

10/25 - They ordered new cooler & informed vs. JE.

City/Town of Foxborough
FOOD ESTABLISHMENT INSPECTION REPORT

Address: 40 South Street
 Tel. 508-543-1207

Name Ahern Middle School	Date 10111	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 111 Mechanic Street	Risk Level 2		
Telephone 508-543-1610	HACCP Y/N	Permit No. 2017-0400	
Owner Janice Watt - Food Service Director	Time In: 10:45 Out: 11:50		
Person-in-Charge (PIC) Stacey Birbeck			
Inspector Diane Passafaro			

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

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

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

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

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

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

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

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

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

Inspector's Signature: 	Print: Diane Passafaro	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: 	Print: Stacey Birkbeck	

5: 5/20/03/inspect/forms-14.doc

TOWN OR CITY OF Foxborough

Establishment Name: Ahem School Date: 10/11/17 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
			New Manager: Stacey Birkbeck - ServSafe current: Exp-2020	
	3-501.16		Milk cooler #2, digital and BOH thermometer reading 51°. Did not go down for the remainder of inspection. Do not use during lunch period. Cooler shut down. Cooler empty at time of inspection. Compressor just recently replaced.	
	4-602.11		Slicer dirty with leftover dried up food debris. (turkey?) on blade guard and under top unit, clean before next use.	
	2-301.12		Noted improper hand washing technique while employee washing her hands. Not lathering long enough and also lathering in the water (rinsing before lathering). BOH and PIC demonstrated and discussed proper hand washing. Noted same employee performing better technique during subsequent washings after demonstration. It is important that training and reminders are frequent and ongoing.	
	2-301.14		Noted employee take a drink from water bottle (screw cap kind - potential for cross contamination from lip contact), handled empty cardboard packaging (another potential source of contamination) and did not wash hands before salad buffet prep activities. Alerted the PIC, hands were washed. Retrain on potential ways to contaminate hands.	
	4-501.15		Sanitizer bay does not have site specific directions. Water also hot. Water for mixing and testing sanitizer should be lukewarm (~75 deg). Post exact quantity needed for manual mixing. Recommend a measured amount as opposed to pumps, although not required. Post site specific directions.	
Discussion With Person in Charge:				
			Corrective Action Required:	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
walkin: 38°: mayo, dishwasher: 150°/185°, pressure good, new glass door			Voluntary Compliance	<input checked="" type="checkbox"/>
cooler: 38° (AA), milk cooler #1: 35° (AA), burger: hotbox: 136°			Re-inspection Scheduled	<input type="checkbox"/>
walkin clean, emp allergy up, meatballs: hh-left: 146°, 2-door near			Embargo	<input type="checkbox"/>
freezer: delimeat: 36°, thermometers all cal'd @ 31°-32°			Voluntary Disposal	<input type="checkbox"/>
			Employee Restriction / Exclusion	<input type="checkbox"/>
			Emergency Suspension	<input type="checkbox"/>
			Emergency Closure	<input type="checkbox"/>
			Other:	<input type="checkbox"/>

City/Town of Foxborough

Address: 40 South Street

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. 508-543-1207

Form with fields: Name (Ahern Middle School), Date (3/1/18), Type of Operation(s) (Food Service), Type of Inspection (Routine), Address (111 Mechanic Street), Risk Level (2), Telephone (508-543-1610), HACCP Y/N, Owner (Janice Watt), Person-in-Charge (PIC) (Stacey Birbeck), Inspector (John Robertson), Time In/Out (9:47/10:55), Permit No. (2018-0527)

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

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

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

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

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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- 14. Approved Food or Color Additives
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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 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.

Table with columns C, N and rows 23-30 listing violations: Management and Personnel, Food and Food Protection, Equipment and Utensils, Water, Plumbing and Waste, Physical Facility, Poisonous or Toxic Materials, Special Requirements, Other.

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

Empty box for counting violations.

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

DATE OF RE-INSPECTION:

Inspector's Signature (John Robertson), PIC's Signature (Stacey Birbeck), Print names, and Page 1 of 2 Pages.

TOWN OR CITY OF Foxborough

Establishment Name: Ahem Middle School

Date: 3/1/18

Page: 1 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
			Noted ff milk in walkin cooler dated 2/28/18 - discard expired milk <i>not observed</i>	<input checked="" type="checkbox"/>
			Observed Hot Holding at area of kitchen near dish room. Spicy chix sandwich 113F with PIC thermometer, burger 114F, unit set at 130F. Log Dated 10/5/17 - PIC turned up unit to 170F at inspection and directed staff to reheat to 165F and repackaging Burgers, chix sandwiches, hot dogs and cheeseburgers and return to HH. Corrective action begun at inspection. <i>burger 164</i>	<input checked="" type="checkbox"/>
			Observed additional Hot Holding unit, doors unlatched, set at 120F. Chix Sand 99F - PIC turned up unit at inspection and directed staff to reheat all HH food to 165F and repackaging. Corrective actions being taken at inspection. <i>chick burger - 153 burger 140</i>	<input checked="" type="checkbox"/>
			Recommend keeping, and monitoring, accurate, current and complete cooler and hot holding logs to uncover potential issues early so they may be corrected. Noted hot holding logs during inspection were not up to date. <i>noted better logs.</i>	
			<i>DW machine - clean, Rinse. 180F wash. 140F - calling Service</i>	
			Large milk cooler strawberry milk 3/2/18, temp between choc milk 38F. Fruit reachin cooler sliced apples 3/14/18. Mandarin Oranges 39F.	
			Sandwich cooler thermometer present, 38F. Utensils displayed handles facing out.	
			DW machine not in use at inspection. Walkin freezer 4F. Slicer clean and wrapped at inspection. Food prep sinks labeled.	
			FOG, Employee Allergen, Current permit, ServSafe posted. Rest room clean, stocked, operable. Employee lockers available.	
Discussion With Person in Charge:				
			Walkin choc milk 3/14/18, clean, segregated, tuna chilled, Dannon straw yogurt 3/26/18 <input checked="" type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion
			Digital thermometer available. Walkin freezer all product off floor, ice wand protected. <input checked="" type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension
			Dry storage observed good dating, chemicals segregated. <input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure
			3 bay sink not set up at inspection. Good sanitizer instructions posted. <input checked="" type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:

FD-315 3/1/18 588

City/Town of Foxborough

Address: 40 South Street

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. 508-543-1207

Name Ahern Middle School	Date 9/26/18	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 111 Mechanic Street	Risk Level 2	Permit No. 2018-0527	
Telephone 508-543-1610	HACCP Y/N N		
Owner Janice Watt, Food Service Director (wattj@foxboroughma.gov)	Time In: 9:50 Out: 10:55		
Person-in-Charge (PIC) Stacey Blrbeck (blrbecks@foxborough.k12.ma.us)			
Inspector John Robertson			

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CONSUMER ADVISORY

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Re-Inspector
 10/11/18 10:00
 JCR
 SB

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DATE OF RE-INSPECTION:

Inspector's Signature: <i>J. Robertson</i>	Print: John Robertson	Page 1 of 2 Pages
PICs Signature: <i>Stacey Blrbeck</i>	Print: Stacey Blrbeck	

TOWN OR CITY OF Foxborough

Establishment Name: Ahem Middle School

Date: 9/26/18

Page: 1 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
		C/Repeat	Observed at hot holding boxes, cheese burger 114F, chicken sandwich 129F; on table, burger 125F. - PIC	
			<i>Cheese burger 146°</i>	
			<i>Chicken sandwich 169°</i>	
			<i>Hot Dog 169°</i>	
			Observed personal drinks in walkin freezer and reachin cooler - Keep personal items segregated from food for students.	
			Discussed with PIC setting up segregated area for personal drinks,	
			<i>avoid segregated Pan in bottom of cooler for personal drinks</i>	
			<i>HW sink clear to fan moved. no towels below</i>	
		Discussion	Discussed keeping HW sink near dish washing room clear, watch placement of floor fan. Also, keep clean items from below	
			HW sink and paper towels area to avoid possible contamination.	
		Observation	Observed cooler, DW temperature, sanitizer, hot holding cabinet temperature logs posted and up to date throughout.	
			Walkin freezer ice wand protected, food off floor.	
			Sandwich refrigerator near hydroponics 26F. Reachin refrigerator "food", 37F. Milk cooler #1 28F, 1% milk 9/30.	
			Sandwich Refrigerator near DW room 38F, clean. Milk cooler #2 34F, no product. Utensils displayed with handles up.	
			PIC describes new sanitizer system, 200ppm at three bay, instructions posted, test strips available.	
			DW wash 150F, rinse 182F. Grease trap 7/2/18, Patriot Reachin two door cooler near food prep sink tuna salad 34F.	
			Fog, Employee Allergen, ServSafe, Allergen Certificate posted. Hoods 4/17/18. Dry storage area OK, food off floor.	
Discussion With Person in Charge:				
			HW sink stocked, clean. Slicer clean and covered. Kitchen very clean.	
			HH cabinet near hydroponics, breakfast sandwich 151F. Chemicals segregated.	
			Chicken patty in hot box near DW room 148F with PIC thermometer.	
			Walkin cooler 34F, FF milk 10/31/18, food protected, labeled, segregated, penne 41F, meatballs 27F.	
				Corrective Action Required:
				<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Employee Restriction / Exclusion <input checked="" type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Embargo <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Other:

Food Establishment Inspection Report – City/Town of

Foxborough

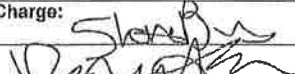
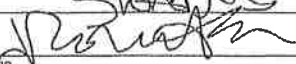
Establishment: Ahern School - Risk Level 2		Date: 5/2/19	Page 1 of 3
Address: 111 Mechanic Street		Time in: 10:42	Time out: 11:30
Telephone: 508-543-1610	Permit No.: 2019-0377	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Owner: Janice Watt (wattj@foxborough.k12.ma.us)			
Person-in-charge: Stacey Birkbeck (birkbecks@foxborough.k12.ma.us)		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Inspector: John Robertson			
FOODBORNE ILLNESS RISK FACTORS 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	R
Supervision						
1 Person-in-charge present, demonstrates knowledge, and performs duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certified Food Protection Manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health						
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Proper use of restriction and exclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Procedures for responding to vomiting and diarrheal events	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices						
6 Proper eating, tasting, drinking, or tobacco use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 No discharge from eyes, nose, and mouth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands						
8 Hands clean & properly washed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 No bare hand contact with ready-to-eat food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Adequate handwashing sinks properly supplied and accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source						
11 Food obtained from approved source	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Food received in good condition, safe, & unadulterated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Required records available: shellstock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Status	IN	OUT	N/A	N/O	COS	R
Protection from Contamination						
15 Food separated and protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Food-contact surfaces; cleaned & sanitized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Proper disposition of returned, previously served, reconditioned & unsafe food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time/Temperature Control for Safety						
18 Proper cooking time & temperatures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Proper cooling time and temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Proper hot holding temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Proper cold holding temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Time as a Public Health Control	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory						
25 Consumer advisory provided for raw / undercooked food	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations						
26 Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food/Color Additives and Toxic Substances						
27 Food additives: approved & properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 Toxic substances properly identified, stored & used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures						
29 Compliance with variance / specialized process / HACCP Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA 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 you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection:	Discussion with Person-in-Charge:
None	PIC describes good procedures for building sandwiches & maintaining hot. Discussed food code updates. Discussed monitoring Cresscor for hot holding.

Signature of Person-in-Charge:		Date: 5/2/19
Signature of Inspector:		Date: 5/2/19

Food Establishment Inspection Report – City/Town of Foxborough

Foxborough

Establishment: Ahern School - Risk Level 2

Date: 5/2/19

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GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

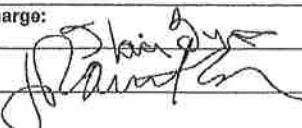
IN = In compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Water & ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Thermometers provided & accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification							
37	Food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination							
38	Insects, rodents, & animals not present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Contamination prevented during food preparation, storage and display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Wiping cloths: properly used & stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Washing fruits & vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Use of Utensils							
43	In-use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Utensils, equipment & linens: properly stored, dried, & handled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Single-use / single-service articles: properly stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Non-food contact surfaces clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Facilities							
50	Hot & cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Sewage & waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	Toilet features: properly constructed, supplied, & cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	Garbage & refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Physical facilities installed, maintained, & clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	Adequate ventilation & lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M2	Food allergy awareness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M4	Mobile Food Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M5	Temporary Food Establishment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M6	Public Market; Farmers Market	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M7	Residential Kitchen; Bed-and-Breakfast Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M8	Residential Kitchen: Cottage Food Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M9	School Kitchen; USDA Nutrition Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M10	Leased Commercial Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M11	Innovative Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Requirements							
L1	Local law or regulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L2	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential; Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other _____	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	Other Information: FOG, Employee Allergy, ServSafe posted. HW sink OK. Utensils OK. Cooler logs present. Equipment not in use covered/protected. Dry storage OK, bulk food protected. Freezer OK. Sanitizer 150ppm. 1% milk 5/10/19. Chemicals segregated
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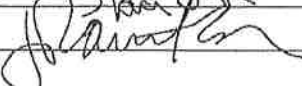
Signature of Person-in-Charge:



Stacey Birkbeck (birkbecks@foxborough.k12.ma.us)

Date: 5/2/19

Signature of Inspector:



John Robertson

Date: 5/2/19

City/Town of Foxborough
FOOD ESTABLISHMENT INSPECTION REPORT

Address: 40 South Street

Tel. 508-543-1207

Name Burrell School	Date 101111	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 16 Morse Street	Risk Level 2		
Telephone 508-543-1605	HACCP Y/N	Permit No. 2017-0404	
Owner Janice Watt (Food Service Director)	Time In: 11:15		
Person-In-Charge (PIC) Wendy McCue	Time Out: 11:50		
Inspector Diane Passafaro			

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

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

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

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

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

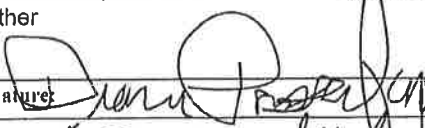
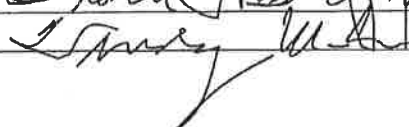
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Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

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

DATE OF RE-INSPECTION:

Inspector's Signature: 	Print: Diane Passafaro	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: 	Print: Wendy McCue	

City/Town of Foxborough

Address: 40 South Street

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. 508-543-1207

Name Burrell Elementary School	Date 2/15/18	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 16 Morse Street	Risk Level 2		
Telephone 508-543-1605	HACCP Y/N	Permit No. 2018-0528	
Owner Janice Watt, Food Serv. Dir. (wattj@foxborough.k12.ma.us)	Time In: 9:37 Out: 10:14		
Person-In-Charge (PIC) Wendy McCue			
Inspector John Robertson			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated. *Non-compliance with:*

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

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

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

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

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


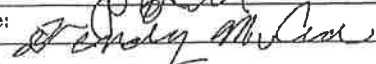
C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements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

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

0

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

DATE OF RE-INSPECTION:

Inspector's Signature: 	Print: John Robertson	Page <u>1</u> of <u>2</u> Pages
PICs Signature: 	Print: Wendy McCue	

City/Town of Foxborough
FOOD ESTABLISHMENT INSPECTION REPORT

Address: 40 South Street
Tel. 508-643-1207

Name Burrell Elementary School	Date 10/9/18	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 16 Morse Street	Risk Level 2		
Telephone 508-543-1605	HACCP Y/N	Permit No. 2018-0528	
Owner Janice Watt, Food Serv. Dir. (wattj@foxborough.k12.ma.us)	Time In: 9:55		
Person-in-Charge (PIC) Wendy McCue	Time Out: 10:40		
Inspector John Robertson			

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

Non-compliance with:

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

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

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
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- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

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

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

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

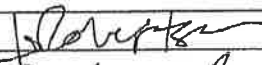
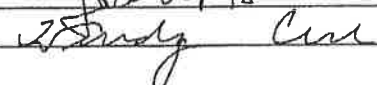
C	N

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

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

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

DATE OF RE-INSPECTION:

Inspector's Signature: 	Print: John Robertson	Page <u>1</u> of <u>2</u> Pages
PICs Signature: 	Print: Wendy McCue	

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Food Establishment Inspection Report – City/Town of

Foxborough

Establishment: Burrell School - Risk Level 2		Date: 4/9/19	Page 1 of 3
Address: 16 Morse Street		Time in: 10:17	Time out: 10:55
Telephone: 508-543-1605	Permit No.: 2019-0328	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Owner: Janice Watt		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Person-in-charge: Wendy McCue			
Inspector: John Robertson			
FOODBORNE ILLNESS RISK FACTORS 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	R
Supervision						
1 Person-in-charge present, demonstrates knowledge, and performs duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certified Food Protection Manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health						
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Proper use of restriction and exclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Procedures for responding to vomiting and diarrheal events	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices						
6 Proper eating, tasting, drinking, or tobacco use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 No discharge from eyes, nose, and mouth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands						
8 Hands clean & properly washed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 No bare hand contact with ready-to-eat food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Adequate handwashing sinks properly supplied and accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source						
11 Food obtained from approved source	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Food received in good condition, safe, & unadulterated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Required records available: shellstock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Status	IN	OUT	N/A	N/O	COS	R
Protection from Contamination						
15 Food separated and protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Food-contact surfaces; cleaned & sanitized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Proper disposition of returned, previously served, reconditioned & unsafe food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time/Temperature Control for Safety						
18 Proper cooking time & temperatures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Proper reheating procedures for hot holding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Proper cooling time and temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Proper hot holding temperature	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Proper cold holding temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Time as a Public Health Control	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory						
25 Consumer advisory provided for raw / undercooked food	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations						
26 Pasteurized foods used; prohibited foods not offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food/Color Additives and Toxic Substances						
27 Food additives: approved & properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 Toxic substances properly identified, stored & used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures						
29 Compliance with variance / specialized process / HACCP Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA 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 you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection:	Discussion with Person-in-Charge:
None	Inspector provided updated food code materials. Discussed hood filters, possibly dusty, inspect and clean if necessary. Discussed new requirements for date marking, illness reporting and vomit cleanup.

Signature of Person-in-Charge:	Wendy McCue	Date: 4/9/19
Signature of Inspector:	John Robertson	Date: 4/9/19

Food Establishment Inspection Report – City/Town of Foxborough

Foxborough

Establishment: Burrell School - Risk Level 2

Date: 4/9/19

Page 2 of 3

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	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
31	Water & ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>				
32	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Thermometers provided & accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification							
37	Food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination							
38	Insects, rodents, & animals not present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Contamination prevented during food preparation, storage and display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Wiping cloths: properly used & stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Washing fruits & vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Use of Utensils							
43	In-use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Utensils, equipment & linens: properly stored, dried, & handled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Single-use / single-service articles: properly stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Facilities							
50	Hot & cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Sewage & waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	Toilet features: properly constructed, supplied, & cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	Garbage & refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Physical facilities installed, maintained, & clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	Adequate ventilation & lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M2	Food allergy awareness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M4	Mobile Food Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M5	Temporary Food Establishment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M6	Public Market; Farmers Market	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M7	Residential Kitchen; Bed-and-Breakfast Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M8	Residential Kitchen: Cottage Food Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M9	School Kitchen; USDA Nutrition Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M10	Leased Commercial Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M11	Innovative Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Requirements							
L1	Local law or regulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L2	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential; Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other _____	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness Investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	Other Information: HW sink OK. Strawberry milk 4/19/19. Dry storage good. Cooler logs posted. Utensils good. Kitchen very clean. Chemicals segregated. Sanitizer log posted. Sanitizer spray bottle 200ppm. Restroom OK. 1% milk walkin 4/20/19. WI freezer good, wands protected.
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Signature of Person-in-Charge: <i>Wendy McCue</i>	Wendy McCue	Date: 4/9/19
Signature of Inspector: <i>John Robertson</i>	John Robertson	Date: 4/9/19

City/Town of Foxborough

Address: 40 South Street

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. 508-543-1207

Form with fields: Name (Foxboro High School), Address (120 South Street), Telephone (508-543-1656), Owner (Janice Watt), Person-in-Charge (Nancy Siracusa), Inspector (Diane Passafaro), Date (10/4/17), Risk Level (2), HACCP Y/N, Time In/Out (9:27/10:27), Type of Operation(s) (Food Service), Type of Inspection (Routine), Permit No. (2017-0395)

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

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

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

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

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

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

Table with columns C, N and rows 23-30 listing violations: 23. Management and Personnel, 24. Food and Food Protection, 25. Equipment and Utensils, 26. Water, Plumbing and Waste, 27. Physical Facility (marked with x), 28. Poisonous or Toxic Materials, 29. Special Requirements, 30. Other

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

Empty box for number of violations

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

DATE OF RE-INSPECTION:

Inspector's Signature (Diane Passafaro), PIC's Signature (Nancy Siracusa), Print: Diane Passafaro, Print: Nancy Siracusa, Page 1 of 2 Pages

City/Town of Foxborough

Address: 40 South Street

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. 508-543-1207

Form with fields: Name (Foxboro High School), Address (120 South Street), Telephone (508-543-1656), Owner (Janice Watt), Person-in-Charge (Nancy Siracusa), Inspector (John Robertson), Date (2/27/18), Risk Level (2), HACCP Y/N, Time In/Out (9:32/10:39), Type of Operation(s) (Food Service), Permit No. (2018-0525), Type of Inspection (Routine).

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

Non-compliance with:

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

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

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

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

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

Table with columns C and N, and rows 23-30 listing violations: Management and Personnel, Food and Food Protection, Equipment and Utensils, Water, Plumbing and Waste, Physical Facility, Poisonous or Toxic Materials, Special Requirements, Other.

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

Empty box for counting violations.

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

DATE OF RE-INSPECTION:

Inspector's Signature: [Signature], Print: John Robertson; PICs Signature: [Signature], Print: Nancy Siracusa; Page 1 of 2 Pages

TOWN OR CITY OF Foxborough

Establishment Name: Foxboro High School

Date: 2/27/18

Page: 1 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified															
			Observed two small mixer bowls, for bench mixer, rust evident inside bowls - Re-tin, replace or discard both small mixing bowls.																
			Noted Cape Cod Chips with best buy date of 12/9/2017 and Cheerios cups with best buy date of 10/27/2017 - label product as beyond best buy date or discard.																
			Observed cases of strawberries on walkin freezer floor - all food must be stored at least 6 inches off the floor. Move strawberries to a location at least 6 inches off floor.																
			Observed 1% milk dated 2/28/18 in walkin cooler, however also observed full cases of 1% milk in each milk cooler dated 3/3/18. Recommend closer monitoring of ordering.																
			Observed two wire brushes in kitchen area. This office recommends discontinuing use of all wire brushes in food service settings due to possibility of severe injury from physical hazard of dislodged wire bristles on food contact surfaces.																
			Crispy chix sand HH 145F, between sandwiches.																
			Observed good sanitizer logs, instructions posted. 3 bay set up during inspection, test strips available, 200ppm.																
			DW machine area clean, chemicals segregated, wash 160F, rinse 184F.																
			Walkin cooler log posted 37F, good cooling practices evident. Bleu cheese 36F. Walkin clean, good food segregation.																
			Walkin freezer 16F, logs posted. Restroom clean, stocked, new faucet.																
			ServSafe, Current permits posted. Employee allergy poster posted. Chemicals segregated.																
Discussion With Person in Charge:																			
			Milk cooler near windows, chocolate milk 3/2/18, FF milk 3/3/18, 37F.																
			Self service cooler at line 38F. Noted personal drinks segregated, under counter.																
			Large milk cooler 38F, dates good. Lockers available for employees. Hoods 8/8/16.																
			Observed single use utensil handles facing same direction. FOG sign posted.																
<table border="0" style="width:100%"> <tr> <td style="width:70%">Corrective Action Required:</td> <td style="width:10%"><input type="checkbox"/> No</td> <td style="width:20%"><input checked="" type="checkbox"/> Yes</td> </tr> <tr> <td><input checked="" type="checkbox"/> Voluntary Compliance</td> <td><input type="checkbox"/></td> <td>Employee Restriction / Exclusion</td> </tr> <tr> <td><input type="checkbox"/> Re-inspection Scheduled</td> <td><input type="checkbox"/></td> <td>Emergency Suspension</td> </tr> <tr> <td><input type="checkbox"/> Embargo</td> <td><input type="checkbox"/></td> <td>Emergency Closure</td> </tr> <tr> <td><input type="checkbox"/> Voluntary Disposal</td> <td><input type="checkbox"/></td> <td>Other:</td> </tr> </table>					Corrective Action Required:	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input checked="" 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:
Corrective Action Required:	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes																	
<input checked="" 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:																	

City/Town of Foxborough

Address: 40 South Street

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. 508-543-1207

Form with fields: Name (Foxboro High School), Address (120 South Street), Telephone (508-543-1656), Owner (Janice Watt), Person-in-Charge (Nancy Siracusa), Inspector (John Robertson), Date (10/16/18), Risk Level (2), HACCP Y/N, Type of Operation (Food Service), Type of Inspection (Routine), Time In/Out (10:02/11:05), Permit No. (2018-0525)

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

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

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

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

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
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- 12. Prevention of Contamination from Hands
13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

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

Table with 2 columns: C, N and 8 rows of violation categories (23-30) with corresponding codes.

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

Empty box for counting violations.

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

DATE OF RE-INSPECTION:

Inspector's Signature: John Robertson, Print: John Robertson, PICs Signature: Nancy Siracusa, Print: Nancy Siracusa, Page 1 of 2 Pages

Food Establishment Inspection Report – City/Town of Foxborough

Foxborough

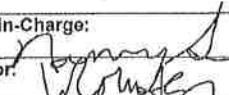
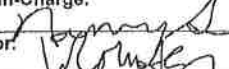
Establishment: Foxborough High School - Risk level 2		Date: 5/1/19	Page 1 of 3
Address: 120 South Street		Time in: 10:00	Time out: 10:52
Telephone: 508-543-1636	Permit No.: 2019-0374	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Owner: Janice Watt, Director (wattj@foxborough.k12.ma.us)			
Person-in-charge: Nancy Sracusa		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Inspector: John Robertson			
FOODBORNE ILLNESS RISK FACTORS 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	R
Supervision						
1 Person-in-charge present, demonstrates knowledge, and performs duties						
2 Certified Food Protection Manager						
Employee Health						
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4 Proper use of restriction and exclusion						
5 Procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices						
6 Proper eating, tasting, drinking, or tobacco use						
7 No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands						
8 Hands clean & properly washed						
9 No bare hand contact with ready-to-eat food						
10 Adequate handwashing sinks properly supplied and accessible						
Approved Source						
11 Food obtained from approved source						
12 Food received at proper temperature						
13 Food received in good condition, safe, & unadulterated						
14 Required records available: shellstock tags, parasite destruction						

Compliance Status	IN	OUT	N/A	N/O	COS	R
Protection from Contamination						
15 Food separated and protected						
16 Food-contact surfaces; cleaned & sanitized						
17 Proper disposition of returned, previously served, reconditioned & unsafe food						
Time/Temperature Control for Safety						
18 Proper cooking time & temperatures						
19 Proper reheating procedures for hot holding						
20 Proper cooling time and temperature						
21 Proper hot holding temperature						
22 Proper cold holding temperature						
23 Proper date marking and disposition						
24 Time as a Public Health Control						
Consumer Advisory						
25 Consumer advisory provided for raw / undercooked food						
Highly Susceptible Populations						
26 Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances						
27 Food additives: approved & properly used						
28 Toxic substances properly identified, stored & used						
Conformance with Approved Procedures						
29 Compliance with variance / specialized process / HACCP Plan						

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA 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 you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: None **Discussion with Person-In-Charge:**
 Thermoworks available for DW machine.
 Discussed food code updates, including date marking.

Signature of Person-In-Charge: 	Nancy Sracusa	Date: 5/1/19
Signature of Inspector: 	John Robertson	Date: 5/1/19

Food Establishment Inspection Report – City/Town of Foxborough

Foxborough

Establishment: Foxborough High School - Risk level 2

Date: 5/1/19

Page 2 of 3


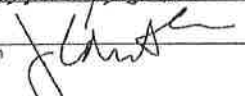
GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

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	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Water & ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Thermometers provided & accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification							
37	Food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination							
38	Insects, rodents, & animals not present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Contamination prevented during food preparation, storage and display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Wiping cloths: properly used & stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Washing fruits & vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Use of Utensils							
43	In-use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Utensils, equipment & linens: properly stored, dried, & handled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Single-use / single-service articles: properly stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Facilities							
50	Hot & cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Sewage & waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	Toilet features: properly constructed, supplied, & cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	Garbage & refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Physical facilities installed, maintained, & clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	Adequate ventilation & lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M2	Food allergy awareness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M4	Mobile Food Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M5	Temporary Food Establishment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M6	Public Market; Farmers Market	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M7	Residential Kitchen; Bed-and-Breakfast Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M8	Residential Kitchen: Cottage Food Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M9	School Kitchen; USDA Nutrition Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M10	Leased Commercial Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M11	Innovative Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Requirements							
L1	Local law or regulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L2	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other _____	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness Investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	Other Information: HW sink OK. Ice cubes available for calibrating. Utensils handles up. Lockers available. FF milk 5/7/19. Good slacking observed in walkin. Food protected at dry storage. Cooler logs posted. Good segregation noted at walkin. Sanitizer 3 bay 150ppm
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Signature of Person-in-Charge: 	Nancy Stracusa	Date: 5/1/19
Signature of Inspector: 	John Robertson	Date: 5/1/19

Food Establishment Inspection Report – City/Town of _____

Foxborough

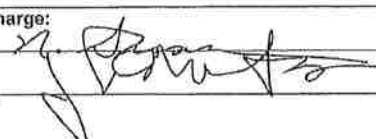

Establishment: Foxborough High School - Risk level 2

Date: 5/1/19

Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Ambient Air / milk coolers	42 / 39	Rinse / DW machine	188		
Smoothy / smoothy cooler	38	Thermoworks rinse / DW machine	159.9		
salsa / walkin	35				
splcy chicken sand / Cresscor(mlker)	135				
crispy chicken sand / Cresscor(oven)	135				

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 Number	Section of Code	Description of Violation	Date to Correct By
22		Noted packaged cut apples at front without temperature control, marked "perishable, keep refrigerated" - moved to cooler.	COS
10		Noted bucket and chemical (Pot soap?) in HW sink in dish room - keep HW sink clear	5/2/19
55		Noted mold like substance and mineral buildup at water fountain in cafeteria - detail clean water fountain.	5/21/19
55		Noted soil characteristics on floor in dry storage area - clean floor in dry storage	5/21/19
	NOTE:	Bulk goods, gloves, uniforms, employee restroom OK.	
	NOTE:	Permit, servsafe, employee allergy, FOG, report and report available notice posted.	

Signature of Person-in-Charge:		Nancy Siracusa	Date: 5/1/19
Signature of Inspector:		John Robertson	Date: 5/1/19

City/Town of Foxborough
FOOD ESTABLISHMENT INSPECTION REPORT

Address: 40 South Street
Tel. 508-543-1207

Name Igo Elementary School	Date 10101	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 Carpenter Street	Risk Level 2		
Telephone 508-543-1608	HACCP Y/N	Permit No. 2017-0402	
Owner Janice Watt - Food Service Director	Time In: 12:16 Out: 1:08		
Person-In-Charge (PIC) Lisa Reilly			
Inspector Diane Passafaro			

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

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

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

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

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

C	N
	x

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

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

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

Inspector's Signature:	Print: Diane Passafaro	Page <u>1</u> of <u>2</u> Pages
PIC's Signature:	Print: Lisa Reilly	

S:\system\specif\form6-14.doc

TOWN OR CITY OF Foxborough

Establishment Name: Igo Elementary School

Date: 10/10/17

Page: 2

of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified																				
	4-501.116		Sanitizer test strips expired (7/2017), provide new.																					
		Discussion	Right milk cooler, thermometer between milks >41°. Actual temp of milk 50°. Digital readout saying 61°, no other thermometer available inside to confirm. Provide cooler thermometers for both milk coolers. The milk temped today remained inside cooler. Temp milk carton tomorrow morning, if >41°, check another milk, if high, discard all milks. PIC stated temp readout okay this morning. Update BOH. Also recommend a "sample container" for easy temperature confirmation of how unit is operating.																					
		Discussion	Sanitizer bottles made today, borderline 400ppm. Also appeared to have detergent in it (sudsy when gently inverted to mix). BOH dumped, refilled, dispensed 1/4 tsp of concentrated sanitizer - 200ppm. Cause of higher readings unknown, ensure all staff is retrained on how to prepare sanitizer. Do not add any other cleaners to it																					
	2-301.12		One out of two employees did not adequately perform proper hand washing techniques (not lathering long enough and lathering in the water instead of out of the water). Retrain staff on proper hand washing.																					
		Note	Inspection after lunch, mil coolers have been open. Hot and humid weather.																					
Discussion With Person in Charge:																								
#4:sauce:38.5°, #2:cheese:38.5°, facility very clean, hw sink okay,																								
dishwasher:152°/185°, rice:hh:155°-171°, servesafe up to date, emp																								
allergy up, thermometer cal'd @ 32.5°, left milk cooler:btw/ milks:41°																								
(digitalreadout:38°),																								
<table border="0" style="width:100%"> <tr> <td style="width:50%">Corrective Action Required:</td> <td style="width:10%"><input type="checkbox"/></td> <td style="width:10%">No</td> <td style="width:10%"><input checked="" type="checkbox"/></td> <td style="width:10%">Yes</td> </tr> <tr> <td>Voluntary Compliance</td> <td><input checked="" type="checkbox"/></td> <td>Employee Restriction / Exclusion</td> <td><input type="checkbox"/></td> <td>Emergency Suspension</td> </tr> <tr> <td>Re-inspection Scheduled</td> <td><input type="checkbox"/></td> <td>Embargo</td> <td><input type="checkbox"/></td> <td>Emergency Closure</td> </tr> <tr> <td>Voluntary Disposal</td> <td><input type="checkbox"/></td> <td>Other:</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>					Corrective Action Required:	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Yes	Voluntary Compliance	<input checked="" type="checkbox"/>	Employee Restriction / Exclusion	<input type="checkbox"/>	Emergency Suspension	Re-inspection Scheduled	<input type="checkbox"/>	Embargo	<input type="checkbox"/>	Emergency Closure	Voluntary Disposal	<input type="checkbox"/>	Other:	<input type="checkbox"/>	
Corrective Action Required:	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Yes																				
Voluntary Compliance	<input checked="" type="checkbox"/>	Employee Restriction / Exclusion	<input type="checkbox"/>	Emergency Suspension																				
Re-inspection Scheduled	<input type="checkbox"/>	Embargo	<input type="checkbox"/>	Emergency Closure																				
Voluntary Disposal	<input type="checkbox"/>	Other:	<input type="checkbox"/>																					

City/Town of Foxborough
FOOD ESTABLISHMENT INSPECTION REPORT

Address: 40 South Street

Tel. 508-543-1207

Name Igo Elementary School	Date 2/15/18	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 Carpenter Street	Risk Level 2		
Telephone 508-543-1680	HACCP Y/N	Permit No. 2018-0529	
Owner Janice Watt, Food Serv. Dir. (wattj@foxborough.k12.ma.us)	Time In: 10:28		
Person-in-Charge (PIC) Lisa Reilly	Time Out: 11:09		
Inspector John Robertson			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated. *Non-compliance with:*

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

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

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

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

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- 4. Food and Water from Approved Source
- 5. Receiving/Condition
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- 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

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- 21. Food and Food Preparation for HSP

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- 22. Posting of Consumer Advisories

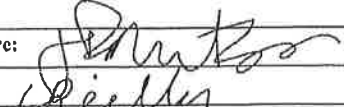
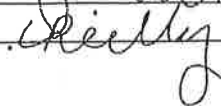
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

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

DATE OF RE-INSPECTION:

Inspector's Signature: 	Print: John Robertson	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: 	Print: Lisa Reilly	

City/Town of Foxborough

Address: 40 South Street

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. 508-543-1207

Form with fields: Name (Igo Elementary School), Address (70 Carpenter Street), Telephone (508-543-1680), Owner (Janice Watt), Person-In-Charge (Lisa Relly), Inspector (John Robertson), Date (10/15/18), Risk Level (2), HACCP Y/N, Type of Operation(s) (Food Service), Type of Inspection (Routine), Time In/Out (10:09/10:55), Permit No. (2018-0529)

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

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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

Table with 2 columns (C, N) and 8 rows of violation categories: 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

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

Empty box for number of violations

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

DATE OF RE-INSPECTION:

Inspector's Signature: John Robertson, Print: John Robertson, PIC's Signature: Lisa Relly, Print: LARelly, Page 1 of 2 Pages

Food Establishment Inspection Report – City/Town of

Foxborough

Establishment: Igo School - Risk Level 2		Date: 4/29/19	Page 1 of 3
Address: 70 Carpenter Street		Time in: 9:20	Time out: 10:00
Telephone: 508-543-1680	Permit No.: 2019-0326	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Owner: Janice Watt (wattj@foxborough.k12.ma.us)		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Person-in-charge: Lisa Relly			
Inspector: John Robertson			
FOODBORNE ILLNESS RISK FACTORS 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	R
Supervision						
1 Person-in-charge present, demonstrates knowledge, and performs duties	✓					
2 Certified Food Protection Manager	✓					
Employee Health						
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting	✓					
4 Proper use of restriction and exclusion	✓					
5 Procedures for responding to vomiting and diarrheal events	✓					
Good Hygienic Practices						
6 Proper eating, tasting, drinking, or tobacco use	✓					
7 No discharge from eyes, nose, and mouth	✓					
Preventing Contamination by Hands						
8 Hands clean & properly washed	✓					
9 No bare hand contact with ready-to-eat food	✓					
10 Adequate handwashing sinks properly supplied and accessible	✓					
Approved Source						
11 Food obtained from approved source	✓					
12 Food received at proper temperature				✓		
13 Food received in good condition, safe, & unadulterated	✓					
14 Required records available: shellstock tags, parasite destruction			✓			

Compliance Status	IN	OUT	N/A	N/O	COS	R
Protection from Contamination						
15 Food separated and protected	✓					
16 Food-contact surfaces; cleaned & sanitized	✓					
17 Proper disposition of returned, previously served, reconditioned & unsafe food	✓					
Time/Temperature Control for Safety						
18 Proper cooking time & temperatures	✓					
19 Proper reheating procedures for hot holding	✓					
20 Proper cooling time and temperature				✓		
21 Proper hot holding temperature	✓					
22 Proper cold holding temperature	✓					
23 Proper date marking and disposition	✓					
24 Time as a Public Health Control			✓			
Consumer Advisory						
25 Consumer advisory provided for raw / undercooked food			✓			
Highly Susceptible Populations						
26 Pasteurized foods used; prohibited foods not offered			✓			
Food/Color Additives and Toxic Substances						
27 Food additives: approved & properly used			✓			
28 Toxic substances properly identified, stored & used	✓					
Conformance with Approved Procedures						
29 Compliance with variance / specialized process / HACCP Plan			✓			

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA 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 you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection:	Discussion with Person-in-Charge:
None	Discussed food code updates. New requirements in place. Ice available for calibrating thermometer.

Signature of Person-in-Charge:	Lisa Relly	Date: 4/29/19
Signature of Inspector:	John Robertson	Date: 4/29/19

Food Establishment Inspection Report – City/Town of Foxborough

Foxborough

Establishment: Igo School - Risk Level 2

Date: 4/29/19

Page 2 of 3

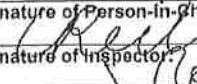
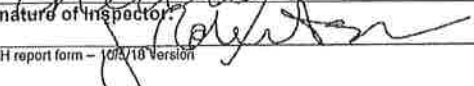
GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

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	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Water & ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Thermometers provided & accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification							
37	Food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination							
38	Insects, rodents, & animals not present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Contamination prevented during food preparation, storage and display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Wiping cloths: properly used & stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Washing fruits & vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Use of Utensils							
43	In-use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Utensils, equipment & linens: properly stored, dried, & handled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Single-use / single-service articles: properly stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Facilities							
50	Hot & cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Sewage & waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	Toilet features: properly constructed, supplied, & cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	Garbage & refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Physical facilities installed, maintained, & clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	Adequate ventilation & lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M2	Food allergy awareness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M4	Mobile Food Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M5	Temporary Food Establishment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M6	Public Market; Farmers Market	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M7	Residential Kitchen; Bed-and-Breakfast Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M8	Residential Kitchen: Cottage Food Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M9	School Kitchen; USDA Nutrition Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M10	Leased Commercial Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M11	Innovative Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Requirements							
L1	Local law or regulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L2	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other _____	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness Investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	Other Information: Employee illness reporting sheets signed. Chemicals segr. Strawberry milk 5/10/19, 1% milk 5/8/19. Cooler logs in place. Walkin freezer OK, food protected. Employee allergy, FOG, permit posted. Dry storage OK. Kitchen areas very clean.
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Signature of Person-in-Charge: 	Lisa Reilly	Date: 4/29/19
Signature of Inspector: 	John Robertson	Date: 4/29/19

City/Town of Foxborough
FOOD ESTABLISHMENT INSPECTION REPORT

Address: 40 South Street
Tel. 508-543-1207

Name Taylor Elementary School	Date 10/4/17	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 196 South Street	Risk Level 2		
Telephone 508-543-1607	HACCP Y/N	Permit No. 2017-0389	
Owner Janice Watt - Nutrition Director	Time In: 10:37 Out: 11:30		
Person-In-Charge (PIC) Jane Rice			
Inspector Diane Passafaro			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated. *Non-compliance with:*

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

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

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

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

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

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

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

DATE OF RE-INSPECTION:

Inspector's Signature:	Print: Diane Passafaro	Page 1 of 2 Pages
PICs Signature:	Print: Jane Rice	

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name: <u>Taylor Elementary School</u>	Date: <u>2/14/10</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection
Address: <u>196 South Street</u>	Risk Level: <u>2</u>		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 _____
Telephone: <u>508-543-1607</u>	HACCP Y/N	Permit No.	
Owner: <u>Janice Watt (Nut. Dir.) wattj@foxborough.k12.ma.us</u>	Time In: <u>10:05</u> Out: <u>10:45</u>		
Person in Charge (PIC): <u>Jane Rice</u>			
Inspector: <u>Pauline Hajdel / John Robertson</u>			

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

Non-compliance with:

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

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

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

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

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <u>John Robertson</u>	Print: <u>John Robertson</u>	
PIC's Signature: <u>Jane Rice</u>	Print: <u>Jane Rice</u>	Page <u>1</u> of <u>2</u> Pages

City/Town of Foxborough

Address: 40 South Street

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. 508-543-1207

Form with fields: Name (Taylor Elementary School), Address (196 South Street), Telephone (508-543-1607), Owner (Janice Watt), Person-in-Charge (Jane Rice), Inspector (John Robertson), Date (10/18/18), Risk Level (2), HACCP Y/N, Time In/Out (10:07/11:07), Type of Operation(s) (Food Service), Permit No. (2018-0526), Type of Inspection (Routine).

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

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

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

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

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

Table with 2 columns: C, N. Rows 23-30: Management and Personnel, Food and Food Protection, Equipment and Utensils, Water, Plumbing and Waste, Physical Facility, Poisonous or Toxic Materials, Special Requirements, Other.

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

Empty box for number of violations.

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

DATE OF RE-INSPECTION:

Inspector's Signature: John Robertson, Print: John Robertson, PIC's Signature: Jane Rice, Print: Jane Rice, Page 1 of 2 Pages

Food Establishment Inspection Report – City/Town of

Foxborough

Establishment: Taylor Elementary School - Risk Level 2		Date: 4/29/19	Page 1 of 3
Address: 196 South Street		Time in: 10:10	Time out: 11:04
Telephone: 508-543-1389	Permit No.: 2019-0354	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Owner: Janice Watt, Director (wattj@foxborough.k12.ma.us)			
Person-in-charge: Jane Rice		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Inspector: John Robertson			
FOODBORNE ILLNESS RISK FACTORS 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	R
Supervision						
1 Person-in-charge present, demonstrates knowledge, and performs duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Certified Food Protection Manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health						
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Proper use of restriction and exclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Procedures for responding to vomiting and diarrheal events	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices						
6 Proper eating, tasting, drinking, or tobacco use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 No discharge from eyes, nose, and mouth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands						
8 Hands clean & properly washed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 No bare hand contact with ready-to-eat food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Adequate handwashing sinks properly supplied and accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source						
11 Food obtained from approved source	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Food received in good condition, safe, & unadulterated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Required records available: shellstock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Status	IN	OUT	N/A	N/O	COS	R
Protection from Contamination						
15 Food separated and protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Food-contact surfaces; cleaned & sanitized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Proper disposition of returned, previously served, reconditioned & unsafe food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time/Temperature Control for Safety						
18 Proper cooking time & temperatures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Proper reheating procedures for hot holding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Proper cooling time and temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Proper hot holding temperature	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Proper cold holding temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Proper date marking and disposition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Time as a Public Health Control	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory						
25 Consumer advisory provided for raw / undercooked food	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations						
26 Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food/Color Additives and Toxic Substances						
27 Food additives: approved & properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 Toxic substances properly identified, stored & used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures						
29 Compliance with variance / specialized process / HACCP Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA 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 you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection:	Discussion with Person-in-Charge:
None	Discussed food code updates, date marking, all prepped food used within 5 days.

Signature of Person-in-Charge:	Jane Rice	Date: 4/29/19
Signature of Inspector:	John Robertson	Date: 4/29/19

Food Establishment Inspection Report – City/Town of Foxborough

Foxborough

Establishment: Taylor Elementary School - Risk Level 2

Date: 4/29/19

Page 2 of 3

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	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Water & ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Thermometers provided & accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification							
37	Food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination							
38	Insects, rodents, & animals not present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Contamination prevented during food preparation, storage and display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Wiping cloths: properly used & stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Washing fruits & vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Use of Utensils							
43	In-use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Utensils, equipment & linens: properly stored, dried, & handled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Single-use / single-service articles: properly stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Facilities							
50	Hot & cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Sewage & waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	Toilet features: properly constructed, supplied, & cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	Garbage & refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Physical facilities installed, maintained, & clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	Adequate ventilation & lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M2	Food allergy awareness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M4	Mobile Food Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M5	Temporary Food Establishment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M6	Public Market; Farmers Market	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M7	Residential Kitchen; Bed-and-Breakfast Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M8	Residential Kitchen: Cottage Food Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M9	School Kitchen; USDA Nutrition Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M10	Leased Commercial Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M11	Innovative Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Requirements							
L1	Local law or regulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L2	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential; Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other _____	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness Investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	Other Information: HW sink OK. Kitchen very clean. Chemicals segregated. Permit, Employee Allergen, ServSafe, FOG posted. Slicer not in use. Cooler logs noted. Sanitizer 200ppm. 1% milk 5/4/19. Utensils, dry storage OK. Noted good hair restraints, uniforms, glove use.
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Signature of Person-in-Charge:	Jane Rice	Date: 4/29/19
Signature of Inspector:	John Robertson	Date: 4/29/19

