Food Establishment Inspection Report - C	City/Town of \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Establishment (Mexico)	Date: 2 8 Page 1 of
Address: "Alden St	Time in:9':40 Time out:
Telephone: Permit No.:	Number of Violated Provisions Related
Owner: Matwell	to Foodborne Illness Risk Factors and Interventions (Items 1 through 29).
Person-in-charge: Kouren / Cellie Princ	
70	to Foodborne Illness Risk Factors
Inspector: May May Company	and Interventions (Items 1 through 29);
FOODBORNE ILLINESS RISK FACTORS A IN = in compliance OUT= out of compliance N/O = not observed N/A = not	t applicable COS = corrected on-site during inspection R = repeat violation
III - III compliance - Ot - Out of compliance - III - III obosited - III - III	application 500 comboted on the during moposition. It repeat relations
Compliance Status IN OUT NA NO COS R	Compliance Status IN OUT NA NO COS R
Supervision	Protection from Contamination
Person-in-charge present, demonstrates	15 Food separated and protected
knowledge, and performs duties	Food-contact surfaces; cleaned &
2 Certified Food Protection Manager Employee Health	Proper disposition of returned,
Management, food employee and	17 previously served, reconditioned &
3 conditional employee; knowledge,	unsafe food
responsibilities and reporting	Time/Temperature Control for Safety
4 Proper use of restriction and exclusion	18 Proper cooking time & temperatures
Procedures for responding to vomiting and diarrheal events	Proper reheating procedures for hot holding
Good Hygienic Practices	20 Proper cooling time and temperature
Proper eating, tasting, drinking, or	21 Proper hot holding temperature
tobacco use	22 Proper cold holding temperature
7 No discharge from eyes, nose, and mouth	23 Proper date marking and disposition
Preventing Contamination by Hands	24 Time as a Public Health Control
8 Hands clean & properly washed	Consumer Advisory
9 No bare hand contact with ready-to-eat	Consumer advisory provided for raw / undercooked food
o food	Highly Susceptible Populations
Adequate handwashing sinks properly supplied and accessible	26 Pasteurized foods used; prohibited foods
Approved Source	not offered Food/Color Additives and Toxic Substances
11 Food obtained from approved source	Food additives: approved & properly
12 Food received at proper temperature	27 used
Food received in good condition, safe, & unadulterated	Toxic substances properly identified,
Required records available: shellstock	stored & used
14 tags, parasite destruction	Compliance with Approved Procedures Compliance with variance / specialized
10 11 	process / HACCP Plan
Official Order for Correction: Based on an inspection today, the ite	
applicable sections of the 2013 FDA Food Code. This report, when s	signed below by a Board of Health member or its agent constitutes
an order of the Board of Health. Fallure to correct violations cited in establishment permit and cessation of food establishment operations	this report may result in suspension or revocation of the food
renewal pursuant to 105 CMR 590,000 you may request a hearing be	
Date of Reinspection: Discussion with Person-In-Charge:	
$\sqrt{1/2}$	
Signature of Person-in-Charge:	Date: 12/18/18
Signature of Inspector:	Date://////
MDPH/egorNorm - 10/5/18 version	1910/10
	, and the second

Establishment Inspection Report - City/Town of

Date: Date: Date: Page 2 of

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

	Compliance Status	IN	out	NIA	N/O	cos	R
	Safe Food and Water					/	
30	Pasteurized eggs used where required			V			
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods			V			
	Food Temperature Contr	ol					
33	Proper cooling methods used; adequate equipment for temperature control		/				
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate	灦					
	Food Identification	V.					
37	Food properly labeled; original container						
	Prevention of Food Contami	nati	on				
38	Insects, rodents, & animals not present		300				
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness	蠫					
41	Wiplng cloths: properly used & stored						
42	Washing fruits & vegetables						
	Proper Use of Utensils		lui.		e (e	Via.	
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used					-	
46	Gloves used properly						
	Utensils, Equipment and Ve	ndir	g				
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

	Compliance Status	IN	OUT	N/A	NO	cos	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
	Physical Facilities						
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
	Additional Requirements listed in 10	5 CN	/R 5	90.0	111		
М1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness	V					
	Review of Retail Operations listed in 1	05 C	MR	590	.010		
МЗ	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
М7	Residential Kitchen; Bed-and- Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation		/				
М9	School Kitchen; USDA Nutrition Program	K					
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
	Local Requirements						100
L1	Local law or regulation						
	Other	1					

constructed & used		L2 Other
Type of Operation(s):	Type of Inspection:	Other Information: All temps 240% tracey 40%, moutballs 38%
Food Service Establishment Retail Food Store	Routine	All temps 240F land 10.1 11 to and 381
☐ Residential: Cottage Foods		111-119-
☐ Residential; Bed & Breakfast	☐ Illness investigation☐ General complaint	very clean + organized facility
☐ Mobile/Pushcart	☐ HACCP	magassa.
☐ Temporary Food Estab. ☐ Other	□ Other	Turch 11:25-12:50 (3 Turch periods)
Signature of Rerson-in-Charge	MARCE	Date: 12/18/18
Signature of inspector;	27,000	Date: 12/18/11

THE COMMONWEALTH OF MASSACHUSETTS

Tour of Dustin	1		
	0	Board of	Health
FOOD ESTABLISHMENT INSPECTION RE		Tel	and the same
Name Alden School	5/16/18	Type of Operation(s) Food Service	Type of Inspection
Address	Risk	☐ Retail	☐ Re-inspection
Telephone	Level	Residential Kitchen Mobile	Previous Inspection Date:
	HACCP Y/N	Temporary	Pre-operation
TOXIIC YNTIO		☐ Calerer ☐ Bed & Breakfast	Suspect Illness General Complaint
Person in Charge (PIC) Katic Directo	Time in: [0`.40	Bed & Breakrast	☐ HACCP
Inspector May may	Out:	Permit No.	☐ Other
Each violation checked requires an explanation on the naviolated.	arrative page(s	and a citation of speci	
Violations Related to Foodborne Illness Interventions are Violations marked may pose an imminent health hazard and action as determined by the Board of Health.		liate corrective 590.009 (I	0
FOOD PROTECTION MANAGEMENT	☐ 12 Pro	vention of Contamination from	· / –
1. PIC Assigned / Knowledgeable / Duties	-	dwash Facilities	TRINGS
EMPLOYEE HEALTH		N FROM CHEMICALS	
2. Reporting of Diseases by Food Employee and PIC		roved Food or Color Additive	0
3. Personnel with Infections Restricted / Excluded		c Chemicals	5
FOOD FROM APPROVED SOURCE			ally Hanaudaya Faada)
4. Food and Water from Approved Source		ERATURE CONTROLS (Potentlands) king Temperatures	any nazardous roods)
5. Receiving / Condition			
6. Tags / Records / Accuracy of Ingredient Statements	☐ 17. Reh		
7. Conformance with Approved Procedures / HACCP Plans	[] 18. Coo		
PROTECTION FROM CONTAMINATION		and Cold Holding	
8. Separation / Segregation / Protection		e as a Public Health Control	
9. Food Contact Surfaces Cleaning and Sanitizing		INTS FOR HIGHLY SUSCEPTIE	, ,
10. Proper Adequate Handwashing		d and Food Preparation for F	ISP
☐ 11. Good Hygienic Practices	CONSUMER	ADVISORY ting of Consumer Advisories	
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health. 23. Management and Personnel (FC-2)(590,003) 24. Food and Food Protection (FC-3)(590,004) 25. Equipment and Utensils (FC-4)(590,005) 26. Water, Plumbing and Waste (FC-5)(590,006) 27. Physical Facility (FC-6)(590,007) 28. Poisonous or Toxic Materials (FC-7)(590,008) 29. Special Requirements (590,009) 30. Other	Number of To Foodbe and Risk I Official Or today, the 590.000/Fe by a Board order of the cited in this the food establishme have a right and submit within 10 certs.	f Violated Provisions Reported Illnesses Intervention Factors (Red Items 1-22 order for Correction: Base items checked indicate vide ederal Food Code. This red of Health member or its e Board of Health. Failure is report may result in suspitablishment permit and count operations. If aggrievent to a hearing. Your requested to the Board of Health lays of receipt of this order RE-INSPECTION:	ed on an inspection plations of 105 CMR eport, when signed belo agent constitutes an to correct violations pension or revocation of essation of food ed by this order, you est must be in writing at the above address
Inspector's Signature:	· TMMI	MUE	
PIC's Signature Print	· Volhot	2/1/20	PageofPages
FORM 734A (REV. 9/2010) HOBBS & WARREN - BOSTON	purch	Assachusetts Department of Public	Haalth

No. Discussion With Person in Charge: Establishment Name: Hach Reference Code C - Critical Item R - Red Item ushmal hine 1Sposuble 0 1 COOPE Land DESCRIPTION OF VIOLATION / PLAN OF CORRECTION BOARD OF HEALTH a this PLEASE PRINT CLEARLY Date: 3 Re-inspection Scheduled X Voluntary Compliance Corrective Action Required: Embargo Voluntary Disposal Page: □ No Employee Restriction /
Exclusion
Emergency Suspension Emergency Closure VQ Yes Date Verified

stablishment: Charles School	Date: 12/18/18 Page 1 of
ddress: 93 Chandler	Time in: 2 2 7 1 Time out:
elephone: Permit No.;	Number of Violated Provisions Related
wner: Brutuell	to Foodborne Illness Risk Factors
	and Interventions (Items 1 through 29):
erson-In-charge: Linda / Cellic Prince	Number of Repeat Violations Related to Foodborne Illness Risk Factors
spector: Muy Mayor	and Interventions (Items 1 through 29):
	AND PUBLIC HEALTH INTERVENTIONS
N = In compliance OUT= out of compliance N/O = not observed N/A = r	ot applicable COS = corrected on-site during inspection R = repeat viol
Compliance Status IN OUT NA NO COS R	Compliance Status
Supervision	Protection from Contamination
Person-in-charge present, demonstrates	15 Food separated and protected
knowledge, and performs duties Certified Food Protection Manager	16 Food-contact surfaces; cleaned &
Employee Health	Proper disposition of returned,
Management, food employee and	17 previously served, reconditioned &
conditional employee; knowledge,	unsafe food
responsibilities and reporting	Time/Temperature Control for Safety
Proper use of restriction and exclusion	18 Proper cooking time & temperatures
Procedures for responding to vomiting and diarrheal events	Proper reheating procedures for hot holding
Good Hyglenic Practices	20 Proper cooling time and temperature
Proper eating, tasting, drinking, or	21 Proper hot holding temperature
tobacco use	22 Proper cold holding temperature
No discharge from eyes, nose, and mouth	23 Proper date marking and disposition
Preventing Contamination by Hands	24 Time as a Public Health Control
Hands clean & properly washed	Consumer Advisory
No bare hand contact with ready-to-eat food	25 Consumer advisory provided for raw / undercooked food Highly Susceptible Populations
Adequate handwashing sinks properly supplied and accessible Approved Source	Pasteurized foods used; prohibited foods not offered
Food obtained from approved source	Food/Color Additives and Toxic Substances
Food received at proper temperature	27 Food additives: approved & properly
Food received in good condition, safe, & unadulterated	28 Toxic substances properly identified, stored & used
Required records available: shellstock	Conformance with Approved Procedures
tags, parasite destruction	29 Compliance with variance / specialized
Official Order for Correction: Based on an inspection today, the it applicable sections of the 2013 FDA Food Code. This report, when in order of the Board of Health. Failure to correct violations cited in stabilishment permit and cessasion of food establishment operation	signed below by a Board of Health member or Its agent constitute this report may result in suspension or revocation of the food is. If you are subject to a notice of suspension, revocation, or nor
enewal pursuant to 105 CMR 590.000 you may request a hearing t	perfore the board of health in accordance with 105 CMR 590,015(I
ate of Reinspection: Discussion with Person-in-Charge:	
	i,
De sold Sold full	()1248
Signature of Person in-Charace:	Date:
Signature of hispedior / / /	Date: () ///

Food Establishment Inspection Report –	City/Town of
Establishment: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date: 2 / 18 Page 2 of
	MASSACHUSETTS-ONLY SECTIONS
IN = in compliance OUT= out of compliance N/O = not observed N/A = n	not applicable COS = corrected on-site during inspection R = repeat violation
Compliance Status	Compliance Status IN OUT NA NO COS R
Safe Food and Water	Warewashing facilities: installed, maintained, & used; test strips
30 Pasteurized eggs used where	49 Non-food contact surfaces clean
required 31 Water & ice from approved source	Physical Facilities
Variance obtained for specialized	Hot & cold water available:
processing methods	adequate pressure
Food Temperature Control	Plumbing installed; proper backflow
Proper cooling methods used;	devices
33 adequate equipment for temperature control	52 Sewage & waste water properly disposed
Plant food properly cooked for hot holding	Toilet features: properly constructed, supplied, & cleaned
35 Approved thawing methods used 36 Thermometers provided & accurate	Garbage & refuse properly disposed; facilities maintained
Food Identification	Physical facilities installed, maintained, & clean
Food properly labeled; original container	Adequate ventilation & lighting; designated areas used
Prevention of Food Contamination	Additional Requirements listed in 105 CMR 590.011
38. Insects, rodents, & animals not present	M1 Anti-choking procedures in food service establishment
Contamination prevented during	M2 Food allergy awareness
39 food preparation, storage and display	Review of Retail Operations listed in 105 CMR 590.010
40 Personal cleanliness	M3 Caterer
Wining cloths: properly used &	M4 Mobile Food Operation
stored	M5 Temporary Food Establishment
42 Washing fruits & vegetables	M6 Public Market; Farmers Market
Proper Use of Utensils 43 In-use utensils properly stored	M7 Residential Kitchen; Bed-and- Breakfast Operation
Utensils, equipment & linens: properly stored, dried, & handled	M8 Residential Kitchen: Cottage Food Operation
Single-use / single-service articles: properly stored & used	M9 School Kitchen; USDA Nutrition Program
46 Gloves used properly	M10 Leased Commercial Kitchen
Utensils, Equipment and Vending	M11 Innovative Operation
Food & non-food contact surfaces	Local Requirements
47 cleanable, properly designed,	L1 Local law or regulation
constructed & used	L2 Other
Retail Food Service Establishment Retail Food Store Re-Inspection Residential: Cottage Foods Pre-operational Illness investigation Breakfast General complaint HACCP HACCP Other Other	formation:
Signature of Person-in-Charge:	Date: 12-1818
Signature of Person-in-Gharge:	Date: 12/18/15/
MIPH (goorl/lorm (ridis/18/version))	1910/18

Food Establishment Inspection Report - City/Town of Establishment: () Date: 12 Page of Temperature Observations Item / Location Temp (°F) Item / Location Item / Location Temp (°F) Temp (°F) reachin **Observations and/or Corrective Actions** Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code Item Date to Correct By Description of Violation Section of Code Number leak at sink in dishram-repair

THE COMMONWEALTH OF MASSACHUSETTS

10001 OF D	Xu		Board o	of Health
FOOD ESTABLISHMENT INSPECTION	ON REP	ORT	Tel	
Name Chrumler School		0/16/16	Type of Operation(s)	Type of Inspection
Address	Ř	lisk	Retail	Re-inspection
Telephone		evel	☐ Residentlal Kitchen ☐ Mobile	Previous Inspection Date:
		IACCP Y/N	Temporary	Pre-operation
Owner tellie Prince			Caterer Caterer	☐ Suspect Illness
Person in Charge (PIC)		ime n:01,10	Bed & Breakfast	General Complaint HACCP
Inspector Pucy mayo	"C	out: 1.90	Permit No.	Other
Each violation checked requires an explanation	on the narra	ative page(s	and a citation of spec	ific provision(s)
Violated. Violations Related to Foodborne Illness Intervel Violations marked may pose an imminent health ha action as determined by the Board of Health.			iate corrective 590.009	-
FOOD PROTECTION MANAGEMENT		☐ 12. Pre\	ention of Contamination fro	m Hands
1. PIC Assigned / Knowledgeable / Duties		☐ 13. Han	dwash Facilities	
EMPLOYEE HEALTH		PROTECTIO	N FROM CHEMICALS	
2. Reporting of Diseases by Food Employee and PIC		☐ 14. App	roved Food or Color Additive	es
3. Personnel with Infections Restricted / Excluded			c Chemicals	
FOOD FROM APPROVED SOURCE		TIME/TEMPE	RATURE CONTROLS (Potent	tially Hazardous Foods)
4. Food and Water from Approved Source			king Temperatures	,
5. Receiving / Condition		☐ 17. Reh	-	
☐ 6. Tags / Records / Accuracy of Ingredient Statements	3	☐ 18. Coo		•
7. Conformance with Approved Procedures / HACCP	Plans		and Cold Holding	
PROTECTION FROM CONTAMINATION			e as a Public Health Control	1
8. Separation / Segregation / Protection			NTS FOR HIGHLY SUSCEPTI	
9. Food Contact Surfaces Cleaning and Sanitizing			d and Food Preparation for	, ,
☐ 10. Proper Adequate Handwashing		CONSUMER	,	пог
☐ 11. Good Hygienic Practices			ting of Consumer Advisories	3
Violations Related to Good Retail Practices (Blue tems) Critical (C) violations marked must be correct mmediately or within 10 days as determined by the of Health. Non-critical (N) violations must be corrected mmediately or within 90 days as determined by the of Health.	ted Board ed	To Foodboand Risk I Official Or today, the 590.000/Fe	f Violated Provisions Rorne Illnesses Intervent Factors (Red Items 1-22 Ider for Correction: Basitems checked indicate vederal Food Code. This related to the factor of the second secon	tions 2): sed on an inspection iolations of 105 CMR report, when signed belov
23. Management and Personnel (FC-2)(590.0 24. Food and Food Protection (FC-3)(590.0 25. Equipment and Utensils (FC-4)(590.0 26. Water, Plumbing and Waste (FC-5)(590.0 27. Physical Facility (FC-6)(590.0 28. Poisonous or Toxic Materials (FC-7)(590.0 29. Special Requirements (590.0 30. Other	004) 005) 006) 007)	order of the cited in this the food es establishm have a right and submit within 10 d	e Board of Health. Failur	e to correct violations spension or revocation of cessation of food ved by this order, you uest must be in writing th at the above address
Inspector's Signature:	Print:	macy 1	nage	
PTC's Signaple	Rrint	Kelle	Keine	PageofPages
TORM 7344 IREV. 9/20101 HOBBS & WARREN - BOSTON	This Form A	pproved by the A	Appearable Department of Publi	ic Health

ROARD OF WAITH

Date Verified							8			on /	nsion	a)	
5							pacchey	<	ON D Yes	Exclusion	Emergency Suspension	☐ Emergency Closure	Other
/ PLAN OF CORRECTION	R16 2404	about how for		paper tour	tich without	the office of the	inspection o		Corrective Action Required:	☐ Voluntary Compliance	☐ Re-inspection Scheduled	☐ Embargo	Uoluntary Disposal
DESCRIPTION OF VIOLATION	100 top	Check a maritist	100 KUI SUNT HEAVE	c stretcol	y Thereasy news to	Phreson,	tems from previous					34	
C - Critical Item	17	* Dishm	- Final	- Hand	Samole	3	T.		Discussion With Person in Charge:				
tem Code C - Criti									Discussion With F				

This Form Approved by the Department of Public Health

Food Establishment Inspection Report	- City/Town of Duth
Establishment: Nyban mS/HS	Date: 12/18/18 Page 1 of
Address: MACO ST	Time in: 1/1) Time out:
Telephone: Permit No.:	Number of Violated Provisions Related
Owner: V. t. a. V. d. A.	to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: FUNC VIII VIII	Number of Repeat Violations Related
Inspector: TWW MWY)	to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
POODBORNE ILLNESS RISK FACTO	RS AND PUBLIC HEALTH INTERVENTIONS
IN = in compliance OUT= out of compliance N/O = not observed N/A	= not applicable COS = corrected on-site during inspection R = repeat violation
Compliance Status IN OUT N/A N/O COS F	
Supervision 3	Protection from Contamination 15 Food separated and protected
Person-in-charge present, demonstrates knowledge, and performs duties	15 Food separated and protected 4e Food-contact surfaces; cleaned &
2 Certified Food Protection Manager	sanitized
Employee Health	Proper disposition of returned,
Management, food employee and	17 previously served, reconditioned &
3 conditional employee; knowledge, responsibilities and reporting	unsafe food Time/Temperature Control for Safety
4 Proper use of restriction and exclusion	18 Proper cooking time & temperatures
5 Procedures for responding to vomiting	Proper reheating procedures for hot
and diarrheal events	holding
Good Hygienic Practices	20 Proper cooling time and temperature
Proper eating, tasting, drinking, or tobacco use	21 Proper hot holding temperature
7 No discharge from eyes, nose, and	22 Proper cold holding temperature
mouth	23 Proper date marking and disposition 24 Time as a Public Health Control
Preventing Contamination by Hand	Consumer Advisory
8 Hands clean & properly washed	Consumer advisory provided for raw /
No bare hand contact with ready-to-eat food	25 undercooked food
Adequate handwashing sinks properly	Highly Susceptible Populations
supplied and accessible	26 Pasteurized foods used; prohibited foods not offered
Approved Source	Food/Color Additives and Toxic Substances
11 Food obtained from approved source	Food additives: approved & properly
12 Food received at proper temperature	used Valued
Food received in good condition, safe, & unadulterated	Toxic substances properly identified, stored & used
Required records available: shellstock tags, parasite destruction	Conformance with Approved Procedures
lags, parasite destruction	29 Compliance with variance / specialized process / HACCP Plan
applicable sections of the 2013 FDA Food Code. This report, whan order of the Board of Health. Fallure to correct violations cite establishment permit and cessation of food establishment operations.	ne items marked "OUT" indicated violations of 105 CMR 590,000 and then signed below by a Board of Health member or its agent constitutes d in this report may result in suspension or revocation of the food tions. If you are subject to a notice of suspension, revocation, or non-ing before the board of health in accordance with 105 CMR 590.015(B).
Date of Reinspection: Discussion with Person-in-Charge:	
* Xelle At	KILL X 12/10/10
Signature of Person-in-Charge:	Date:
Signature of Inspector:	Date:// //8/18
MDPH report formy 10/5/18-version	10/10/11

Food Establishment Inspection Report - C	City/Town of
Establishment: Dubun mS/HS	Date: 12/18/18 Page 2 of
GOOD RETAIL PRACTICES AND MA	ASSACHUSETTS-ONLY SECTIONS
IN = in compliance OUT= out of compliance N/O = not observed N/A = no	t applicable COS = corrected on-site during inspection R = repeat violation
Compliance Status IN OUT NA NO COS R	Compliance Status IN OUT N/A N/O COS R
Safe Food and Water	Warewashing facilitles: installed,
30 Pasteurized eggs used where	maintained, & used; test strips
required	49 Non-food contact surfaces clean
31 Water & Ice from approved source	Physical Facilities
Variance obtained for specialized	Hot & cold water available;
processing methods	adequate pressure Fumbing installed; proper backflow
Food Temperature Control Proper cooling methods used;	51 devices
33 adequate equipment for	Cowago & wasta water properly
temperature control	52 disposed
Plant food properly cooked for hot holding	Toilet features: properly constructed, supplied, & cleaned
35 Approved thawing methods used	54 Garbage & refuse properly
Thermometers provided & accurate	disposed; facilities maintained
Food Identification	Physical facilities installed, maintained, & clean
Food properly labeled; original	Adoquato ventilation & lighting
Container Prevention of Food Contamination	designated areas used
Incosts redents 9 enimals not	Additional Requirements listed in 105 CMR 590,011
present	M1 Anti-choking procedures in food
Contamination prevented during	service establishment
food preparation, storage and	M2 Food allergy awareness
display	Review of Retail Operations listed in 105 CMR 590,010
0 Personal cleanliness	M3 Caterer
Wiping cloths: properly used & stored	M4 Mobile Food Operation M5 Temporary Food Establishment
2 Washing fruits & vegetables	M6 Public Market; Farmers Market
Proper Use of Utensils	Posidential Kitchen: Red and
3 In-use utensils properly stored	M7 Breakfast Operation
Utensils equipment & linens:	Residential Kitchen: Cottage Food
properly stored, dried, & handled	M8 Operation
Single-use / single-service articles:	M9 School Kitchen; USDA Nutrition
properly stored & used 6 Gloves used properly	M10 Leased Commercial Kitchen
Utensils, Equipment and Vending	M11 Innovative Operation
Food & non-food contact surfaces	Local Requirements
7 cleanable, properly designed,	L1 Local law or regulation
constructed & used	L2 Other
☐ Residential; Bed & ☐ Illness investigation ☐ 🔏 🐧 🔥 🔥	ching 180° Funal Runs1 n sound- 140° F necestalls - 36° F, Chicken 35° F
Signature or to spectory / // 6	Dater > /18/ (8)
1 1 1/VWAI	
MDPH regard for 10/5/18 Vorsion	

THE COMMONWEALTH OF MASSACHUSETTS

DUM OF DUXBUR	1		
)	Board of Health	
FOOD ESTABLISHMENT INSPECTION REP	PORT	Tel	
Telephone Owner Person In Charge (PIC) (Inda Inspectof May My 10	Date S/10/19 Fijsk Level HACCP Y/N Time In: // O Out:	Type of Operation(s) Food Service Retail Residential Kitchen Mobile Caterer Bed & Breakfast Permit No. Type of Inspection Re-Inspection Previous Inspection Date: Suspect Illness General Complaint HACCP Other	t
Each violation checked requires an explanation on the nar- violated.	rative page(s	*	
Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and raction as determined by the Board of Health.	Risk Factors equire immed	Non-compliance S (Red Items) Anti-Choking S 590.009 (E) S 590.009 (F) Local Law Allergen Awareness 590.009 (G)	∍ with:
FOOD PROTECTION MANAGEMENT	☐ 12. Pre\	vention of Contamination from Hands	
1. PIC Assigned / Knowledgeable / Duties	☐ 13. Han	ndwash Facilities	
EMPLOYEE HEALTH	PROTECTIO	N FROM CHEMICALS	
2. Reporting of Diseases by Food Employee and PIC	☐ 14. App	roved Food or Color Additives	
3. Personnel with Infections Restricted / Excluded	☐ 15. Toxid	c Chemicals	
FOOD FROM APPROVED SOURCE	TIME/TEMPE	ERATURE CONTROLS (Potentially Hazardous Foods)	,
		king Temperatures	
5. Receiving / Condition	☐ 17. Reh	- '	
6. Tags / Records / Accuracy of Ingredient Statements	☐ 18. Coo		
7. Conformance with Approved Procedures / HACCP Plans	_	and Cold Holding	
PROTECTION FROM CONTAMINATION	_	e as a Public Health Control	
8. Separation / Segregation / Protection		ENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HS	CD\
9. Food Contact Surfaces Cleaning and Sanitizing		d and Food Preparation for HSP	JF/
☐ 10. Proper Adequate Handwashing	CONSUMER		
11. Good Hygienic Practices		ting of Consumer Advisories	1
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health. 23. Management and Personnel (FC-2)(590,003) 24. Food and Food Protection (FC-3)(590,004) 25. Equipment and Utensils (FC-4)(590,005) 26. Water, Plumbing and Waste (FC-5)(590,006) 27. Physical Facility (FC-6)(590,007) 28. Poisonous or Toxic Materials (FC-7)(590,008) 29. Special Requirements (590,009)	To Foodboand Risk F Official Or today, the i 590.000/Fe by a Board order of the cited in this the food es establishme have a righ and submit	rder for Correction: Eder for Correction: Based on an inspection items checked indicate violations of 105 CMF ederal Food Code. This report, when signed I of Health member or its agent constitutes are Board of Health. Failure to correct violations is report may result in suspension or revocation establishment permit and cessation of food ent operations. If aggrieved by this order, you at to a hearing. Your request must be in writing tited to the Board of Health at the above addrays of receipt of this order.	R below is on of u

PIC'S Signature:

Print: 1 | May O Page of Pages

30. Othe

DATE OF RE-INSPECTION:

000 Date Verified Emergency Suspension Exclusion / **Emergency Closure** of Other S Party % □ Page: Corrective Action Required: Re-inspection Scheduled O Voluntary Compliance DESCRIPTION OF VIOLATION / PLAN OF CORRECTION Voluntary Disposal Embargo Inda PLEASE PRINT CLEARLY Date: BOARDOF HEALTH TURD MAG J. L. 2 show HS. / Middle Selver 3 Discussion With Person in Charge: C - Critical Item R - Red Item 2 Establishment Name: Code Reference ltem No.

This Form Approved by the Department of Public Health