

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name DAVIS THAYER	Date 9-7-18	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 137 WEST CENTRAL ST	Risk Level	Permit No.	
Telephone 508-541-5263	HACCP Y/N		
Owner	Time In:		
Person In Charge (PIC)	Time Out:		
Inspector Ginny McNeil			

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)   
 Local Law   
 Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

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

**PROTECTION FROM CONTAMINATION**

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

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives  
 15. Toxic Chemicals

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

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

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting 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: <i>Ginny McNeil</i>	Print: <i>Ginny McNeil</i>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Lilly Buckley</i>	Print: <i>Lilly Buckley</i>	

Establishment Name: DAMS TRUCK Date: 9-7-18 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
-			Sanitizer Buckets with proper sanitizer	
-			3- RAY SINK WITH PROPER SANITIZER.	
-			DISHWASHER RINSE 181' - LOG KEPT	
-			OBSERVED ALL EMPLOYEES WITH PROPER HAND RESTRAINT 4 ABOVE USE	
-			CAN OPENER - VERY CLEAN	
-			ALL REFRIGERATION AT PROPER TEMPERATURE - ALL FOOD PROPERLY STORED	
-			DRY STORAGE AREAS	
-			ALL FOOD PROPERLY STORED ON SHELVING	
-			SEWSHAFE DEBRA DEFLINO, KRISTI SPAINFORD & LILLIAN BUCKLEY	
Discussion With Person in Charge:				
OBSERVED GREAT JOB!				
Corrective Action Required:				
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension			
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure			
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other			

Town of Franklin

Board of Health

Tel. 520-4905

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name Davis Thayer	Date 3-12-19	<b>Type of Operation(s)</b> <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast  Permit No.	<b>Type of Inspection</b> <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 137 West Central St.	Risk Level		
Telephone 508-541-5263	HACCP Y/N		
Owner	Time In:		
Person in Charge (PIC) Lilly	Out:		
Inspector Ginny McNeil			

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

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

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

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

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

**PROTECTION FROM CONTAMINATION**

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

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives  
 15. Toxic Chemicals

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

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

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

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

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

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



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**DATE OF RE-INSPECTION:**

Inspector's Signature Ginny McNeil	Print: Ginny McNeil	Page 1 of 2 Pages
PIC's Signature Lilly Buckley	Print: Lilly Buckley	

Establishment Name: Davis Thayer

Date: 3-12-19

Page: 2 of 2

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION  
PLEASE PRINT CLEARLY

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified								
-			HANDS WASHED AND PROPERLY STOCKED WITH SOAP & PAPER TOWEL									
-			FOOD IN 3' x 3' - ALL FOODS PROPERLY STORED									
-			ALL REFRIGERATION IN DINING AREA - GOOD									
-			MILK COLLECTS - 3' x 3'									
-			DISH WASHING RINSE 180°									
-			DRY STORAGE AREA									
-			ALL FOODS PROPERLY STORED ON SHELVING									
-			SERVINGE Lillian Berkley 4-9-2001 AUBURN 6/17/2002									
-			OBSERVED ALL EMPLOYEES WITH PROPER HMC RETURNED & ABOVE									
Discussion With Person in Charge:												
OVERALL GREAT JOB!												
Corrective Action Required: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Voluntary Compliance</td> <td><input type="checkbox"/> Employee Restriction / Exclusion</td> </tr> <tr> <td><input type="checkbox"/> Re-inspection Scheduled</td> <td><input type="checkbox"/> Emergency Suspension</td> </tr> <tr> <td><input type="checkbox"/> Embargo</td> <td><input type="checkbox"/> Emergency Closure</td> </tr> <tr> <td><input type="checkbox"/> Voluntary Disposal</td> <td><input type="checkbox"/> Other</td> </tr> </table>					<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension	<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion											
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension											
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure											
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other											
				<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes							

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name FRANKLIN HIGH 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 218 OAK ST	Risk Level	Permit No.	
Telephone 541-2100	HACCP Y/N		
Owner	Time In:		
Person In Charge (PIC)	Out:		
Inspector Ginny Munkel			

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)   
 Local Law   
 Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

4. Food and Water from Approved Source  
 5. Receiving / Condition  
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**PROTECTION FROM CONTAMINATION**

8. Separation / Segregation / Protection  
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13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives  
 15. Toxic Chemicals

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

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding  
 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

CORRECTED  
10-9-18

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

1

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**DATE OF RE-INSPECTION:**

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

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

Inspector's Signature Ginny Munkel	Print: Ginny Munkel	Page 1 of 2 Pages
PIC's Signature CORA	Print: Cora Boive	



**FOOD ESTABLISHMENT INSPECTION REPORT**

Name Franklin High School	Date 4-4-19	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 218 Oak St.	Risk Level	Permit No.	
Telephone 541-2100	HACCP Y/N		
Owner	Time In: Out:		
Person In Charge (PIC)			
Inspector Ginny McNeil			

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

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- Non-compliance with:  
 Anti-Choking 590.009 (E)   
 Tobacco 590.009 (F)   
 Local Law   
 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

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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

Inspector's Signature: <i>Ginny McNeil</i>	Print: <i>Ginny McNeil</i>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Colin Boisvert</i>	Print: <i>Colin Boisvert</i>	

Establishment Name: Franklin High School Date: 4-4-19 Page: 2 of 2

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION  
PLEASE PRINT CLEARLY

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY	Date Verified
-			HANDSINK CUBES & PROPERLY STOCKED WITH SOAP & PAPER TOWELS	
-			DEV STORAGE AREA - ALL FOODS PROPERLY STOCKED ON SHOWNIE	
			WALK IN 34° ? OBSERVED ICE ON FLOOR -41° }	
			DISHMACHINE 189° - CUBES	
-			SANITIZER BUCKET WITH PROPER SANITIZER	
			ALL REFRIGERATION AT PROPER TEMPERATURES	
-			ICE MACHINE CLEAN WITH SCOP PROPERLY STOCKED	
			CHALKSTONE BERMANS SERVICES 4-15-20 - AUDITON 11-12-2020	
-			OBSERVED ALL EMPLOYEES WITH PROPER HAND WASHING & GLOVE USE CASE	
-			ALL REFRIGERATION AT PROPER TEMPERATURES	
			DISPENSARY CASE 37°	
			HANDSINK WITH SOAP & PAPER TOWELS	

Discussion With Person in Charge:

DISCUSS AREAS 5/28/19

Corrective Action Required:  No  Yes

- Voluntary Compliance
- Re-inspection Scheduled
- Embargo
- Voluntary Disposal
- Employee Restriction / Exclusion
- Emergency Suspension
- Emergency Closure
- Other



**FOOD ESTABLISHMENT INSPECTION REPORT**

Name HORACE MANN / OAK ST	Date 9-12-18	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 224 OAK ST	Risk Level	Permit No.	
Telephone 508-541-6230	HACCP Y/N		
Owner	Time In: Out:		
Person in Charge (PIC)			
Inspector Ginny McNeil			

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

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

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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**FOOD FROM APPROVED SOURCE**

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**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

Corrected  
9-12-18

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

2

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

Inspector's Signature: Ginny McNeil	Print: Ginny McNeil	Page 1 of 1 Pages
PIC's Signature: Shelley Mallow	Print: Shelley Mallow	

Establishment Name: Horace Mann Park St Date: 9-13-18 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
		(13)	HANDSINK REQUIRES PAPER TOWELS	
			DISH MACHINE RINSE 180' - Cold	
			ICE MACHINE cleaned with soap properly stored.	
29			ASSESSED ROLL OF PAPER TOWELS ON COUINER - TOWELS MUST BE STORED IN A SANITARY DISPENSER	
			SANITIZER RICKET WITH PAPER SANITIZER	
			OBSERVED EMPLOYEES WITH PROPER HAND RESTRAINTS & GLOVE USE	
			SEWAGE & BLEACHED UTILITY - GARBAGE	
			WASH IN 34' ? ALL FOODS PROPERLY STORED	
			DRY STORAGE AREA	
			ALL FOOD PROPERLY STORED ON SHELVING	
		(15)	OBSERVED CHEMICAL SPECIM BOTTLE WITHOUT PROPER LABELING	
			ALL REFRIGERATION AT PROPER TEMPERATURE	
			ALL CURRENCY PROPERLY STORED	
Discussion With Person in Charge:				
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	

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name Morace Mann / Oak St	Date 3-14-19	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 224 Oak St	Risk Level	Permit No.	
Telephone 508-541-6230	HACCP Y/N		
Owner	Time In:		
Person In Charge (PIC)	Time Out:		
Inspector Ginny McNeil			

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

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- Non-compliance with:**  
 Anti-Choking 590.009 (E)  Tobacco 590.009 (F)   
 Local Law   
 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: <i>Ginny McNeil</i>	Print: <i>Ginny McNeil</i>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Shelly Mollay</i>	Print: <i>Shelly Mollay</i>	

Establishment Name: Horace Mann / Oak St Date: 3-17-19 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
			HANDSINK CLEAN & PROPERLY STOCKED WITH SOAP & PAPER TOWELS	
			DISHMACHINE RINSE 180° - EXCELLENT	
			MILK CHEST 35°	
			ICE MACHINES CLEAN WITH SCOOP PROPERLY STORED	
			SANITIZER BUCKETS WITH PROPER SANITIZER	
25			MICROWAVE REPAIRS CLEANING INSIDE	
			ALL KNIVES IN KNIFE RACK CLEAN	
			SEWERSHOP RAGS/MOVIE 3/17/19 ALLERGEN 11/16/19	
29			WALK IN 36" - OASERVED CARDBOARD LINING SHELF USED TO STORE VEGETABLES - CARDBOARD IS NOT ALLOWED AS IT MUST BE EXPIRY CLEANABLE	
			WALK IN FREEZER - 5° - ALL FOODS PROPERLY STORED	
			DAY STORAGE AREA	
			ALL FOOD PROPERLY STORED ON CLEAN SHELVING	
			OAK ST SIDE TRUCK	
25			BOTTOM SHELF OF RACK IN FRIDGE (OAK ST) REQUIRES CLEANING	
			MILK CHEST 39°	
			ALL CUPPERY PROPERLY STORED	
Discussion With Person in Charge:				
Corrective Action Required:			<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal			<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other	

Town of FRANKLIN

Board of Health

Tel. 520-4905

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>JEPPERSON / REMINGTON</u>	Date <u>10-3-18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>628 WASHINGTON ST</u>	Risk Level	Permit No.	
Telephone <u>541-2130 X 1046</u>	HACCP Y/N		
Owner	Time In: Out:		
Person in Charge (PIC)			
Inspector <u>Ginny McNeil</u>			

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

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

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

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

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

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

**PROTECTION FROM CONTAMINATION**

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

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives  
 15. Toxic Chemicals

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

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

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

CORRECTED  
10-3-18

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

**1**

**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:**

**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

Inspector's Signature: <u>Ginny McNeil</u>	Print: <u>Ginny McNeil</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>[Signature]</u>	Print: <u>Sharon Delaney</u>	

Establishment Name: JEFFERSON / REMINGTON Date: 10-3-18 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
-			UPDATING QUANT & PROPERLY STOCKED WITH SOAP & PAPER TOWELS	
-			3-DRY SINK WITH PROPER SANITIZER	
-			SANITIZER SUPPLY AVAILABLE	
-			WALL IN 8' ? ALL FOODS PROPERLY STOCKED 36"	
-			DRY STORAGE AREAS - OK.	
-			JEFFERSON. DISH MACHINE RINSE 178° - MUST BE MIN 180° -	
-			DO NOT USE UNTIL MACHINE RINSE IS 180°	
-			REMINDED DISH MACHINE RINSE 180° - EXCELLENT	
-			OBSERVED ALL EMPLOYEES WITH PROPER HAND RESTRAINTS & GLOVE USE	
-			SELVAGE SHAWN DELIVERY 8/27/2018	
Discussion With Person in Charge:				
Corrective Action Required:				
<input checked="" type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> Emergency Suspension		
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure			
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other			

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <i>Jefferson / Remington</i>	Date <i>4-3-19</i>	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 <i>628 Washington St</i>	Risk Level	Permit No.	
Telephone <i>541-2130 X 1040</i>	HACCP Y/N		
Owner	Time In:		
Person in Charge (PIC)	Time Out:		
Inspector <i>Ginny McNeil</i>			

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)   
 Local Law   
 Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

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

**PROTECTION FROM CONTAMINATION**

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

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives  
 15. Toxic Chemicals

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

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

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting 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: <i>Ginny McNeil</i>	Print: <i>Ginny McNeil</i>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Baron Delaney</i>	Print: <i>Baron Delaney</i>	





Town of Franklin

Board of Health

Tel. 520-4905

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <i>KELER / SULLIVAN SCHOOL</i>	Date <i>10-2-18</i>	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 <i>500 LINCOLN ST</i>	Risk Level	Permit No.	
Telephone <i>553-0332 X 3672</i>	HACCP Y/N		
Owner	Time In:		
Person in Charge (PIC)	Time Out:		
Inspector <i>Ginny McNeil</i>			

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)   
 Local Law   
 Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

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

**PROTECTION FROM CONTAMINATION**

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

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives  
 15. Toxic Chemicals

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

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

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

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

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

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

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



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

**DATE OF RE-INSPECTION:**

Inspector's Signature: <i>McNeil</i>	Print: <i>Ginny McNeil</i>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Barbie Corsi</i>	Print: <i>Barbie Corsi</i>	

Establishment Name: KELLER / SULLIVAN Date: 10-2-18 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
-			HANDSINK CLEAN & PROPERLY STOCKED WITH SOAP & PAPER TOWELS 3-BAY SINK WITH PROPER SANITIZER SERVICE AREAS ALL REFRIGERATION AT PROPER TEMPERATURE KITCHENS ALL KNIVES IN KNIFE RACK CLEAN WIPER IN 40' - 1 OBSERVED ICE BUILT UP ON FLOOR. 35' >	
23			SEPARATE BARBERA COSI expires 11/15/2021 MUST POST ALLERGEN ALSO DISH MACHINE RINSE 180° - 60SD DRY STORAGE AREAS ALL FOODS PROPERLY STORED AND SHELLING WIPER IN 2.6 ( FLOOR REQUIRES SWEEPING INSIDE - 1.7 )	
-			OBSERVED ALL EMPLOYEES WITH PROPER HYMK RESTRAINTS 9 ABOVE USE	
Discussion With Person in Charge:			<input checked="" type="checkbox"/> 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	
			OVERALL GREAT JOB!	

Town of Franklin

Board of Health

Tel. 520-4905

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <i>Keller / Sullivan School</i>	Date <i>4-2-19</i>	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 <i>500 Lincoln St St.</i>	Risk Level	Permit No.	
Telephone <i>553-0353 X 3672</i>	HACCP Y/N		
Owner	Time In: Out:		
Person In Charge (PIC)			
Inspector <i>Ginny McNeil</i>			

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)   
 Local Law   
 Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

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

**PROTECTION FROM CONTAMINATION**

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

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives  
 15. Toxic Chemicals

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

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

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

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

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

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

*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 <i>Ginny McNeil</i>	Print: <i>Ginny McNeil</i>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature <i>Barbara Corsi</i>	Print: <i>Barbara Corsi</i>	

Establishment Name: Keller / Sullivan School Date: 4-2-19 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
24			Automatic hand sink near 3-BAY SINK with no hot water / must repair 3-BAY SINK WITH PAPER SANITIZER Middle School Service Area -	
25			OBSERVED (2) Delfield units leaking (observed dripping 2 pitcher inside to catch drippings) - MUST repair ASAP	
23	OK		WALK IN 40' x 35' - ALL FOODS PROPERLY STORED SERVISAFE 1-15-2031 - BOTTLES CORRECT - MUST POST ACCESSORY	
			DISHWASHER RINSE 181' - GOOD	
			<del>Elementary School Area -</del> All reparation of paper towels observed roll of paper towels on counter in cabinet - MUST STORE in a sanitary dispenser	
			Dry Storage Area All food properly stored on shelving	
			OBSERVED ALL EMPLOYEES WITH PROPER HAND WASHING PROVE USE	
Discussion With Person in Charge:			Corrective Action Required:	
			<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> No
			<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Employee Restriction / Exclusion
			<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Suspension
			<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Emergency Closure
			<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Yes

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>KENNEDY SCHOOL</u>	Date <u>9-14-18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>551 POND ST</u>	Risk Level	Permit No.	
Telephone <u>528-2048 X 203</u>	HACCP Y/N		
Owner	Time In:		
Person in Charge (PIC)	Out:		
Inspector <u>Ginny McNeil</u>			

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

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

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

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

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

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

**PROTECTION FROM CONTAMINATION**

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

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives  
 15. Toxic Chemicals

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

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

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting 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>Ginny McNeil</u>	Print: <u>Ginny McNeil</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Kathy Valentine</u>	Print: <u>Kathy Valentine</u>	

Establishment Name: KENNEDY SCHOOL Date: 9-14-18 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
-			HANDSOME CLEAN & PROPERLY STOCKED WITH SOAP & PAPER TOWELS  OBSERVED FOOD STORED IN MILK COOLER - BEHIND STORED IN MILK COOLER BECAUSE REFRIG IN REFRIGS REPAIR MUST REPAIR REFRIG IN FRIDGE ASAP  3-BAY SINCE WITH PROPER SPACED.	
23			SERVSAFE Kathleen Valentine expires 4/7/2021 Kathleen Meschwitz 8/24/2021. Allergen cartboards required.	
-			OBSERVED EMPLOYEE WITH PROPER HAIR RESTRAINT & GLOVE USE	
-			ALL RESTRICTION AT PROPER TEMPERATURE	
-			NOY STORAGE DRUM	
-			ALL FOODS PROPERLY STORE	
Discussion With Person in Charge:			Corrective Action Required:	
			<input checked="" type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> No
			<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Employee Restriction / Exclusion
			<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Suspension
			<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Emergency Closure
			<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Yes

Town of Franklin

Board of Health

Tel. 520-4905

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>KENNEDY SCHOOL</u>	Date <u>3-8-19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>551 POND ST</u>	Risk Level	Permit No.	
Telephone <u>528-2048 x 203</u>	HACCP Y/N		
Owner	Time In:		
Person in Charge (PIC)	Time Out:		
Inspector <u>Ginny McNeil</u>			

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

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

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

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

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

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

**PROTECTION FROM CONTAMINATION**

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

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives  
 15. Toxic Chemicals

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

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

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting 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):

8

**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>Ginny McNeil</u>	Print: <u>Ginny McNeil</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Kathleen A. Valentus</u>	Print: <u>KATHLEEN A. VALENTUS</u>	

Establishment Name: KENNEDY SCHOOL

Date: 3-8-19

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
			HANDSINK CLEAN & PROPERLY STOCKED WITH SOAP & PAPER TOWELS	
25			FOOD IN FRIDGE WITH BAKERY ITEM & SOAP DRESSINGS - BOTTOM SHELF REQUIRES CLEANING	
35	Condensed		OBSERVED MILK COOLER WITHOUT A THERMOMETER BOTTOM SHELF OF BEVERAGES ARE REQUIRES CLEANING	
			SANITIZER SPRAY AVAILABLE	
			SEKSUSE KATHLEEN VENTURE 4/7/2021	
			MUST POST MA ALLERGEN CERTIFICATE	
			DRY STORAGE AREA ALL GOODS PROPERLY STOCKED ON CLEAN SHELVING	
			3- BAY SINK WITH PROPER SANITIZER	
			WASH	
			OBSERVED EMPLOYEES WITH PROPER HAND WASHING & GLOVE USE	
Discussion With Person in Charge:			Corrective Action Required:	
			<input checked="" type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> No
			<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Employee Restriction / Exclusion
			<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Suspension
			<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Emergency Closure
			<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Yes



**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>TRI-COUNTY SCHOOL</u>	Date <u>9-19-18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>147 POND ST</u>	Risk Level	Permit No.	
Telephone <u>508-528-5400</u>	HACCP Y/N		
Owner	Time In: Out:		
Person In Charge (PIC) <u>Angela</u>			
Inspector <u>Ginny McNeil</u>			

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

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

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

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

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

**PROTECTION FROM CONTAMINATION**

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

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives  
 15. Toxic Chemicals

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

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

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

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

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

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

0

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

**DATE OF RE-INSPECTION:**

Inspector's Signature: <u>Ginny McNeil</u>	Print: <u>Ginny McNeil</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>A. Gregoire</u>	Print: <u>Angela Gregoire</u>	

Establishment Name: TRIL COUNTY SCHOOL Date: 9-19-18 Page: 2 of 2

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION  
PLEASE PRINT CLEARLY

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
-			HANDS WASH CEMENT 4 PROPERLY STOCKED WITH SOAP PAPER TOWELS SLIPPER IN USE FRONT KITCHEN AREA MICE TRAP 3rd	
-			3 BOY SINCE WITH PROPER SANITIZER	
-			WRAKE IN 0° 2 ALL FOODS PROPERLY STORED 34° )	
-			BY STORAGE ROOM ALL FOOD PROPERLY STORED AND SHELVING.	
-			SANITIZER SOLUTION AVAILABLE	
-			ALL RESTRICTIONS AT PROPER TEMPERATURE.	
-			OBSERVED ALL EMPLOYEES WITH PROPER HAND RESTRICTIONS 9 GLOVE USE	
-			ALL LOGS UP TO DATE	

Discussion With Person in Charge:

OVERALL GREAT JOB!

Corrective Action Required:  No  Yes

Voluntary Compliance       Employee Restriction / Exclusion  
 Re-inspection Scheduled       Emergency Suspension  
 Embargo       Emergency Closure  
 Voluntary Disposal       Other

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <i>Tri-County School</i>	Date <i>3-21-19</i>	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 <i>147 Pond St</i>	Risk Level	Permit No.	
Telephone <i>508-528-5400</i>			
Owner	HACCP Y/N		
Person in Charge (PIC) <i>Angela</i>	Time In: Out:		
Inspector <i>Ginny McNeil</i>			

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)   
 Local Law   
 Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

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

**PROTECTION FROM CONTAMINATION**

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

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives  
 15. Toxic Chemicals

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

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

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

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

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

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



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**DATE OF RE-INSPECTION:**

Inspector's Signature: <i>Ginny McNeil</i>	Print: <i>Ginny McNeil</i>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Angela Gregoire</i>	Print: <i>Angela Gregoire</i>	

Establishment Name: TR1 COUNTRY SCHOOL

Date: 3-21-19

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified								
-			HANDSOME QUEEN'S 9 PROPERLY STOCKED WITH SOAP & PAPER TOWELS									
-			WALK IN COOLERS ALL FOODS PROPERLY STORED									
-			DRY STORAGE AREA									
-			ALL FOODS PROPERLY STORED ON SHELVING									
-			ALL REFRIGERATION AT PROPER TEMPERATURE									
-			3-BAY SINK WITH PROPER SEWING									
-			SPANNING BIKETS AVAILABLE									
-			OBSERVED ALL EMPLOYEES WITH PROPER HAND RESTRAINT & GLOVE USE									
-			ALL UTENSILS INDIVIDUALLY WRAPPED									
-			WALK IN COOLERS - ALL FOODS PROPERLY STORED & LABELED									
-			SEWING AREA GREASE 3/16/19 ALIGNED 2/2/19									
Discussion With Person in Charge:												
NECALE GREAT STORE												
Corrective Action Required: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Voluntary Compliance</td> <td><input type="checkbox"/> Employee Restriction / Exclusion</td> </tr> <tr> <td><input type="checkbox"/> Re-inspection Scheduled</td> <td><input type="checkbox"/> Emergency Suspension</td> </tr> <tr> <td><input type="checkbox"/> Embargo</td> <td><input type="checkbox"/> Emergency Closure</td> </tr> <tr> <td><input type="checkbox"/> Voluntary Disposal</td> <td><input type="checkbox"/> Other</td> </tr> </table>					<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension	<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion											
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension											
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure											
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other											
				<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes							

Town of Franklin

Board of Health

Tel. 520-4905

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Parmenter</u>	Date <u>3-13-19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>135 Wachusett St.</u>	Risk Level	Permit No.	
Telephone <u>508-541-5281</u>	HACCP Y/N		
Owner	Time In:		
Person In Charge (PIC) <u>Ann Marie Williams</u>	Out:		
Inspector <u>Ginny McNeil</u>			

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

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

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

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

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

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

**PROTECTION FROM CONTAMINATION**

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

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

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

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

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

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

- 21. Food and Food Preparation for HSP

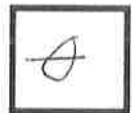
**CONSUMER ADVISORY**

- 22. Posting 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>Ginny McNeil</u>	Print: <u>Ginny McNeil</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature:	Print:	

Establishment Name: Parmater School Date: 3-13-19 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
-			HAND SINK CLEAN & PROPERLY STOCKED WITH SOAP & PAPER TOWELS	
-			WALK IN 38° & ALL FOODS PROPERLY STORED & LABELED -10° } REFRY IN 34°	
-			3-BAY SINK WITH ROPERE SANITIZER	
25			CAN OPENER WITH GROSSY SUBSTANCE - MUST CLEAN & SANITIZE	
-			MILK CANNER 85°	
-			DISH MACHINE RINSE 181° - EXCELLENT	
-			SPRITZER SPRAY AVAILABLE	
-			DRY STORAGE	
-			ALL FOOD PROPERLY STORED AND SHELVING	
-			SEKSUAFE ANN MAKE WILLIAM 5/35/2011	
-			MUST POST ALLERGEN CERTIFICATE	
Discussion With Person in Charge:				
Corrective Action Required:				
<input checked="" type="checkbox"/> Voluntary Compliance <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Embargo <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other				

Town of FRANKLIN

Board of Health

Tel. 520-4905

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <b>PARMENTER</b>	Date <b>9-11-18</b>	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 <b>135 WACHUSETT ST</b>	Risk Level	Permit No.	
Telephone <b>508-541-5281</b>	HACCP Y/N		
Owner	Time In: Out:		
Person in Charge (PIC)			
Inspector <b>Ginny McNeil</b>			

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)   
Local Law   
Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

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

**PROTECTION FROM CONTAMINATION**

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

12. Prevention of Contamination from Hands  
 13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives  
 15. Toxic Chemicals

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

16. Cooking Temperatures  
 17. Reheating  
 18. Cooling  
 19. Hot and Cold Holding

20. Time as a Public Health Control

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

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting 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):

1

**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 <i>Ginny McNeil</i>	Print: <b>Ginny McNeil</b>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature <i>Ann Marie Williams</i>	Print: <b>Ann Marie Williams</b>	

Establishment Name: PARMENTER SCHOOL Date: 9-11-18 Page: 2 of 2

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION  
PLEASE PRINT CLEARLY

Item No. Code Reference C - Critical Item R - Red Item

1 HANDSOME CLEAN & PROPERLY STOCKED WITH SOAP & PAPER TOWELS

2 WALK IN 34" - ALL FOODS PROPERLY STOCKED

35 FREEZER -5° - OBSERVED ICE & ICE TRAY ON FLOOR - MUST SWEEP

DAY STOVES AREA ALL FOOD PROPERLY STOCKED ON SHELVING

3-BAY SINK WITH PROPER SANITIZER

REACH IN 34" - ALL FOODS PROPERLY STOCKED

DISH MACHINE RINSE 180° FOOD

19 OBSERVED MILK CARTON WITH WATER ? RUST ON BOTTOM ALSO TEMPERATURE 43.5° - MUST REPAIR / REPLACE APP

OBSERVED ALL EMPLOYEES WITH PROPER HAND RESTRAINT & GAVE USE

ALERTIN 590.003 ALLERGEN EXPIRES 7/11/2016 - MUST RENEW

SEWERS AND MALE WICCIANS 5/25/2016

Discussion With Person in Charge:

Corrective Action Required:  No  Yes

Voluntary Compliance  Employee Restriction / Exclusion

Re-inspection Scheduled  Emergency Suspension

Embargo  Emergency Closure

Voluntary Disposal  Other