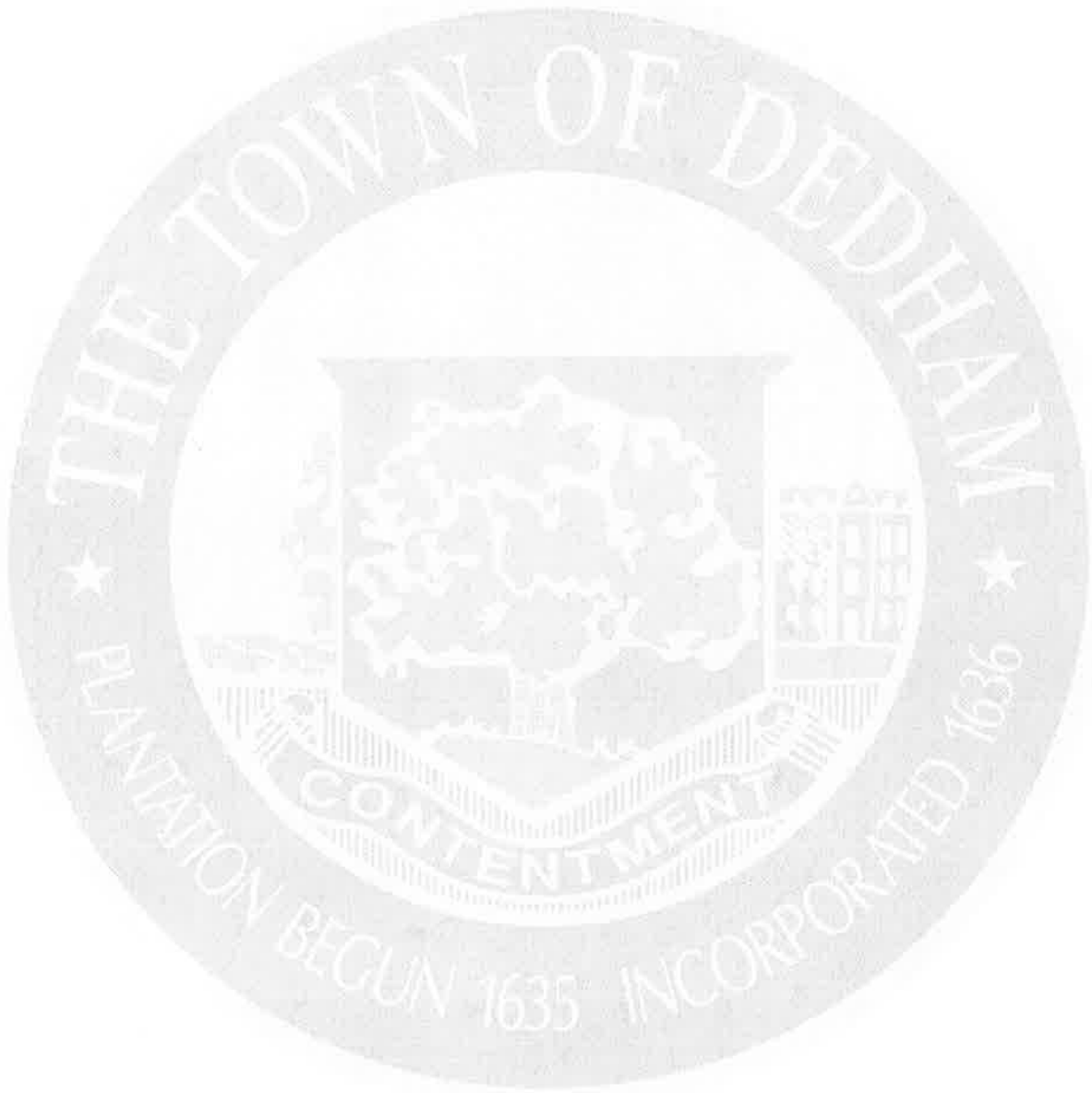
(590.009)

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: 11/20/2018

Inspector's Signature: 	Print: JESSICA GARDNER	Page 1 of 2
PIC's Signature: 	Print: MATTHEW BUREK	



Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Establishment Name: NOBLE AND GREENOUGH SCHOOL

Date: 11/06/2018

[illegible]

Permit posted. Food protection managers, allergy awareness, antichoke UTD. High temp dishwasher wash and rinse temp appropriate. Sanitizer Quat good level. Hand wash temp 110 or higher with soap and drying provisions. All chemicals labeled and stored properly. Observed employees wearing gloves and handling food appropriately. Fridge and freezer temperatures at temp. Food stored off the ground covered and labeled. Hood vents serviced Sept. 2018. Will send most recent grease trap service to email jetracy@dedham-ma.gov . Pest control logs no issues. Facility maintained in an organized and clean manner.

☐ Voluntary Compliance

☐ Employee Restriction / Exclusion

☒ Re-inspection Scheduled

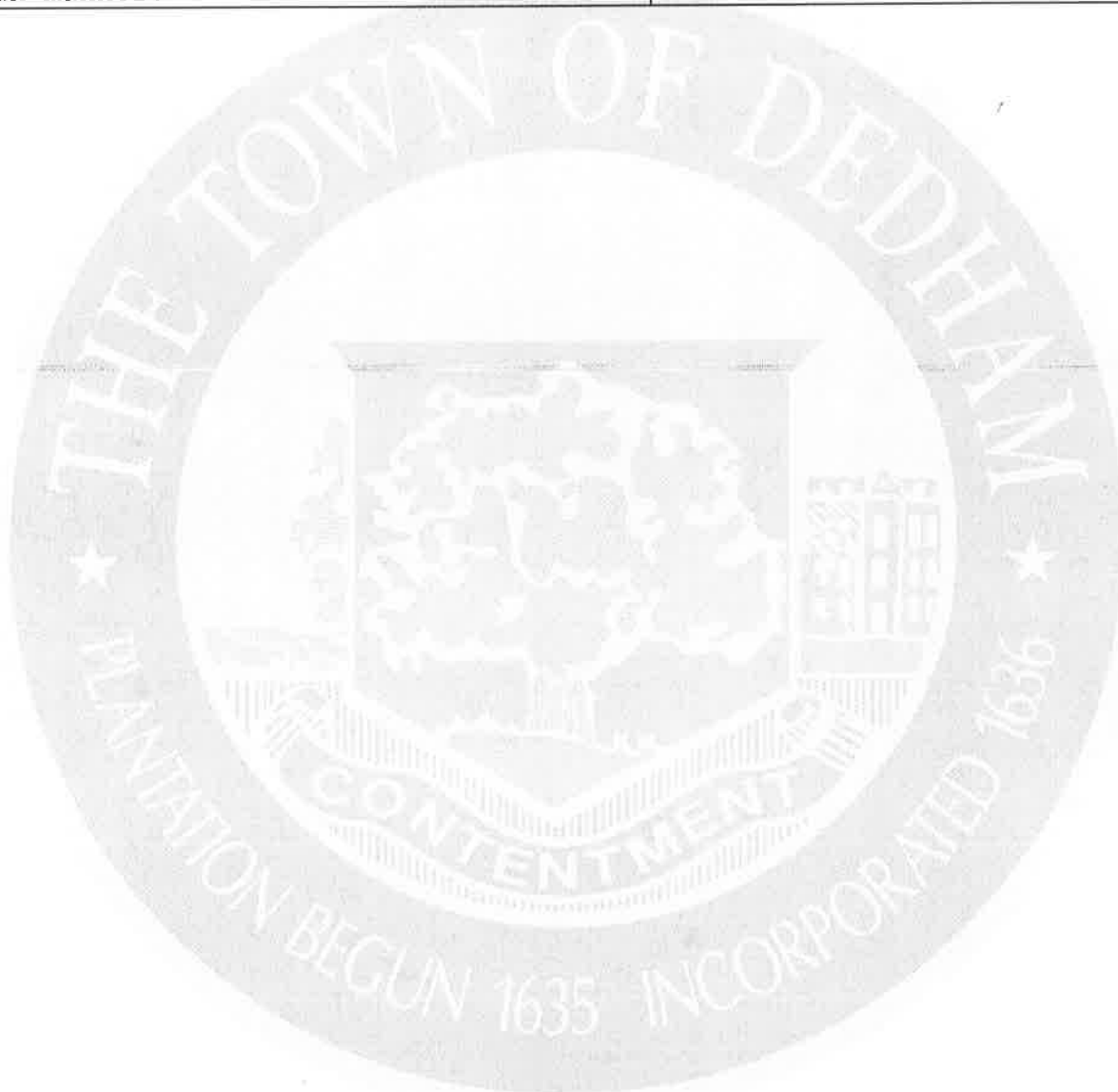
☐ Emergency Suspension

☐ Embargo

☐ Emergency Closure

☐ Voluntary Disposal

☐ Other



Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Name NOBLE AND GREENOUGH SCHOOL	Date 07/29/2019	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 checked="" type="checkbox"/> Re-inspection Previous Inspection Date: 06/06/2019 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other: _____
Address 10 CAMPUS DR	Risk Level	Permit No. 224	
Telephone (781) 326-3700			
Owner FLIK INDEPENDENT SCHOOLS BY CHARTWELLS	HACCP Y/N		
Person-in-Charge (PIC) JT	Time In: 15:01 Out: 15:01		
Inspector JESSICA GARDNER			

Each violation checked required 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.

Anti-Choking

590.009 (E)

Non-compliance with:

Tobacco

590.009 (F)

Local Law

590.009 (G)

Allergen Awareness

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted / Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving / Condition

☐ 6. Tags / Records / Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation / Segregation / Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting or 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
		24. Food and Food Protection
		25. Equipment and Utensils
		26. Water, Plumbing and Waste
	✓	27. Physical Facility
		28. Poisonous or Toxic Materials
		29. Special Requirements
		30. Other

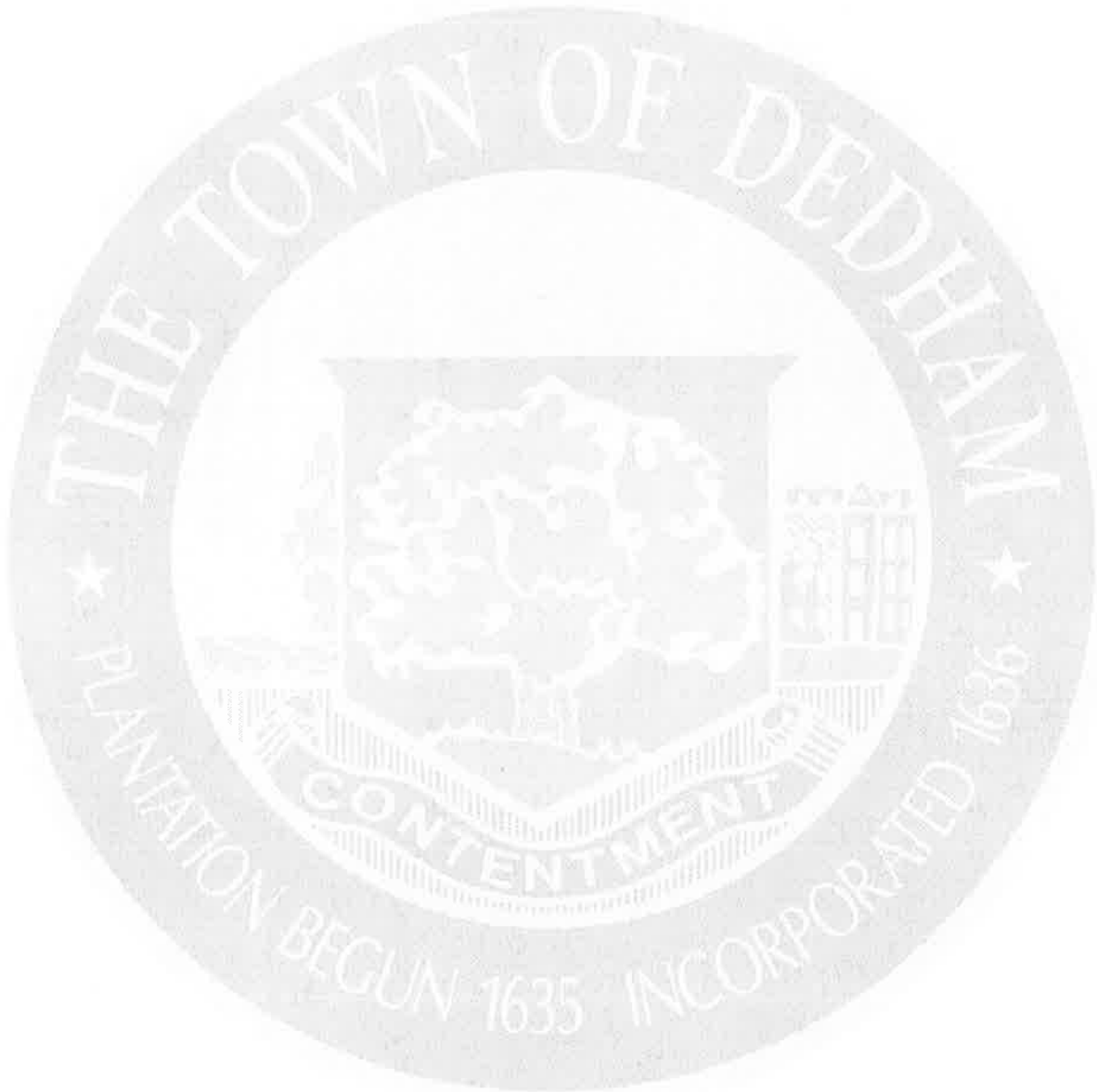
(FC-2)(590.003)
(FC-3)(590.004)
(FC-4)(590.005)
(FC-5)(590.006)
(FC-6)(590.007)
(FC-7)(590.008)
(590.009)

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: N/A

Inspector's Signature: 	Print: JESSICA GARDNER	Page 1 of 2
PIC's Signature: 	Print: JT	



Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Establishment Name: NOBLE AND GREENOUGH SCHOOL

Date: 07/29/2019

[illegible]

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Name RASHI SCHOOL INC.	Date 10/11/2019	Type of Operation(s) <input type="checkbox"/> Food Service <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other: _____
Address 8000 GREAT MEADOW RD	Risk Level	Permit No. 228	
Telephone (781) 355-7300			
Owner BOSTON AREA REFORM JEWISH INDEPENDENT SCHOOL	HACCP Y/N		
Person-in-Charge (PIC) BRUCE BOYD	Time In: 09:39 Out: 09:53		
Inspector KRISTIN MCMILLAN			

Each violation checked required 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) ☐
Local Law ☐
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

CONSUMER ADVISORY

☐ 22. Posting or 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.

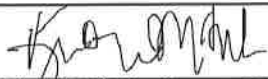

C	T	N

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: N/A

Inspector's Signature: 	Print: KRISTIN MCMILLAN	Page 1 of 2
PIC's Signature: 	Print: BRUCE BOYD	



Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Establishment Name: RASHI SCHOOL INC.

Date: 10/11/2019

[illegible]

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Name URSULINE ACADEMY	Date 10/26/2018	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 Permit No. 108	Type of Inspection <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Re-inspection Previous Inspection Date: 09/14/2018 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other: _____
Address 85 LOWDER ST	Risk Level		
Telephone (781) 326-6161			
Owner URSULINE ACADEMY	HACCP Y/N		
Person-in-Charge (PIC) ANDREA MATTHEWS	Time In: 10:04 Out: 10:33		
Inspector KRISTIN MCMILLAN			

Each violation checked required 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)

Local Law

590.009 (G)

Allergen Awareness

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

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PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

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TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting or 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

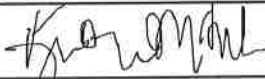

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|-------------------------------------|----------------------------------|
| <input type="checkbox"/> | 23. Management and Personnel |
| <input type="checkbox"/> | 24. Food and Food Protection |
| <input type="checkbox"/> | 25. Equipment and Utensils |
| <input type="checkbox"/> | 26. Water, Plumbing and Waste |
| <input checked="" type="checkbox"/> | 27. Physical Facility |
| <input type="checkbox"/> | 28. Poisonous or Toxic Materials |
| <input type="checkbox"/> | 29. Special Requirements |
| <input type="checkbox"/> | 30. Other |

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 (FC-3)(590.004)
 (FC-4)(590.005)
 (FC-5)(590.006)
 (FC-6)(590.007)
 (FC-7)(590.008)
 (590.009)

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: %%NEXT_DATE%%

Inspector's Signature: 	Print: KRISTIN MCMILLAN	Page 1 of 2
PIC's Signature: 	Print: ANDREA MATTHEWS	

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Establishment Name: URSULINE ACADEMY

Date: 10/26/2018

[illegible]

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Name URSULINE ACADEMY	Date 11/07/2018	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 checked="" type="checkbox"/> Re-inspection Previous Inspection Date: 10/26/2018 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other: _____
Address 85 LOWDER ST	Risk Level	Permit No. 108	
Telephone (781) 326-6161			
Owner URSULINE ACADEMY	HACCP Y/N		
Person-in-Charge (PIC) ANDREA MATTHEWS	Time In: 09:00 Out: 09:00		
Inspector KRISTIN MCMILLAN			

Each violation checked required 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)

Local Law

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

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REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting or Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

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C N

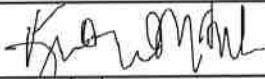

☐ 23. Management and Personnel
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☐ 25. Equipment and Utensils
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DATE OF RE-INSPECTION: 11/21/2018

Inspector's Signature: 	Print: KRISTIN MCMILLAN	Page 1 of 2
PIC's Signature: 	Print: ANDREA MATTHEWS	

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Establishment Name: URSULINE ACADEMY

Date: 11/07/2018

[illegible]

Town of Dedham

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health

Tel. (781) 751-9220 Fax. (781) 751-9229

Name URSULINE ACADEMY	Date 05/22/2019	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 checked="" type="checkbox"/> Re-inspection Previous Inspection Date: 04/25/2019 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other: _____
Address 85 LOWDER ST	Risk Level	Permit No. 108	
Telephone (781) 326-6161			
Owner URSULINE ACADEMY	HACCP Y/N		
Person-in-Charge (PIC) A. M.	Time In: 10:08 Out: 10:08		
Inspector JESSICA GARDNER			

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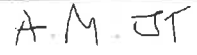
C	N	
<input type="checkbox"/>	<input type="checkbox"/>	23. Management and Personnel
<input type="checkbox"/>	<input type="checkbox"/>	24. Food and Food Protection
<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Equipment and Utensils
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DATE OF RE-INSPECTION: N/A

Inspector's Signature: 	Print: JESSICA GARDNER	Page 1 of 2
PIC's Signature: 	Print: A. M.	

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. (781) 751-9220 Fax. (781) 751-9229

Date: 05/22/2019

Item No.	Code Reference	Department	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
27	6-501.14	Food Service	Maintaining Premise, Unnecessary items and liter, Employee items found throughout please have designated area.	05/22/2019
27	6-501.12	Food Service	Cleaning, Frequency and Restrictions, Floor under dishwasher needs general cleaning.	05/22/2019
9	4-501.112	Food Service	Mechanical Warewashing - Hot Water Sanitization Temperatures, Dishwasher temp rinse at 115F. Too low needs to be serviced.	05/22/2019
25	4-501.11	Food Service	Good Repair and Proper Adjustment, Fridge unit handle has tape. No tape. Needs replacent or repair.	05/22/2019
25	4-501.11	Food Service	Good Repair and Proper Adjustment, Freezer unit has dict tape on gasket area. No tape. needs replacement or repair.	05/22/2019
Discussion With Person In Charge:			Corrective Action Required:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
None			<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	