aborn Almenter

407 EASTERN AVE 403



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

Scoring Type: Subtractive Max Score: 100 HACCP:

100 Failing Score:

65

Score:

Status

Item

Time IN: 2017-41-15 12:3 2017-11-15 13:0 Date Inspected: Correct By: 11/15/2017 1/1/1900 Lynn Public Schools # of Critical Violations: (781) 593-1680 FULL COMPLY Monica Pancare BHP-2017-2216 Permit Number: Risk Level: Telephone: Inspector: Status: Owner:

Hot holding logs compliant and done properly. Permit 3

Quat 200ppm

Nice work

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000 Commonwealth of Massachusetts

(Rev. Sep 10,2019)

GeoTMS® 2019, an ACCELA Company

Page 1 of 2

Status

Item

Page 2 of 2

Upon Clark 407 EASTERN AVE 403

City of Lynn

BHP-2018-1705

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

me			Lynn Public Schools	-7339		ancare	Date & Time Requested	Date of Inspection	Thursday, October 4, 2018	Date of re-Inspection	racking Number
Project Name	Contractor	Applicant	Lynn Pub	(781) 477-7339	Inspector	Monica Pancare	Date & Ti	Date of Ir	Thursda	Date of r	Tracking

ENERAL COMMENT: Permit3

PFM-(2)

-1 Pest control upon request from custodian Karen.

urkey Burger 142F

aco Beans 140F

efrigeration and temps compliant

urrently there is only 1 handsink in kitchen area which is also used to clean orange food

ontainers that is used on the service line.

IC states that they clean and sanitize this sink regularly

Lynn Board of Health 3 City Hall Sqrare, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447 Email: mdesmarais@lynnma.gov

Food Establishment Inspection Report

Food Establishment	Inspection Report Email	Number of Priority and Priority	
	II ISPOSITOR STATE	Foundation Violation(s):	U
Name: Aborn Elementary School	Time In/Out: 10:00 am / 10:48 am	Number of Repeat P and PF	$\overline{\cap}$
Address: 407 Eastern Ave	Permit No.:	Violation(s):	U
Phone: 781-477-7320	Risk Category: 3 HACCP: No		
Email:	Type of Operation: Food Service	Previous Inspection Date:	
Owner: City of Lynn	Type of Inspection: Routine	Previous maposite.	
Person-in-charge: Laurie	Dale of Re-Inspection:	FAITIONS	
Inspector: C.Carlson	NOK FACTORS AND PUBLIC HEALTH I	NTERVENTIONS	
FOODBORNE ILLNESS H	Date of Re-Inspection: RISK FACTORS AND PUBLIC HEALTH I N/O = not observed N/A = not applicable COS = correct	ed on-site R = Tepeck Visitation	cos

IN = in complaince OUT = out compliance N/C	NOUT			OSR	Γ	Compliance Status	1 1		A N/O CO
Compliance Status	NOUT	IN/A			-	Protection from Contam	inat	ion	TT
Supervision		-	т		15	Food separated and protected	100	-+	++
Person-In-Charge present,	n i	1	1	1	16	Food contact surface; cleaned	In	1	
demonstrates knowledge, and	(E 11)	- 1			11	and sanitized			
performs duties					1-17	Proper disposition of returned,	ln	1	1 1
Certified Food Protection Manager	n				11 11	previously served, reconditioned			1.1
Employee Health					-11	f_ food			
Management, food employee and		-			11_	and unsafe food Time/Temperature Contro	ol for	Safe	ety
Management, rood employee		1				Proper cooking times & temperature	s In		
conditional employee; Knowledge,		1			1 18	Proper cooking almost structures for hot Proper reheating procedures for hot	In		1 1
responsibilities, and reporting	In	1] 19				
Proper use of restriction and exclusion	In				11_	holding 0 Proper cooling time and temperature	e		n/o
Procedures for responding to vomiting				1 1	2	0 Proper cooling lime and comperature			n/o
and diarrheal events	es] 2	1 Proper hot holding temperature	lir		
Good Hygienic Practic		T	n/	o,	2	2 Proper cold holding temperature	_	-	
6 Proper eating, tasting, drinking, or		1			2	23 Proper date marking and disposition	li	-	
tobacco use	In	-	7.			24 Time as a Public Health Control	_	1-	-
7 No discharges from eyes, nose and	["]			1		Consumer Advisor	w/ 1	7	n/a
	Llor				4	25 Consumer advisory provided for ra	W/	1	
Preventing Contamination b	y mai	Tus	T	Ť	T			o Do	pulatio
a Unada clean and properly wastieu	1	-+	+		111	Requirements for Highly Susce	pioi	610	Inta
a Na hare hand contact With RIE 1000	ln	-+	+	+-	11	26 Pasteurized foods used, prompted	1		1"9
10 Adequate handwashing sinks properly	' In		1	- l	111	. L-fforod	- 1		
ounnied and accessible			L	سلب		Food/Color Additives and To	OXIC	Subs	Statices
Approved Source			-	6-3	H	27 Food additives; approved and	1	1	n/a
11 Food obtained from source	ln	_	9.		111			_	
to Food received at proper temperature		_	-	1/0	+H	28 Toxic substances properly identifi	ed,	ln	
13 Food received in good condition, safe	, In		1		111	. 1			
dulterated	0.00			_	41	Conformance with Approv	ed F	roce	dures
14 Required records available, shellstoo	k		n/a		111	29 Compliance with variance/specia	lized		n/a
tags, parasite destruction					اللي	process/HACCP plan	US = 5.5		
tags, parasite destruction OFFICIAL ORDER FOR CORRECTION today, the items marked "OUT" indicated violation today, the items marked "OUT" indicated violation	: Bas	sed or	n an	inspec	บูดท		is rep	ort, wh	nen signed
OFFICIAL ORDER 1 ON UT Indicated violation	ns to 10	05 CI	MR 5	90.000	and a	pplicable sections of the correct violations cited	In this	repor	t may resi
OFFICIAL ORDER FOR CORRECTION today, the items marked "OUT" indicated violation below by a Board of Health member or its agent.	constitu	utes a	an or	der of	the Boa	ard of Health, Fallaro to the	to a n	otice o	of suspens
today, the items marked "OUT" indicated violated below by a Board of Health member or its agent suspension or revocation of the food establishment o	ent peri	mit ar	nd ce	ssatlo	n of foo	d establishment operations in your dance with 105 C	MR 5	90.01	5(B).
below by a Board of Health member of its described suspension or revocation of the food establishment or non-renewal pursuant to 105 CMR 590,000 years.	u may	requ	est a	hearir	ig befo		-		
or non-renewal pursuant to 105 OWN 550.000 y						Person In Charg			
Inspector: ansh						J. J.			Page

Food Establishment Inspection Report

MoJIN Solutions, LLC

Page 2 of 3

Date: 03/14/2019 Establishment: Aborn Elementary School

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

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

IN = in complaince OUT = out compliance TV/C			-	71	Compliance Status IN OUT N/A N	
U - Chatus	N OUT	N/A N/O	o co	SR	facilities installed,	
Compliance Status Safe food and Water		1			warewashing racinities in the maintained, and used; test strips	-
Safe food and Water	TI	n/a	1		- I contact surfaces clean	
Pasteurized eggs used where	1 1	1			49 Non-food contact surfaces Physical Facilities	
the d	ē -				Physical Facilities	
Mater and ice from approved source		n/a	+	77	50 Hot and cold water available;	
Variance obtained for specialized	1	l l		-11	adequate pressure	
ing methods	بالب	1-1-		ᅫ	51 Plumbing installed; proper	-1
Food temperature con	itrol	τ.	10	$\neg \neg$	hookflow devices	
3 Proper cooling methods used;	1	1 1	1/0	11	52 Sewage and waste water properly	
adequate equipment for	1	1 1	1	. 1	disposed	++
temperature control			-		Toilet features; properly,	1 1
4 Plant food properly cooked for hot			n/o	1	constructed supplied, and cleaned	++-
			_		rofuse properly	1-1
holding holding methods used			n/o	- 8	disposed; facilities maintained	
Approved thawing methods used	01	ut		cos	I Dillion inetalled	
Approved triawing includes and accurate Thermometer provided and accurate	1,1		1		55 Physical facilities installed.	
Food Identification	TT	T			maintained, and clean 56 Adequate ventilation and lighting;	11
37 Food properly labeled: original	1 1	1		1	56 Adequate vertilation and used	
	tomin	ation	1	l	designated areas used	h.,
Prevention of Food Con	Tanin	T	T	T	Massachusetts Requirements	n/o
38 Insects, rodents, and animals not	1 1		1	1 1	M1 Anti-choking procedures in food	1
- report	+-+		+		service establishment	n/o
20 Contamination prevented during	1 1	1		1	M2 Food allergen awareness	n/o
food preparation,storage and	1 1	1	1	1	M3 Caterer	n/o
			+	+	Mobile Food Operation	n/o
display 40 Personal cleanliness	10,0	-	- -		Temporary Food Establishment	n/o
- Istha properly used and		1		1	Aug. Dublic Market: Farmers Market	
			1		La Little Bed-800-	n/o
stored stored vegetables					Drookfast Operation	1-1-
42 Washing fruits and vegetables Proper Use of Ute	nsils				Litaben: Cottage Food	n/c
Proper Use of Use	T					1-1-
43 In-use utensils properly stored	_	17			Operation M9 School Kitchen; USDA Nutrition	n/e
44 Utensils, equipment and linens:	8 1	1 1		12		1_1_
are a criv stored dried, and mandide		+			Program Program	n/
45 Single-use/single-service atticles.	9	1			M10 Leased Commercial Kitchen	n/
properly stored and used		+-			M11 Innovation Operation	
1 arenorly		-lina		-	Local Requirements	n
Literale Fallonella at	d Ven	aing	1	FT	L1 Local law or regulation	1 1
Food and non-food contact surface	ces	1	1	1 1	L2 Other	1 1
cleanable, properly designed,	1	1			111-	11
constructed and used				1	111	

Date: 03/14/2019 Page 3 of 3 **Establishment: Aborn Elementary School** DESCRIPTION OF VIOLATION Fail Code Establishment is a public school that serves three lunch periods. First lunch begins at 11:00am and last lunch period ends at Discussion OBSERVATION: Observed hot holding cabinet and two refrigerators in back room without secondary thermometers. PIC retrieved thermometers from storage and placed in units immediately. REGULATION: Temperature Measuring Devices-Functionality 4-204.112 Observed pre-packaged salads in refrigeration at 38°F via Discussion infared thermometer.

and are 90 COMMERCIAL ST

BHP-2018-1715

City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

Project Name Contractor Applicant LYNN PUBLIC SCHOOLS - CITY OF LYNN Inspector Monica Pancare Date & Time Requested Date of Inspection Wednesday, October 17, 2018	Date of re-Inspection Tracking Number	Status
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Replace missing and or burned out lightbulbs in dry goods storage area. Status Physical Facility Item Good Retail Practices Violations Related to (Blue Items)

GENERAL COMMENT: Permit 3

CPFM- Catherine Miller

Kitchen and storage areas are exceptionally clean and well organized.

Handsinks stocked

Food stored properly.@ temps compliant

Steamtable water wells - nice job on keeping these clean and changing them daily!

Food Establishment Inspection Report

Lynn Board of Health 3 City Hall Square, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447

Email: ltobin@lynnma.gov

Name: Annex Cafe LVTI	Inspection Date: 09/12/2019	Number of Priority and Priority	1	
Address: 90 Commercial Street	Time In/Out: 11:45 pm /12:15 pm	Foundation Violation(s):	ı	
Phone: 781-477-7431	Permit No.:	Number of Repeat P and PF	\cap	
Email:	Risk Category: 3 HACCP: No	Vlolation(s):	U	
Owner: City of Lynn	Type of Operation: Food Service			
Person-in-charge: Cathy	Type of Inspection: Routine Previous Inspection Date:			
Inspector: C.Carlson	Date of Re-Inspection: 09/22/2019 or	After	-40015	
FOODBORNE ILLNESS RISK FACT	ORS AND PUBLIC HEALTH arved N/A = not applicable COS = correct	INTERVENTIONS ted on-site R = repeat violation		

Compliance Status	IN OUT N/A N/O COS R		Compliance Status			N/O COS R
Supervision	\$ 17		Protection from Contam	inati		
1 Person-In-Charge present,	ln	3/4	15 Food separated and protected		n/a	
demonstrates knowledge, and			16 Food contact surface; cleaned	In		e l
performs duties	'	September 1	and sanitized			3.0
Certified Food Protection Manager	In		17 Proper disposition of returned,	In	20.2	1
Employee Health	134		previously served, reconditioned		9.25	
3 Management, food employee and	In		and unsafe food		41.	3. . %.
conditional employee; Knowledge,		180 A	Time/Temperature Control	for S	Safety	
responsibilities, and reporting			18 Proper cooking times & temperatures		n/a	
4 Proper use of restriction and exclusion	In	12	19 Proper reheating procedures for hot	ln		
5 Procedures for responding to vomiting			holding			
and diarrheal events			20 Proper cooling time and temperature			n/a
Good Hygienic Practic	ces		21 Proper hot holding temperature	0	ut	
6 Proper eating, tasting, drinking, or	In		22 Proper cold holding temperature	In		
tobacco use			23 Proper date marking and disposition			n/o
7 No discharges from eyes, nose and	In	112	24 Time as a Public Health Control		n/a	
mouth		· * ·	Consumer Advisory		13.1	
Preventing Contamination by	Hand	ds	25 Consumer advisory provided for raw/		n/a	
8 Hands clean and properly washed	In		under cooked food			
9 No bare hand contact with RTE food	In		Requirements for Highly Suscept	le P	opula	itions
10 Adequate handwashing sinks properly	In		26 Pasteurized foods used; prohibited		n/a	
supplied and accessible			foods not offered			
Approved Source	Way.		Food/Color Additives and Toxic	Sub	stand	ces 💛
11 Food obtained from source	In		27 Food additives; approved and		n/a	
12 Food received at proper temperature		n/o	properly used			30
13 Food received in good condition, safe,	ln		28 Toxic substances properly identified,	In		
and unadulterated			stored and used			
14 Required records available, shellstock		n/a	Conformance with Approved P		edure	S
tags, parasite destruction			29 Compliance with variance/specialized		n/a	
OFFICIAL ORDER FOR CORRECTION:	Based o	on an Inspection	process/HACCP plan			-2
today, the items marked "OUT" indicated violations t	o 105 C	MR 590,000 and a	pplicable sections of 2013 FDA Food Code. This repo	rt, wh	en sign	ed
below by a Board of Health member or its agent con	stitutes	an order of the Boa	ard of Health. Failure to correct violations cited in this	report	t may re	esult in
suspension or revocation of the food establishment p	ermlt a	nd cessation of foo	od establishment operations. If you are subject to a no	tice o	f suspe	nslon,
or non-renewal pursuant to 105 CMR 590.000 you m	ay requ	est a hearing befor	re the board of health in accordance with 105 CMR 59	0.015	i(B).	
Inspector: \(\lambda \infty \)			Person In Charg			
Inspector:			Couly Mille			
					_	

Food Establishment Inspection Report

MoJiN Solutions, LLC

•		
Establishment: Annex Cafe LVTI	Date: 09/12/2019 Page	2 of 3
GOOD RETAIL PRACTICES AND MASSACH	USETTS-ONLY SECTIONS	3.17
IN = in complaince OLIT = out compliance N/O = not observed N/A = not applicable		

	Compliance Status	IN OUT	N/A N/O COS R		Compliance Status	INO	UT N/A	N/O COS R
30	Safe food and Water	r		48	Warewashing facilities: installed,	387	34.	73
30	Pasteurized eggs used where		n/a		maintained, and used; test strips		14.	
00	required			49	Non-food contact surfaces clean		1	
31	Water and ice from approved source	L, 1		952	Physical Facilities		3.3	A 1 1 1 1
	Variance obtained for specialized		n/a	50	Hot and cold water available;		15	200
~	processing methods				adequate pressure	. 💸	30	
100	Food temperature co	ntrol	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	51	Plumbing installed; proper	ăi.	3.5	
33	Proper cooling methods used;		n/o		backflow devices	Z.		
	adequate equipment for			52	Sewage and waste water properly	À.		- 1
	temperature control				disposed	8		
34	Plant food properly cooked for hot	T. 1	n/o	53	Toilet features; properly,			
٠.	holding	18			constructed supplied, and cleaned	12.		
35	Approved thawing methods used		n/o	54	Garbage and refuse properly			
	Thermometer provided and accurate	7 (4.5		disposed; facilities maintained		j-i	
CE /	Food Identification	-yr		55	Physical facilities installed,		(X	
37	Food properly labeled: original				maintained, and clean		200	
Ο,	container	7	- 6	56	Adequate ventilation and lighting;			
11.12	Prevention of Food Conta	aminat	ion		designated areas used			560 560
38	Insects, rodents, and animals not	140	07 to 1	- 37	Massachusetts Requireme	ents		1 515
	present	*		M1	Anti-choking procedures in food	In		
39	Contamination prevented during	25	62 18		service establishment			
	food preparation, storage and		3.9	M2	Food allergen awareness	In		
	display	1.2		МЗ	Caterer			n/o
40	Personal cleanliness	3.0	3.3	M4	Mobile Food Operation			n/o
41	Wiping cloths: properly used and			M5	Temporary Food Establishment			n/o
	stored		2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M6	Public Market; Farmers Market			n/o
42	Washing fruits and vegetables			M7	Residential Kitchen; Bed-and-			n/o
J. S.	Proper Use of Utensil	s	136 71145		Breakfast Operation			
43	In-use utensils properly stored	44.		M8	Residential Kitchen: Cottage Food	ı		n/o
44	Utensils, equipment and linens:	X.			Operation		\perp	
	properly stored, dried, and handled	14	A TAY	M9	School Kitchen; USDA Nutrition			n/o
45	Single-use/single-service articles:	¥."			Program		_	
	properly stored and used				Leased Commercial Kitchen			n/o
46	Gloves used properly	78		M11	Innovation Operation			n/o
ES 1	Utensils, Equipment and Ve	nding		1111	Local Requirements		1 N 1 N	Contraction of
47	Food and non-food contact surfaces	ay	13.3	L1	Local law or regulation		_	n/o
	cleanable, properly designed,	135		L2	Other			n/o
	constructed and used	2.1						
			7000 F.S. Broduk					

Page 3 of 3

determine source of temperature abuse and correct immediately. REGULATION: Holding TCS Food, Hot Observed salad in containers on ice packs at service line at 65°F. PIC states salad items are removed from refrigeration for service around 10:00am and returned to refrigeration prior to 1:00pm. PIC states a new cold holding table has been has already been ordered and will be used to hold salad items once it arrives. Correct Priority Item and Priority Foundation Item violations immediate Core Item violations within 10 days. Correct all violations in entirety and maintain. Train and supervise staff. Failure to correct all violations and maintain corrections may result in administrative action and or fines. The text in this report is an unofficial version of the state regulations. Official version of the state regulations may be foundation www.mass.gov/dph/fpp or by contacting the State House Book Store. Discussion Observed chicken patties coming out of oven at 179°F. Observed ham elices in guad-door refrigerator at 39°F.	Establishment: Annex (Cafe LVTI Date: 09/12/2019 Page 3 01
OBSERVATION: Observed chicken wings in hot holding table at 121°F. PIC determine source of temperature abuse and correct immediately. REGULATION: Holding TCS Food, Hot Observed salad in containers on ice packs at service line at 65°F. PIC states salad items are removed from refrigeration for service around 10:00am and returned to refrigeration prior to 1:00pm. PIC state a new cold holding table has been has already been ordered and will be used to hold salad items once it arrives. Correct Priority Item and Priority Foundation Item violations immediate Core Item violations within 10 days. Correct all violations in entirety and maintain. Train and supervise staff. Failure to correct all violations and maintain corrections may result in administrative action and or fines. The text in this report is an unofficial version of the state regulations. Official version of the state regulations may be for at www.mass.gov/dph/fpp or by contacting the State House Book Store. Discussion Observed chicken patties coming out of oven at 179°F.		DESCRIPTION OF VIOLATION
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Core Item violations within 10 days. Correct all violations in entirety and maintain. Train and supervise staff. Failure to correct all violations and maintain corrections may result in administrative action and or fines. The text in this report is an unofficial version of the state regulations. Official version of the state regulations may be found at www.mass.gov/dph/fpp or by contacting the State House Book Store. Discussion Observed chicken patties coming out of oven at 179°F.	Discussion	65°F. PIC states salad items are removed from refrigeration for service around 10:00am and returned to refrigeration prior to 1:00pm. PIC states a new cold holding table has been has already been ordered and will be
lobanyrod ham elices in guad-door refrigerator at 39°F.	0.001	violations and maintain corrections may result in administrative action and or fines. The text in this report is an unofficial version of the state regulations. Official version of the state regulations may be found
	Discussion	Observed chicken patties coming out of oven at 179°F. Observed ham slices in quad-door refrigerator at 39°F. Observed milk in milk chest refrigerator at 37°F via infrared thermometer.
		·
1		

City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

	HACCP:		Scoring T	ype: s	Scoring Type: Subtractive	Max Score:	100	Score:	66	Failing Score:	65	
	ltem							Status				
Telephone:	NON-COMPLIANCE WITH:	ANCE	WITH:					*				
(781) 477-7220	Allergen Awareness	varenes	v					FAIL				
Owner: Lynn Public Schools												
PIC:												
Inspector. Monica Pancare												
Date Inspected: Correct By:												
2/10/2016 3/1/2016												
Risk Level:												
Permit Number:												
BHP-2015-1581												
Status: FULL COMPLY												
# of Critical Violations:												
1												
Time IN: Time OUT:												
2016-02-10 13:3 2016-02-10 14:0												

Allergen Awareness- State of Massachusetts needs to be recognized by ServeSafe, Ansi, or other as recognized by State. Please fax ServeSafe to City Hall ISP- information attached.

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

(Rev. Sep 17,2019)

(Rev. Sep 17,2019)

EARLY CHILDHOOD CENTER



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

65 95 Failing Score: Status Score: 100 Max Score: Scoring Type: Subtractive HACCP: Item

mops in kitchen and brooms need to be hung and stored properly when not in use. A wall mounted bracket is suggested.Needs to be cleaned and maintained in good repair.Repair leak from mop sink base.Fix/ patch repair wall coving ripped from the base. Comment: The mop sink room around the corner is in need of repair.Black mold, dirf mildew and must odors and visible.All FAIL Violations Related to Good Retail Practices (Blue Items) Physical Facility

Permits compliant Servesafe compliant Allergen compliant. Formal temp logs suggested versus notepads.

2016-09-14 10:4 2016-09-14 11:1

Time OUT:

Time IN:

of Critical Violations:

PARTIAL COMPLY

Permit Number: BHP-2016-1835

Status:

9/23/2016

Risk Level:

9/14/2016

Date Inspected: Correct By:

Monica Pancare

Inspector.

Lynn Public Schools

PIC:

Owner.

(781) 477-7220

Telephone:

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

(Rev. Sep 17,2019)

ECC- (former) Food Establishment Inspection Report

Lynn Board of Health 3 City Hall Square, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447

Email: Itobin@iynnma.gov

Name: Annex Discovery	Inspection Date: 09/12/2019	Number of Priority and Priority		
Address: 90 Commercial Street	Time In/Out: 12:25 pm /12:41 pm	Foundation Violation(s):		
Phone: 781-477-7431	Permit No.:	Number of Repeat P and PF		
Email:	Risk Category: 3 HACCP: No	Violation(s):		
Owner: City of Lynn	Type of Operation: Food Service			
Person-in-charge: Jussara	ara Type of Inspection: Routine Previous Inspection Date:			
Inspector: C.Carlson	Date of Re-Inspection:			
FOODBORNE ILLNESS RISK I	FACTORS AND PUBLIC HEALTH not observed N/A = not applicable COS = correct	INTERVENTIONS ted on-site R = repeat violation		

Compliance Status	IN OUT N/A N/O COS R	Compliance Status	INO	UT N/A N/O COS R		
Supervision	ENERGY TO T	Protection from Contamination				
1 Person-in-Charge present,	In Hill I	15 Food separated and protected		n/a		
demonstrates knowledge, and		16 Food contact surface; cleaned	ln	V 1		
performs duties		and sanitized		4.7		
2 Certified Food Protection Manager	In I	17 Proper disposition of returned,	ln	10 to 1		
Employee Health		previously served, reconditioned		7111		
3 Management, food employee and	In Sa	and unsafe food				
conditional employee; Knowledge,		Time/Temperature Control				
responsibilities, and reporting		18 Proper cooking times & temperatures		n/o		
4 Proper use of restriction and exclusion	In Salas	19 Proper reheating procedures for hot		n/o		
5 Procedures for responding to vomiting	In I	holding	4			
and diarrheal events	1.764	20 Proper cooling time and temperature		n/o		
Good Hygienic Practi	ces	21 Proper hot holding temperature		n/o		
6 Proper eating, tasting, drinking, or	In .	22 Proper cold holding temperature	ln			
tobacco use		23 Proper date marking and disposition		n/o		
7 No discharges from eyes, nose and	In A	24 Time as a Public Health Control		n/a		
mouth	137	Consumer Advisory	1,000			
Preventing Contamination by	y Hands	25 Consumer advisory provided for raw/		n/a		
8 Hands clean and properly washed	In S	under cooked food				
9 No bare hand contact with RTE food	n/o	Requirements for Highly Suscepti	ole Po	The second secon		
10 Adequate handwashing sinks properly	out	26 Pasteurized foods used; prohibited		n/a		
supplied and accessible	图 法	foods not offered		l ind		
Approved Source		Food/Color Additives and Toxic	Sub	7. 10922		
11 Food obtained from source	In Silver	27 Food additives; approved and		n/a		
12 Food received at proper temperature	n/o	properly used .	 	- 10°		
13 Food received in good condition, safe,	In S		ln	27		
and unadulterated	256	stored and used	000 000			
14 Required records available, shellstock	n/a	Conformance with Approved F	roce			
tags, parasite destruction		29 Compliance with variance/specialized		n/a		
OFFICIAL ORDER FOR CORRECTION:	Based on an inspection	process/HACCP plan	Щ			
today, the items marked "OUT" indicated violations	to 105 CMR 590,000 and a	applicable sections of 2013 FDA Food Code. This repo	ort, whe	en signed		
below by a Board of Health member or its agent cor	stitutes an order of the Bo	ard of Health. Failure to correct violations cited in this	report	may result in		
suspension or revocation of the food establishment	permit and cessation of for	od establishment operations. If you are subject to a no	otice of	suspension,		
or non-renewal pursuant to 105 CMR 590,000 you n	nay request a hearing before	re the board of health in accordance with 105 CMR 59	30.015(———	(B).		
Inspector: ///		Person In Charg				
Inspector:		Cithy Mele				
				Page 1 of 3		

Food Establishment Inspection Report

MoJiN Solutions, LLC

Establishment:	Annex Discovery	Date: 09/12/2019	Page 2 of 3
Compile Monte		PRACTICES AND MASSACHUSETTS-ONLY SECTIONS	多國 法法
tht = ln nor	malelace OLIT = out compliance	e N/O = not observed N/A = not applicable COS = corrected on-site R = repeat v	olation

	Compliance Status	IN OU	NA NO COS R		Compliance Status	IN	OUT N/A	N/O COS
-	Safe food and Water		21 24 44 15	48	Warewashing facilities: installed,	T	1.3	J.
30	Pasteurized eggs used where		n/a		maintained, and used; test strips	347	35	
30	required		1.0	49	Non-food contact surfaces clean	. 3	: <u>:</u>	3
31	Water and ice from approved source	2.1	13.3	120	Physical Facilities			Awy.
	Variance obtained for specialized		n/a	50	Hot and cold water available;	3	14.5	1.3
02	processing methods		1 2		adequate pressure	3: 4		
32.0	Food temperature co	ntrol	13.85 4 1.4	51	Plumbing installed; proper	7.14	₹4	1.3
22	Proper cooling methods used;		n/o		backflow devices	K (%)	\$.U	
55	adequate equipment for			52	Sewage and waste water properly	13	79	
	temperature control				disposed	E.C.	-4.	
24	Plant food properly cooked for hot	10.	n/o	53	Toilet features; properly,	111	2.	10.
34		4	1 1" 1 1		constructed supplied, and cleaned		100	
0.5	holding		n/o	54	Garbage and refuse properly		٠.	
35	Approved thawing methods used	V.		0-	disposed; facilities maintained	N. 1		1.1
36	Thermometer provided and accurate	L. I.,	الحليا	55	Physical facilities installed,	1		177
24	Food Identification			33	maintained, and clean			3-1
37	Food properly labeled: original			56	Adequate ventilation and lighting;	-2	-	
	container		الملتاليا	56	designated areas used	200	(3)	
	Prevention of Food Cont	amina	tion	2000		onto		TOV
38	Insects, rodents, and animals not	3.4		14	Massachusetts Requirem	In		1 1 1
	present			I M1	Anti-choking procedures in food	""	h	1 1 1
39	Contamination prevented during			-	service establishment	7,0	-	1-1-1
	food preparation,storage and			M2	Food allergen awareness	in	_	12/2
	display	54	60 2	M3	Caterer	+		n/o
40	Personal cleanliness	, 4	% (#)	M4	Mobile Food Operation	\vdash	_	n/o
41	Wiping cloths: properly used and		10 65	M5	Temporary Food Establishment	\vdash		n/o
	stored		103, 141	M6	Public Market; Farmers Market	+	_	n/o
42	Washing fruits and vegetables	\$		M7	Residential Kitchen; Bed-and-			n/o
1100	Proper Use of Utens	ls			Breakfast Operation	\Box	_	
43	In-use utensils properly stored	111	33.	M8	Residential Kitchen: Cottage Food			n/o
44	Utensils, equipment and linens:	3	24.76		Operation			\Box
• •	properly stored, dried, and handled			M9	School Kitchen; USDA Nutrition			in/o
15	Single-use/single-service articles:	P.,	VARIA I		Program			
40	properly stored and used	43		M10	Leased Commercial Kitchen			n/o
16	Gloves used properly	17.5		M11	Innovation Operation			n/o
	Utensils, Equipment and V	ending			Local Requirements	\$		
17	Food and non-food contact surfaces		TESTED TO	L1		П		n/o
4/		. S.	55 55	L2				n/o
	cleanable, properly designed,	rtion.	12.55					1 1 1
	constructed and used							

Page 3 of 3

Establishment: Annex Discovery Date: 09/12/2019

Establishment: Annex	Discovery Date: 09/12/2019 Page 3 01
Fail Code	DESCRIPTION OF VIOLATION
Discussion	Establishment formerly known as "Early Childhood Center".
Discussion	PIC states food is prepared / cooked in kitchen located downstairs ("Annex Cafe LVTI"). PIC states after service, dishes are washed, rinsed, & sanitized in 3-compartment sink located downstairs as well.
Discussion	Last lunch period finishing upon arrival for inspection. No food observed being served at time of inspection.
6-301.14	OBSERVATION: No handwashing signage observed at handwashing sink. PIC to ensure proper signage is posted at handwashing sink. REGULATION: Handwashing Signage
9.001	Correct Priority Item and Priority Foundation Item violations immediately Core Item violations within 10 days. Correct all violations in entirety and maintain. Train and supervise staff. Failure to correct all violations and maintain corrections may result in administrative action and or fines. The text in this report is an unofficial version of the state regulations. Official version of the state regulations may be found at www.mass.gov/dph/fpp or by contacting the State House Book Store.
Discussion	Observed milk in milk chest refrigerator at 39°F via infrared thermometer.
AWAREST SOUTH NOT SOUTH	

90 O'Callahan Way



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

Failing Score: 8 Status Score: 100 Max Score: Scoring Type: Subtractive HACCP: Hem

8

Allergen Awareness training needed within 30 days. Posted PIC is on LOA. Suggest at least 1 other CPFM within 30 days. Two CPFM are expired. Permit compliant

2016-10-21 10:0

2016-10-21 09:0

Time OUT:

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN IMA 01901 (781) 598-4000

Commonwealth of Massachusetts

item

Status

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

Commonwealth of Massachusetts (Rev

Breed Midale School 56 O'Callaghan Way

Owner Addr: 90

BHP-2016-1750

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE City of Lynn COMMERCIAL ST LYNN, MA

Project Name	
Contractor	
Applicant	NON-COMPLIANCE WITH:
Lynn Public Schools	
(781) 477-7339	
Inspector	
Monica Pancare	Violations Related to
Date & Time Requested	(Blue Items)
Date of Inspection	
Tuesday, March 28, 2017	0.00
Date of re-Inspection	
Tracking Number	
Status DARTIAL COMPLY	

Handsink near the steamtable line storage area is not working.. This is a repeat violation from previous inspection 10 -21-2016 Current Allergen Awareness training is non compliant.(person is no longer on premises) During previous inspection this was This handwashing sink is the only handwashing sink on or near the hot food service line. PROVIDE water, soap, and paper towels for proper handwashing to prevent contamination. The prewash sink is not a handsink. Status noted for 30 days to provide updated certificate. Water, Plumbing and Waste Allergen Awareness Item

There is a water leak under the 3 comp sink. this was noted previously. REPAIR.

Physical Facility

The ceiling tile above the hobart mixer has a coating material? "flapping" from the surface. REPAIR to prevent physical contamination of any residuals into food preparation below.

Owner Addr: 90 COMMERCIAL ST LYNN, MA

City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

GENERAL COMMENT: Permit3 compliant Temp logs compliant Food is stored properly, organized, and clean. Quat 200ppm.

Owner Addr: 100 BENNET 90'0'

Breed Middle School BHP-2018-1730 90'0'Culchen Way

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE City of Lynn

Status	Item	Food Contact Surfaces Cleaning and FAIL	Sanitzing Quat 50ppm in sanitizer 2 buckets on service line and at 3	required for food contact surfaces Min. Zuoppini required for food contact surfaces Min. Zuoppini Order additional buckets for proper use. Training and monitoring required	FAIL	Physical Facility Repair leaky pipe at prep sink onto floor. A semi live mouse was observed stuck on gluetrap behind A semi live mouse was observed stuck on gluetrap behind	Vulcan oven on moor i common of the control of the	Remove all used vormmers to outside shut, unless deliveries. areas and keep entryways to outside shut, unless dock area-	Back dool floted property of the property of t	room and in the plep and control harborage, and physical incidents.
		PROTECTION FROM CONTAMINATION			Violations Related to	Good Refail Practices (Blue Items)				
Project Name	Contractor	Applicant	Lynn Public Schools (781) 477-7339	Inspector Monica Pancare	Date & Time Requested	Date of Inspection Friday, September 21, 2018	Date of re-Inspection	Tracking Number	Status PARTIAL COMPLY	

Owner Addr: 100 BENNET

ST LYNN, MA

City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

GENERAL COMMENT: Permit 3

Refrigerator temps compliant Handsink stocked Hot holding compliant. Repair and address physical facility violations as noted within 10 days

Lynn Board of Health 3 City Hall Square, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447 Email: Itobin@lynnma.gov

Food Establishment Inspection Report

Name: Breed Middle School Address: 90 O'Callaghan Way Phone: 781-477-7330 Risk Category: 3 HACCP: No Email: Owner: City of Lynn Person-in-charge: Marianne Inspector: C,Carlson FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS IN = in complaince OUT = out compilance IN = in complaince OUT = out compilance Time In/Out: 08:30 am /09:30 am Number of Repeat P and PF Violation(s): O Previous Inspection Date: Previous Inspection Date: Previous Inspection Date: Out of Re-Inspection: IN = in complaince OUT = out compilance N/O = not observed N/A = not applicable COS = corrected on-site R = repeat violation	Food Establishment	Inspection bats, Got TELES	Number of Priority and Priority Foundation Violation(s):
Address: 90 O'Callaghan Way Permit No.: Violation(s): Phone: 781-477-7330 Risk Category: 3 HACCP: No Email: Type of Operation: Food Service Owner: City of Lynn Person-in-charge: Marianne Date of Re-Inspection: Date of Re-Inspection:	Name: Breed Middle School	Time In/Out: 08:30 am /09:30 am	
Phone: 781-477-7330 Risk Category: 3 HACCP: No Email: Type of Operation: Food Service Owner: City of Lynn Person-in-charge: Marianne Date of Re-Inspection: Previous Inspection Date: Date of Re-Inspection:		Permit No.:	
Owner: City of Lynn Type of Inspection: Routine Person-in-charge: Marianne Date of Re-Inspection:	Phone: 781-477-7330	RISK GRICGOI). O	1
Owner: City of Lynn Type of Inspection: Routine Person-In-charge: Marianne Date of Re-Inspection:	Email:	Type of Operation: Food Service	Inches Inspection Date:
TO NITED VENTIONS			Previous inspection date.
Inspector: C.Carlson	Person-in-charge: Marianne	Date of Re-Inspection:	- IFIONO
	Inspector: C.Carlson	THE STORE AND PUBLIC HEALTH	INTERVENTIONS

	IN OUT N	NA NO COS R	Compliance Status	1	100	NO COS
Compliance Status	11	300 30	Protection from Contan	11112	n/a	JT
Supervision	162 200 3		15 Food separated and protected	+		127
Person-In-Charge present,	In		16 Food contact surface; cleaned	lln	1	13.7
demonstrates knowledge, and	1 1	최취 11	and sanitized	-	1-1-	100
porforms duties	_		17 Proper disposition of returned,	ln		S and
Certified Food Protection Manager	in]		previously served, reconditioned	1	1 18	100
Employee Health	N. P. WAR		Jungafa food			
Management, food employee and	In	(養)(3) 日	Time/Temperature Contro	ol fo	r Safe	ty
conditional employee; Knowledge,			49 Proper cooking times & temperature	10	n	9-1-
responsibilities, and reporting			19 Proper reheating procedures for hot			n/o
Proper use of restriction and exclusion	In	7.				
5 Procedures for responding to vomiting	In		holding 20 Proper cooling time and temperature	е		n/o
5 Procedures for responding	1		20 Proper cooling time set		n	
and diarrheal events Good Hygienic Practi	ces		21 Proper not holding temperature 22 Proper cold holding temperature	1	n	
Good Hygielio (Tas-	In	34.	22 Proper cold holding temperature	n		n/o
6 Proper eating, tasting, drinking, or			23 Proper date marking and dispositio		r	n/a
tobacco use	In	2.3	24 Time as a Public Health Control	v -	STEEL ST	2.04
7 No discharges from eyes, nose and	11		Consumer Advisor	w/	1 1	n/a
mouth	y Hane	ds	25 Consumer advisory provided for ra	'''		100
Preventing Contamination by	linl		under cooked food	in+h	lo Pon	ulation
o Hands clean and properly washed	In		Requirements for Highly Susce	pir	T OP	n/a
a. No hare hand contact with RTE 1000		192 4	26 Pasteurized foods used, profibile	1		
10 Adequate handwashing sinks propert	y In	161 (20)	f t and offered		Cubat	onces
supplied and accessible			Food/Color Additives and To	OXIC	Subst	Inta
Approved Source	9 1930.9	Table 1	27 Food additives; approved and			n/a
44 Food obtained from source	- 111	100			-	0.00
To Food received at proper temperature		n/o	28 Toxic substances properly identification	ed,	ln	183
13 Food received in good condition, safe	e, In		11		11.	New Year
			Conformance with Approv	ed	Proced	lures
14 Required records available, shellstoo	ck	n/a	29 Compliance with variance/special	izec	1	n/a
tags, parasite destruction			process/HACCP plan			eld.
	1: Base	d on an Inspection	I Food Code 10	s re	ort, whe	n signed
OFFICIAL ORDER TOUT Indicated violation	ns to 105	CMR 590.000 ar	process/HACCP plan and applicable sections of 2013 FDA Food Code. The Board of Health. Fallure to correct violations cited	In thi	s report r	may resul
below by a Board of Fledity financial below by a Board of Fledity fina	ent permi	it and cessation o	f food establishment operations by	MR	590.015(в).
suspension or revocation of the 105 CMR 590.000 V	ou may re	equest a hearing t	of food establishment operations. If you allo despective the board of health in accordance with 105 Compension of the Person In Charg—Mulus			
or non-renewal pursuant to 103 GMT 5367657			Person In Charg—Mulu			
Inspector:				-		Page

Food Establishment Inspection Report

MoJIN Solutions, LLC

Page 2 of 3

Date: 09/12/2019 GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in complaince OUT = out compliance N/O = not observed N/A = not applicable COS = corrected on-site R = repeat violation Establishment: Breed Middle School

IN = in complaince OUT = out compliance N/			O COS R	Compliance Status IN OUT N/A N	
Compliance Status		NIAN	-1	Marowashing facilities: installed,	
Safe food and Water				maintained and used; lest strips	
Pasteurized eggs used where		n/a		49 Non-food contact surfaces clean	
	()		1-1-	Physical Facilities	31 1
required Water and ice from approved source Water and ice from approved source					
Water and ice from approve		n/a		adequate pressure	4
Variance obtained for specialization	v 1			t's stolled proper	
processing methods	ntrol	1		51 Plumbing installed, prop	-11
Food temperature co	T	17	n/o	backflow devices 52 Sewage and waste water properly	2
3 Proper cooling methods used;	1 1	1		52 Sewage and waste water p	23
adequate equipment roi	1 1			disposed	-61
t control	1 1	-	n/o	53 Toilet features; properly,	2Å,3
temperature consists Plant food properly cooked for hot		1	""	constructed supplied, and cleaned	
5/05/6746 SEU/	134	+-	n/o	Corbage and refuse property	1 - 2
thawing methods used	134	- 155	11/0	disposed facilities maintained	1
35 Approved triawing media. 36 Thermometer provided and accurate		1	<u> </u>	55 Physical facilities installed,	1.31
Food Identification		37		d maintained and clean	137
37 Food properly labeled: original	13.5	1	1:1:1	56 Adequate ventilation and lighting;	
				- I stad greas USEQ	o Sel
container Prevention of Food Con	ntamin	ation	1	Massachusetts Requirements	1
Prevention of record		1		M1 Anti-choking procedures in food In	1 1
38 Insects, rodents, and animals not	3.4		1.3	service establishment	
present	: 1	out	4 3	Warreness III	
39 Contamination prevented during	1,3				n/o
food preparation, storage and	133	1		M3 Caterer	n/o
display				M4 Mobile Food Operation	n/o
to Demonal cleanliness			7 77	M5 Temporary Food Establishment	n/o
41 Wiping cloths: properly used and				M6 Public Market; Farmers Market	n/o
Laund	31.7	-		M7 Residential Kitchen; Bed-and-	
hing fruits and vegetables	1/2.	لِبا	V # 1	1-1 Procyfaet Operation	n/o
Proper Use of Oto	ensils	1	31 1	M8 Residential Kitchen: Cottage Food	
Le use utensils properly stored	118	1-1		t-ll overetion	n/o
44 Utensils, equipment and linens:				M9 School Kitchen; USDA Nutrition	1 1"
properly stored, dried, and handled	d 📗			Drogram	1-10/0
45 Single-use/single-service articles:			31.23	M10 Leased Commercial Kitchen	n/o
45 Single-use/single-solvies	33		S\$ 2.	Add Innovation Operation	n/o
properly stored and used	3		3.1	Local Requirements	
46 Gloves used properly	d Ven	ding	7 4 408	ar regulation	n/c
46 Gloves used property Utensils, Equipment an	ces				n/c
47 Food and non-1000 Cultact barre				L2 Other	1
cleanable, properly designed,		1	17 3		1 1
constructed and used	13		12 15	111	

tablishment: Breed Middle School Date: 09/12/2019 Page 3 of 3

Establishment: Breed N	liddle School Date: 09/12/2019 Page 3 of
ail Code	DESCRIPTION OF VIOLATION
3-304.13	OBSERVATION: Observed wiping cloths being used to cover containers of celery in walk-in refrigerator. Discussed with PIC to use approved covers for food containers, such as plastic wrap. REGULATION: Linens and Napkins, Use Limitations
5-501.17	OBSERVATION: No covered receptacle available in unisex staff toilet room. A covered receptacle shall be provided for disposal of sanitary napkins. REGULATION: Toilet Room Receptacle, Womens, Covered
9.001	Correct Priority Item and Priority Foundation Item violations immediately Core Item violations within 10 days. Correct all violations in entirety and maintain. Train and supervise staff. Failure to correct all violations and maintain corrections may result in administrative action and or fines. The text in this report is an unofficial version of the state regulations. Official version of the state regulations may be found at www.mass.gov/dph/fpp or by contacting the State House Book Store.
Discussion	Observed chicken wings in hot holding cabinet at 147°F. Observed shredded cheese in walk-in refrigerator at 40°F. Observed milk in milk chest refrigerator at 37°F.
	•
	<u> </u>

123 LEWIS ST



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

HACCP:

Score

100 Failing Score:

Status

Scoring Type: Subtractive

Max Score: 100

Ttem

Time IN: Time OUT: 2017-04-06 10:3 Date Inspected: Correct By: 1/1/1900 # of Critical Violations: Lynn Public Schools FULL COMPLY BHP-2016-1754 Monica Pancare Permit Number. 781-477-7333 4/6/2017 Risk Level: Inspector. Telephone: Status: Owner. PIC

Hot water compliant Quat 200ppm Refrigeration compliant. Milk coolers clean CPFM/Allergen permit 3

Popcorn chicken

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

(Rev. Sep 17,2019)

Commonwealth of Massachusetts

Item

Baked Beans Sandwiches 200 meals per day

(Rev. Sep 17,2019)

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000 Commonwealth of Massachusetts

City of Lynn

BHP-2017-1994

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

		CPFM	3 lunc Hot te	Ouat 7	PIZZA	PIC is	T Casalia		
Project Name	Contractor	Applicant Lynn Public Schools	(781) 477-7339	Inspector Monica Pancare	Date & Time Requested	Date of Inspection Friday, November 17, 2017	Date of re-Inspection	Tracking Number	Status FULL COMPLY

RAL COMMENT: Permit 3

ich periods temp logs accurate t 200pm

nolding compliant A- Cheese or Pepperoni

s knowledgeable about students who have milk/cheese allergies

Lynn Board of Health 18 Shipley Circle Westford MA 01886 Tel 978 692-1096 Fax 978 692-1096 Email: Office@mojinsolutions.com

lassachusetts Department of Publivision of Food and Drugs DOD ESTABLISHMENT INSPECTION REPORT	c Health	18 Shipley Circle Westford MA 01886 Tel 978 692-1096 Fax 978 692-1096 Email: Office@mojinsolutions.com Type of Operation Type of Inspection
OOD ESTABLISHIVIERY INC.	Date:12/17/2018	Type of Operatine
lame: Brickett School	Risk	Retail Date: Next routine
vddress: 123 Lewis Street	Level: 0	Residential Kitchen Date: Next routile Date: Mobile Pre-operation
elephone: 781-477-7333		Temporary Suspect Illness
Owner: City of Lynn	Time:	Permit No:
	11.55 am	Permit No.
rerson in Charget	(2) appendix	and a citation of specific provision(s) violated
Person in Charge(PIC): Patricia Libby nspector: M. Lee ach violation checked requires an explanation on the n /iolations Related to Foodborne Illness Interventions a	arative pago(s)	Non-compliance with 590,009(E) Anti-Choking 590,009(F) Tobacco 590,009(G)
/iolations Related to Foodborne Illness Interventions a /iolations marked may pose an imminent health hazard and require a laternined by the Board of Health.	re immediate correct	Allergen Awardiness
Tolations marked may pose an investment of Health.	- 12, Prevention	ill di come
COR PROTECTION MANAGEMENT	13. Handwas	h Facilities
1. PIC Assigned / Knowledgeable / Duties	PROTECTION	FROM CHEMICALS
	FRO1201101	d Food or Color Additive
3 Personnel with theodorie	TIME/TEMPE	RATURE CONTROLS(Potentially Hazardous Foods)
OOD FROM APPROVED SOURCE	16 Cooling	Temperatures
4. Food and Water from Approved Source 5. Receiving/Condition	77. Reheati	ing
5. Receiving/Condition 6. Tags/Records/Accuracy of Ingredient Statements 7. Conformance with Approved Procedures/HACCP Plans	18. Cooling	i oak Holding
7. Conformance with Apploved 1 to 7. Conformance with Apploved 1 to 7.		d Cold Holding s a Public Health Control
PROTECTION FROM CONTAMINATION	20. 111107	ENT FOR HIGHLY SUSCEPTIBLE POPULATIONS I Description for HSP
Separation/ Segregation/ Protection Separation/ Segregation/ Protection Separation/ Segregation/ Protection Segregation/ Protection Segregation/ Protection Segregation/ Protection Segregation/ Protection Segregation/ Protection	REQUIREM	and Food Preparation for HSP
7 40 Proper Adequate Hallowashing	21.100	R ADVISORY
11. Good Hyglenic Practices	FT 22 Postin	ng of Consumer Advisories
/iolations Related to Good Retail Practices		virulated Provisions Related
ritical (C) violations marked make Board of Health.	To Foodbo	orne illitess trici.
r within 10 days as determined a corrected immediately or	and Risk h	actors (Items 1 22)
Ion-critical(N) violations must be corrected in ithin 90 days as determined by the Board of Health.	Official Of	der for Correction Based on all linguistics of the control of the
C. IN (FC-2)(590,003)	590,000/fed	ieral Food Codo.
24 Food and Food Protection (FC-5)(350.001)	by a Board	of Health Memory
os Equipment and Utensis	cited in this	report may result and acception of food
26 Water, Plumbing and Wasto (FC evego 007)) the food es	stablishment porting
27. Physical Facility 28. Poisonous or Toxic Materials (FC-7)(590.008	establishii) have a rigi	nent operations. If aggreeved by this operations. If aggreeved by this operations. If aggreeved by this operations in writing to a hearing. Your request must be in writing to a hearing. Your table aggree of the although the above address
29. Special Requirements	and subm	itted to the board of this order.
30. Other	DATE O	F RE-INSPECTION: Next routine
; S:580InspectFormG-14.doc		
11/1	PIG	Page 1 of 2
Inspector		1

Page 2 of 2 Date: 12/17/2018

	Date: 12/17/2018 Page 2 0/ 2
Dulckett	School DESCRIPTION OF VIOLATION
stablishment: Brickett	DESCRIPTION OF VIOLATION
Discussion	School serving pre-packaged ready to reheat packaged meals. Delivered frozen, reheated and served in sealed package. Pasta w/ meat sauce 153F, beans in process of re-heating, milk 40F, milk chest ambient sauce 153F, beans in process of re-heating, milk 40F, milk chest ambient sauce 153F, beans in process of re-heating, milk 40F, milk chest ambient acceptable and stocked, equipment in clean condition. 40F. Hand sink available and stocked, equipment in clean condition. freezer storage in compliance, no evidence of pests, choke certified staff (teachers) adjacent to Cafe during meal service per PIC. Refrigeration ambient 38F.
2,301,16	with PIC. REGULATION: Hand sanitizers may not be used in place of a 20 record hand wash.
	Correct critical violations immediately; non-criticals within and supervise
9.001	staff. Failure to correct all violations. The text in the staff. Failure to correct all violations. The text in the result in administrative action and or fines. The text in the result in administrative action and or fines. The text in the result in administrative action and or fines. The text in the result i
	- relocated during inspection.
Discussion	
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Lynn Board of Health 3 City Hall Square, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447

Food Establishment Inspection Report

Email: Itobin@lynnma.gov

Number of Priority and Priority

Debag!		n Date: 09/06/2019	Foundation V	iolatio	n(s):	J
Name: Brickett Elementary School	Time In/	Out: 09:45 am / 09:59 am	Number of Repeat	t P and	ne	<u> </u>
Address: 123 Lewis Street	Permit N	lo.:		/lolatio		0
Phone: 781-477-7333	Risk Ca	tegory: 3 HACCP: No				- 12
Email:	Type of	Operation: Food Service	Previous Inspection I	Date:		
Owner: City of Lynn	Type of	Inspection: Routine	Previous inspection			
Person-in-charge: Genevie	Date of	Re-Inspection:		10		-
Inspector: C.Carlson FOODBORNE ILLNESS RISK FA			NTERVENTION	12	vn.	-
FOODBORNE ILLNESS RISK FA	observed N/A	= not applicable COS = correcte	d on-site R = repear	Violatio		
FOODBORNE ILLNESS RISK FA IN = in complaince OUT = out compliance N/O = not	Observed IAIL				N/A N/O	705
	N/A N/O COS F	Compliance St	atus ("	1 1		_
Compliance Status	N/A N/O COO!	Protection	n from Contamin	ation		_
Supervision		15 Food separated and p	protected		n/a	-
In Charge present In		16 Food contact surface	cleaned Ir	וו		1
demonstrates knowledge, and	1 1 1 1	and sanitized				_
performs duties		17 Proper disposition of	returned.	n		
2 Certified Food Protection Manager In	7	previously served, rec	ennditioned			
Employee Health		previously served, led				
3 Management, food employee and In		and unsafe food	erature Control fo	or Sa	fety	
2 Manadement, 100d ettiplo300		Time/ i emp	& temperatures	T	n/a	T
conditional employee; Knowledge,		18 Proper cooking times	sodures for hot	1	n/	d
responsibilities, and reporting		19 Proper reheating pro	cedures to not			
4 Proper use of restriction and exclusion In		holding	- li	_	n/a	1
5 Procedures for responding to vomiting In		20 Proper cooling time	and temperature		n/a	+
and diarrheal events	4-4-	21 Proper hot holding to	emperature	150	114	+
Good Hygienic Practices	TIT	T 22 Proper cold holding	temperature	ln	n/a	+
6 Proper eating, tasting, drinking, or In		23 Proper date marking	g and disposition		n/a	-
tohacco use	+++	24 Time as a Public He	ealth Control	Ш_	Illia	4
7 No discharges from eyes, nose and In	19-1	Cons	umer Advisory		17	\neg
		25 Consumer advisory	provided for rawl		n/a	
Preventing Contamination by Han	nds	1.Jfaad			11	لن
e Hands clean and properly washed		Peguirements fo	r Highly Suscept	ole P	opulat	ior
a. No hare hand contact with RTE 1000	n/o	26 Pasteurized foods	used; prohibited	1 1	n/a	- 1
10 Adequate handwashing sinks properly In		l				- 1
supplied and accessible		Food/Color Ac	iditives and Toxic	Sub	stanc	es
Approved Source		27 Food additives; ap	proved and		n/a	
11 Food obtained from source In			p. •			
12 Food obtained from search 12 Food received at proper temperature	n/o	properly used 28 Toxic substances	properly identified.	In		1
12 Food received at proper temperature 13 Food received in good condition, safe, In		hood that I have		1 1	1.1	
13 Food received in good somewhat	2 4 1	stored and used	e with Approved	Proc	edure	s
and unadulterated	n/a	Contormand	cariance/specialize	dI	n/a	- 1
14 Required records available, shellstock		29 Compliance with				
tags, parasite destruction OFFICIAL ORDER FOR CORRECTION: Base	ed on an Inspe	ction process/HACCP	TA FOOD CODE TOIS IS	port. v	vhen sign	hed
OFFICIAL ORDER FOR CORRECTION: Base today, the Items marked "OUT" Indicated violations to 10	5 CMR 590.00	0 and applicable sections of 2013 F	A Halatiana sited in th	als reno	ort may r	esul
			3CT VIOLENCE Subject to a	notice	of suspr	ensi
Deard of Health member of its agent deficient		en a constitute	If you are subject to a	110000	0. 0	
suspension or revocation of the food establishment permor non-renewal pursuant to 105 CMR 590.000 you may re	request a hearl	ng before the board of health in acc	ordance with 105 CIVIR		,5,27.	-
or non-renewal pursuant to 105 CMR 590,000 you may t	rodeone z man	Person In Charg	0.			
		~	Donnin-1			
Inspector:					Pa	ge

Food Establishment Inspection Report

MoJiN Solutions, LLC

Page 2 of 3 Date: 09/06/2019 GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = In complaince OUT = out compliance N/O = not observed N/A = not applicable COS = corrected on-site R = repeat violation Establishment: Brickett Elementary School

IN = In complaince OUT = out compliance NA				Compliance Status IN OUT N/A N/C	1-1
" Status	IN OUT	N/A N/	o cos R	hing facilities: installed, Out	1
Compliance Status Safe food and Water				48 Warewashing facilities in maintained, and used; test strips	1
Sale 1000 and Vision		n/a	4	a septect surfaces clean	
Pasteurized eggs used where		111		Physical Facilities	1
required				Land water available:	
Water and ice from approved source		n/a	-	50 Hot and cold water dvallager	1
Variance obtained for specialized		1		adequate pressure	
processing methods	ntrol	L		51 Plumbing installed; proper	
Food temperature co		n/a		backflow devices	
Proper cooling methods used;		[]	1.1	52 Sewage and waste water properly	
adequate equipment for	1 1	1 1	1 1	disposed	-
t parature control		n/a		53 Toilet features; properly,	4
4 Plant food properly cooked for hot	1.1	1 1		constructed supplied, and cleaned	
L Iding	++		n/o	54 Garbage and refuse properly	
thawing methods used		+-	1111	disposed; facilities maintained	
C. Thermometer provided and dood, and			بلبل	55 Physical facilities installed,	- }
Food Identification		-		- I Interinged and clean	
Food properly labeled: original	1	1 -	1 1 1	56 Adequate ventilation and lighting,	3
			لبلبا	- I designated areas used	
Prevention of Food Cor	ntamin	ation	1	Massachusetts Requirements	T
38 Insects, rodents, and animals not			1 1	M1 Anti-choking procedures in food In	1 1
38 Insects, rodome, and		-	1-1-	- antice establishment	++
present 39 Contamination prevented during		1		M2 Food allergen awareness In	-10
food preparation, storage and		1	1 1	M3 Caterer	nlo
				Mobile Food Operation	n/o
display				Temporary Food Establishment	n/o
40 Personal cleanliness	_			I I I I I I I I I I I I I I I I I I I	n/o
41 Wiping cloths: properly used and				Littleben: Hed-and-	n/o
stored				M7 Residential Kitchert, Sea Sea Breakfast Operation	-
42 Washing fruits and vegetables Proper Use of Ute	nsils	1		M8 Residential Kitchen: Cottage Food	n/o
Proper Use of Oto	1	TT		M8 Residential Ritcholi.	1_
43 In-use utensils properly stored		1		Operation USDA Nutrition	n/c
the stile equipment and litteris.	a 1	1 1	1.	M9 School Kitchen; USDA Nutrition	
properly stored dried, and handle	<u>-</u>	1		Program Program	n/e
45 Single-use/single-service articles.		1	**	M10 Leased Commercial Kitchen	n/
properly stored and used		+		M11 Innovation Operation	2 1 1
properly		ding	بلبا	Local Requirements	n/
Litaneile Editionient at	d ven	ung	TIT	L1 Local law or regulation	n
47 Food and non-food contact surra	ces	2		L2 Other	
cleanable, properly designed,	}	1	1.1.1		1
constructed and used	1	- 1	- '		

Date: 09/06/2019 Pa	ige	3 0	f 3
---------------------	-----	-----	-----

Establishment: Bricke	t Elementary School DESCRIPTION OF VIOLATION	
ail Code	4 1	test strips at time of
	OBSERVATION: PIC unable to provide sanitizer inspection. PIC to ensure test strips are real inspection: Sanitizing Solutions, Testing De REGULATION: Sanitizing Solutions,	: :mmodiatelV;
4-302.14-Pf 9.001	Correct Priority Item and Priority Foundations Correct Priority Item Priority Item and Priority Foundations Correct Priority Item Priority Item Priority Foundations Correct Priority Item Priority Item Priority Foundations Correct Priority Item Priority	t all violations in entirety ilure to correct all
	violations and maintain corrections may red violations and maintain corrections may red and or fines. The text in this report is an and or fines. The text in this report is an state regulations. Official version of the	unofficial version of the state regulations may be found ne State House Book Store.
Discussion	observed cheese sticks in single-door refrivia infrared thermometer. Observed milk in 38°F via infrared thermometer.	
		E.
	*	

165 O'Callahan Way



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

Max Score: 100 Scoring Type: Subtractive HACCP:

Status

65

100 Failing Score:

Score:

Item

Time IN: Time OUT: 2017-03-20 23:5 Date Inspected: Correct By: 1/1/1900 # of Critical Violations: Lynn Public Schools FULL COMPLY Monica Pancare BHP-2016-1769 Permit Number: 3/20/2017 781-477-7340 Risk Level: Status: Inspector Telephone: jennifer Owner. PIC

New Turbo refrigerator noted. Temp logs reviewed. CPFM and Allergy compliant Milk coolers clean. Lunch- Spaghetti and MB 310 avg lunch per day Permoit 3

(Rev. Sep 17,2019)

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000 Annunwealth of Massachusetts

Page 1 of 2

Hem

Status

(Rev. Sep 17,2019)

--- ACCEL & Combany

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000 Commonwealth of Massachusetts

165 O'Callahan Way



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

Scoring Type: Subtractive HACCP:

95 Failing Score:

92

Score:

100 Max Score:

Status

Item

PROTECTION FROM CONTAMINATION Separation/ Segregation/ Protection

Comment: Contamination from the Environment3-302.11(A) Food Protection*Upon arrival employee was "washing" a green food bin in the handsink, she stated" Oh, food bin in the identified handwashing sink.When questioned as to why she was washing the bin in the identified handwashing sink.When questioned as to wixed use.All food equipment and utensils need to this is a handsink?"Handsinks are for handwashing only and not for mixed use.All food equipment and utensils need to washed and sanitized using a 3 comp sink or similar, mechanical warewashing or other method as approved.-

10/30/2017

10/26/2017

Risk Level:

Date Inspected: Correct By:

Monica Pancare

Inspector.

ennifer

PIC

Lynn Public Schools

781-477-7340

Owner.

Telephone:

preferred foods is food vendor/ supplier Permit 3

2017-10-26 11:3

2017-10-26 11:0

Time IN:

Time OUT:

of Critical Violations: PARTIAL COMPLY

BHP-2017-1999

Status:

Permit Number:

Chicken 150F CPFM

Mixed Veg >140F Quat 200ppm

(Rev. Sep 17,2019)

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000 Commonwealth of Massachusetts

Page 1 of 2

(Rev. Sep 17,2019)

Item

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

Commonwealth of Massachusetts

165 O'Callahan Way



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

Scoring Type: Subtractive HACCP:

Score: 100

Max Score:

Status

100 Falling Score:

65

Item

Date Inspected: Correct By: 1/1/1900 Lynn Public Schools FULL COMPLY Monica Pancare BHP-2018-1740 Permit Number. 781-477-7340 9/24/2018 Risk Level: Telephone. Inspector. jennifer Status: Owner:

Permit 3 CPFM

Time IN: Time OUT: 2018-09-24 11:4 2018-09-24 00:2

of Critical Violations:

Whole wheat ravioli 150F compliant Allergen

Sanitizer wipes in use 320 meals per day

Cold holding compliant handsink stocked

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000 Commonwealth of Massachusetts

(Rev. Sep 17,2019)

Page 1 of 2

Page 2 of 2

Status

Item Hair restraints noted CPR

(Rev. Sep 17,2019)

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000 Commonwealth of Massachusetts

Lynn Board of Health 3 City Hall Square, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447

4.1	report Tel (7	81) 598-4000 Fax (100)
Food Establishment I	Inspection Date: 05/23/2019 Time In/Out: 11:30 am / 11:55 am	Number of Priority and Priority Foundation Violation(s): Number of Repeat P and PF
Address: 200 O'Callaghan Street	Permit No.: Risk Category: 3 HACCP: No	Violation(s):
Phone: 781-477-7340 Email:	Type of Operation: Food Service	Previous Inspection Date;
Owner: City of Lynn Person-in-charge: Jennifer	Type of Inspection: Routine Date of Re-Inspection:	INTERVENTIONS
Inspector: C.Carlson FOODBORNE ILLNESS R IN = In complaince OUT = out compliance	Date of Re-Inspection: RISK FACTORS AND PUBLIC HEALTH N/O = not observed N/A = not applicable COS = correct Constitutions of Re-Inspection:	ted on-site R = repeat violation IN OUT N/A N/O COS

FOODBORNE ILLNESS RIS IN = In complaince OUT = out compliance N/O	- /:/-						Clane	IN	OUT	NA NO C	.08
IIV - III - III	INOL	IT NI	A N/O	cos	115		Compliance Status	mina	ation		112.75
Compliance Status	INOL	11100	1	ı		-	Protection from Conta	7	T	n/a	
Supervision				·	-11-	15 F	ood separated and protected	-tir	+		
Oupoi	In	15	1	1	11-	16 F	ood contact surface; cleaned	1,1	1	1.1	1
Person-In-Charge present,	1	1		1	1.1	_			+-		-
demonstrates knowledge, and	1			1_	4		Separ disposition of returned,	li	1		U
performs duties	In				Ш	17 5	reviously served, reconditioned	- 1		11-	1
Certified Food Protection Manager		-		U 120		þ	nd unsafe food	-	1_	سلبيا	1_
-moldyee i loan	In	T	T		Π		Tomperature Com	rol f	or Sa	tety	1
Management, food employee and	11	1.	- 1		111	100	Proper cooking times & temperatures for h	res	_ _	_	-
anditional employee, Michigan	1 1	1	- 1	1	111	18	Proper cooking times of temp	ot	1	n/	d
	1	-		-	11	19	Proper cooking amoust Proper reheating procedures for h	1			1
Frontricticiii dilu ono	il in		-	-	11	10	- 4	-		n/a	
Proper use of restriction and to vomiting Procedures for responding to vomiting	ıln l		.: \	1	11	100	Proper cooling time and temperar	uio	In		
					1-1-	-	- hat halding telliperate		In	-	
and diarrheal events Good Hygienic Prac	tices		-		\neg	-	-Id bolding lettiberators		-	n/a	
Good Hygierne	T			n/o	11	-	a date marking and diep	tion	++	n/a	
6 Proper eating, tasting, drinking, or	1			1	-1-1	1	Time of a Public Health Comme			11119	
	Ir	1				1	Concline	ory		-14	-
7 No discharges from eyes, nose and	1	1	1.	1		11_	5 Consumer advisory provided for	rawl	11	n/a	
mouth	by I	lan	ds] 2	5 Consumer advisory		11		_
Draventing Contamination	Dy	n	T	T		11	under cooked food Requirements for Highly Sus	cep	tble	Popula	itic
and properly waste	-	_	+-	1		1	Requirements for right	ted	71	n/a	1
	1	n	+-	-		1/2	26 Pasteurized foods used presented		1		1
9 No bare hand contact was 10 Adequate handwashing sinks prope	rly	n	1	N.	1	11	foods not offered Food/Color Additives and	To	ric St	ibstan	ce
				٠.	A.,	-11-	Food/Color Additives and	10/		T In/a	a
Supplied and accession Approved Source	ce		-			-11-	27 Food additives; approved and		- 1		1
trom source		In	-	+.	-		* od		-	out	+
11 Food obtained from source	re			n/	1-1	HF	28 Toxic substances properly idea	itine	J,	Jour	1
11 Food obtained from seen temperature 12 Food received at proper temperature 13 Food received at proper temperature 14 Food received at proper temperature 14 Food received at proper temperature 15 Food received 15 Food receive	afe.	In				111	stored and used			1_1_	
13 Food received in good contains			1		_	H	And with And	rove	d Pro	ocedui	7
			I	n/a		111	29 Compliance with variance/spe	cializ	zed	l lu	19
avoilable Sticks	LOOK			1	1	Ш	29 Compliance with CCP plan				
tags parasite destruction	ONI	Ras	ed on	an In	pectio	on	process/HACCP plan	. This	report	, when s	ign
OFFICIAL ORDER FOR CORRECT	014:	to 10	15 CN	IR 59	,000 a	and a	pplicable sections of 2015 1 Street violations of	Ited ir	this r	aport may	уг
tags, parasite destruction OFFICIAL ORDER FOR CORRECTI today, the Items marked "OUT" Indicated violations and the State of State	ations	10 10	,too 0	n ordi	r of the	e Boa	ard of Health. Fallure to correct violations	iect to	a not	ice of sus	spe
of the low by a Board of Health member or its agreement of the food establis	ent co	กรแน	, tes a	i ora	alion (of foo	od establishment operations. It you are such	05 CI	MR 59	0.015(B).	
official order for today, the Items marked "OUT" Indicated violated below by a Board of Health member or its agreement of the food establis or non-renewal pursuant to 105 CMR 590.00	hmen	t perr	nit an	u 000	oaring	befor	re the board of health in accordance with	-			_
L GUSDANSION OF TOVOCALOTT	n volt	mav	reque	estat	oai II 19	, 55,5,	Gh a wg	_			
adoption 105 CMR 590.00	O you	11100			-		Person In Chary Manna				

Food Establishment Inspection Report

MoJIN Solutions, LLC

	U Danar	T	MODITA COLORIA
Food Establishment	Inchection Reput		Page 2 of 3
Letablishmelli	Illahooner	Date: 05/23/2019	Page 2 of c
FUUU EStablishing		Date: Gorgo	
1 0 0 0		SECTIONS	·
Establishment: Callahan Elementary GOOD RETAIL F IN = In complaince OUT = out compliance	PRACTICES AND MASSACHU	JSELIS-UNLI OLO	at violation
Establishment. Odnoren	RACTICES AND WASSING	= COS = corrected on-site R = repor	
GOOD RETAIL	TV = not observed N/A = not applicable	8 000	
OUT = out compliance	N/O = not observes 140		IN OUT N/A N/O COS F
INI = In complaince OUT = out some		Ot-hio	NOUT WATER
II V		a Status	

IN = In complaince OUT = out compliance N			Compliance Status	NA N/O COS
Ctatus	IN OUT N/A	I/O COS R	10 Marowashing facilities: installed,	
Compliance Status Safe food and Wate	. 5h		-intelliged and used; test surps	
Safe food and vide	n/a		- I - entact SUITACES CIEBLE	
Pasteurized eggs used where			Physical Facilities	
			l sald water available;	
Water and ice from approved source	n/a		50 Hot and cold water des	
Variance obtained for specialization			adequate pressure	1 1 1
t mothods		1_11_	51 Plumbing installed; proper	
Food temperature of	T I In/a		backflow devices	
3 Proper cooling methods used;	1 1 1	îll	52 Sewage and waste water property	
adequate equipment for	1 1 1	1 1 1	disposed	
	1-1-	101-	53 Toilet features; properly,	
Plant food properly cooked for hot	1 1	n/o	constructed supplied, and cleaned	
		1.1-1	Carbage and refuse properly	1 1 1
holding Approved thawing methods used		n/o	disposed: facilities maintained	+++
35 Approved triawing models and accurate Thermometer provided and accurate Thermometer provided and accurate the second s	e	لللل	55 Physical facilities installed,	111
Food Identification			- I interior and clean	+
Food identification			56 Adequate ventilation and lighting;	1 1 1
37 Food properly labeled; original			tad oreas IISEO	
container Prevention of Food Co	ntaminatio	on	Massachusetts Requirement	
Prevention of Food of			M1 Anti-choking procedures in food	n/o
38 Insects, rodents, and animals not	111		M1 Anti-choking bits service establishment	
			service establishment	n/o
39 Contamination prevented during	1 1 1	1 1	M2 Food allergen awareness	n/c
food preparation, storage and	3 1 1		M3 Caterer	n/c
display			M4 Mobile Food Operation M5 Establishment	n/c
numeral cleanliness			M4 Mobile Food Epidement M5 Temporary Food Establishment M5 Temporary Food Establishment	n/
41 Wiping cloths: properly used and		1 1 1	M6 Public Market; Farmers Market	n/
1			M6 Public Methods M7 Residential Kitchen; Bed-and-	
fruite and vedetables		1-1-1	- I Description	T In
Proper osc of	tensils	TT	M8 Residential Kitchen: Cottage Food	111
to the use utensils properly stored		1-1-1		n
il- aguinment and intone.		111	M9 School Kitchen; USDA Nutrition	1 1 1
properly stored, dried, and handle	ed '	4-1-1	Drogram	+++
properly stored, direct service article	s:	1 : 1	M10 Leased Commercial Kitchen	
45 Single-use/single-service article	1:1		Operation Operation	
properly stored and used		1.	Local Requirements	111
46 Gloves used properly Utensils, Equipment	and Vendin	ıg ·	- I ar regulation	
Utensils, Equipment	faces			
47 Food and non-food contact sur cleanable, properly designed, constructed and used			L2 Other	

	Flementary
Establishment: Callahar	DESCRIPTION OF VIOLATION
Fall Code	OBSERVATION: Observed spray bottles containing sanitizer without any
	on all working containers of sanitizer. on all working common Name-Working Containers
7-102.11-Pf 9.001	Correct critical violations immediately; non-criticals within 10 days. Correct all violations in entirety and maintain. Train and supervise Correct all violations and maintain corrections may staff. Failure to correct all violations and maintain corrections may staff. Failure to correct all violations. The text in this report is result in administrative action and or fines. Official version of the an unofficial version of the state regulations. Official version of the state regulations may be found at www.mass.gov/dph/fpp or by contacting state regulations may be found at www.mass.gov/dph/fpp or by contacting
Discussion	Milk in milk chest refrigerator observed at 37 if via thermometer. Chicken nuggets in hot holding unit observed at 157 if via thermometer.
Discussion	Observed ambient thermometer in hot holding unit intended for use in refrigeration. Discussed with PIC to obtain a thermometer intende for hot holding.

Chassica High Ochool Commercial STLYNN, MA 335 0'Callegran Way

BHP-2016-1784

City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

Status	Item	FAIL Page in ing/Condition		3-101.11 Food Safe and Ulladulicums	Several bags of cooked ground meat are stored in the recommendation of the second store of the second stor	in previously used windle winds.	The previously used bags containing bread ingle of shown are processed in a manner that contain wheat and soy known are processed in a manner that contain wheat in proper Food	allergens. All food products should be stored in allergens. All food products should be stored disposable grade containers, or single use food grade disposable materials. Purchase enough storage containers required for materials.	products. CEASE this practice immediately to avoid cross contact.		Separation/ Segregatory 1000
		FOOD FROM APPROVED SOURCE								PROTECTION FROM	
Project Name	Contractor	Applicant	Lynn Public Schools	(781) 477-7339	Inspector	Monica Pancare	Date & Time Requested	Date of Inspection Monday, March 20, 2017	Date of re-Inspection	Tracking Number	Status PARTIAL COMPLY

2008 the School 235 days days days

City of Lynn

COMMERCIAL ST LYNN, MA Owner Addr: 90

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

PROTECTION FROM CONTAMINATION

and every change of task, that may result in cross contact and the same glove hand to serve tomato sauce with a ladle, The ladle handle after serving was released to the pan which had Handwashing and glove changes must take place after each gloved hand improperly. In the same process, she then used sauce residue on the handle base. The vegetable was then Informed PIC to have employee remove herself from line, observed directly serving students whole wheat pasta with or cross contamination. USE proper utensils for each A single serving line employee on the entree line was 3-304.11 Food Contact with Equipment and Utensils* wash hands, change gloves, and use a utensil. served at end of the line with a utensil. dedicated food that is being served.

GENERAL COMMENT: Permit 3

CPFM

Allergen

700 meals per day/ 4 shifts.

Temperatures compliant in refrigeration.

Failure to correct and maintain violations may result in fines, suspension of permit or Kitchen is clean and sanitary- dry goods organized. No pests noted. Sanitizer logs noted.

235 O'Callahan Way



Lussial

City of Lynn

ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

65

frem FAIL FAIL	FOOD FROM APTROY AS TO THE STORY AND THE STORY AND THE STORY AS SERVET AND THE STORY AS TO THE STORY AS TO THE STORY AS TO THE STORY AS THE STORY SECUNDATION TO THE STORY SECUNDATION AS THE STORY SECUNDATION AS THE SECUNDATION ASSET THE SECUNDATION AS THE SECU	PROTECTION FROM CONTAMINATION PROTECTION FROM CONTAMINATION PROTECTION Segregation/ Protection Separation/ Segregation/ Protection Segregation/ Segregation/ Protection Segregation/ Segregation/ Protection Segregation/ Segregation/ Segregation/ Segregation Se	directly serving students whole when poor after serving was released and glove changes must take place and directly serving students whole with a ladle, The ladle handle after serving was releasing and glove changes must sor each dedicated to serve tomato sauce with a ladle, The line with a utensil. Handwashing and glove rutensils for each dedicated base. The vegetable was then served at end of the line with a utensil. and every change of task, that may result in cross contact and or cross contamination. USE proper utensils and every change of task, that may result in cross contact and or cross contact from line, wash hands, change gloves, and use a utensil. food that is being served. Informed PIC to have employee remove herself from line, wash hands, change gloves, and use a utensil.	
	Telephone: 781.477-7404 Owner: Lynn Public Schools	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date Inspected: Correct By: 3/20/2017 3/24/2017 Risk Level:	Permit Number:

Permit 3

2017-03-20 00:1 2017-03-20 13:1

Time IN:

Time OUT:

of Critical Violations: PARTIAL COMPLY

BHP-2016-1784

Status:

Allergen CPFM

Temperatures compliant in refrigeration. 700 meals per day/ 4 shifts.

Failure to correct and maintain violations may result in fines, suspension of permit or both. Kitchen is clean and sanitary- dry goods organized. No pests noted.

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000 Commonwealth of Massachusetts

(Rev. Sep 17,2019)

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Item

(Rev. Sep 17,2019)

Centrals 2019, an ACCELA Company

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

Commonwealth of Massachusetts

(Rev

Status

Owner Addr: 100 BENNET ST LYNN, MA

Jassical Argh Schwertist
235 Olaurghan Wax City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

Status

Contractor Contractor Applicant Lynn Public Schools (781) 477-7339 Inspector Monica Pancare Monica Pancare Date & Time Requested Monday, September 24, 2018 Monday, September 24, 2018 Tracking Number Date of re-Inspection CPFM Tracking Number Cold holding complia Cold holding complia Status Quat 200ppm warewa	Project Name	
Violations Keiateu to Good Retail Practices (Blue Items) -7339 (Blue Items) (Blue Items) (Blue Items) (Blue Items) (Blue Items) (Blue Items) (Columnation of the Holding Come Columnation of the Holding Columnation of the Ho	Contractor	i i
GENERAL COMMEI CPFM Burrito Hot holding Cold holding comp Quat 200ppm ware	Applicant Lynn Public Schools	Violations Related to Good Retail Practices (Blue Items)
cancare ime Requested nspection , September 24, 2018 re-Inspection g Number	(781) 477-7339	
4, 2018	Inspector Monica Pancare	
	Date & Time Requested	
	Date of Inspection Monday, September 24, 2018	
KT.	Date of re-Inspection	GENERAL COMIN
ALCOMPLY	Tracking Number	CPFM Burrito Hot hold
Child Contract of the Contract	Status PARTIAL COMPLY	Cold holding co

epair or replace all missing lights on the food service line he area is dark and not enough light to properly protect and acked and broke refrigerator themometers should be placed. Walkin refrigerator and any other area. stemarking required.- PROVIDE inimum 20 footcandles required on salad bar/pizza uipment and Utensils ysical Facility

: Permit 3

10F- PIC stated made within 20 minutes. ashing area. Chemicals stored segregated Area is clean and sanitary. Avg 800 meals per day

Lynn Board of Health 3 City Hall Square, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447

Food Establishment I	nspection Report Email	il: Itobin@lynnma.gov
FOOd Establishmen	Inspection Date: 09/10/2019	Foundation Violation(s):
Name: Classical High School	Time In/Out: 12:00 pm /12:44 pm	Number of Repeat P and PF
Address: 235 O'Callaghan Way	Permit No.:	Violation(s):
Phone: 781-477-7404 ext. 59802	Risk Category: 3 HACCP: No	
Email:	Type of Operation: Food Service	Previous Inspection Date:
Owner: City of Lynn	Type of Inspection: Routine	
Person-in-charge: Mary Jane	Date of Re-Inspection:	INTERVENTIONS
Inspector: C.Carlson	ISK EACTORS AND PUBLIC HEALTH	rted on-site R = repeat violation
FOODBORNE ILLNESS R	Date of Re-Inspection: ISK FACTORS AND PUBLIC HEALTH I/O = not observed N/A = not applicable COS = correct	Add on the
IN = In complaince OUT = out compliance	ISK FACTORS AND PUBLIC HEALTH N/O = not observed N/A = not applicable COS = correct Cost Cost	Status IN OUT N/A N/O COS

IN = In complaince OUT = out compliance N/O =				0015		Compliance Status		1		10 008
N Status INC	OUTN	N/ AIV	O CO	SKI		Protection from	Contamin	ation	1	-T-
Compliance Status Supervision		1	e i		-	od separated and protecte	d		n/a	
	T				15 FO	od contact surface; cleane	ed I	n	1 1	
Percon-In-Charge present,	1			11	16 Fo	Of College sales -			1-1	400
demonstrates knowledge, and	1 1		-	11	an	d sanitized	d.	n		1
r duties	1	1			17 Pr	oper disposition of returne	ned	1	1.	
Cortified Food Protection Manager	1, -1				pre	eviously served, reconditio				- 3
-mbloyee ricuit	1	1	7.		an	d unsafe food Time/Temperature	Control	for S	afety	/
Management, food employee and In	1	- }	*	-11		Time/Temperature	peratures	T	n/a	
conditional employee, Kilowicage,			1		18 P	roper cooking times & tem	n for hot			n/o
"- "Histor and reporting	1-	+-			19 P	roper reheating procedure	35 101 1101	11		1
of restriction and excitation	1	-	-	-+	-1.4	1.15.2.22		-	-	n/a
Procedures for responding to vomiting In	n	1	100		I OD F	reper cooling time and tel	mperature	tint		+-1
L - AL DUANTS	1_		لسلا		- OA F	report hot holding tempere	aturo	In		+-1
and diarrneal events Good Hygienic Practice	S			· · ·		and holding terripe	laturo	In	-	n/o
Good 179.	n			1	201	over date marking and	napoordo.	++		-
6 Proper eating, tasting, drinking, or			1	1-1	1 23	Time as a Public Health C	Onlive		lu	la
tobacco use	In			1 1		Consilme	AUVISOR			71
7 No discharges from eyes, nose and					LI	Consumer advisory provide	led for raw	/	r	/a
	Har	nds	180	(1	25	Consumer advisory				100
Preventing Contamination by	In	7	5			under cooked food Requirements for High	ly Suscer	tble	Pop	ulatio
Lan and properly washed	in	-	1			Requirements for riigi	prohibited		1	n/a
hand contact Will Ni Live	-	out			26	Pasteurized foods used;		1	1 1	
10 Adequate handwashing sinks pro-	1	July .			111	foods not offered Food/Color Additive	a and To	ric S	ubst	ance
lind and accessible	ــــا		-1-	(1 - 1		Food/Color Additive	s and To	T		n/a
Approved Source	1	-1	~	-T-	1 2	7 Food additives; approve	a anu	1	1	18
Labtained from source	In	-+		-		CCCCO9865		d. li	+	
- ind at proper temperature			n	10	112	8 Toxic substances prope	rly identitie	u, II	1	1
12 Food received at property of the state of	, In				1112	stored and used		ᆜ		Luros
13 Food received in good service				1		- farmance Wit	h Approve	d Pr	ocec	Tala
and unadulterated	<		n/a			29 Compliance with varian	ce/speciali	zed	1	m/a
and unadulterated 14 Required records available, shellstock						process/HACCP plan				1.1
norasite destruction		sed o	n an i	inspect	tion	process/rivicos	od Code. This	repor	t, whe	n signi
OFFICIAL ORDER FOR CORRECTION	s to 1	05 CI	MR 5	000.00	and appl	icable sections of 20 correct viol	ations cited it	this r	eport	may re
tags, parasite destruction OFFICIAL ORDER FOR CORRECTION today, the items marked "OUT" indicated violation	onstit	utes :	an or	der of t	the Board	of Health, Fallure to constructions of You	are subject to	a not	ice of	suspe
OFFICIAL ORDER FOR CORRECTION today, the items marked "OUT" indicated violation below by a Board of Health member or its agent c suspension or revocation of the food establishment or non-renewal pursuant to 105 CMR 590.000 you	nt per	mit a	nd ce	ssation	n of food	establishment operations. It you	e with 105 C	MR 59	0.015	(B).
suspension or revocation of the food establishme	ir mai	/ YOU!	iest a	headn	ng before	the board of health in accordance				
or non-renewal pursuant to 105 CMR 590,000 you	u may	7040			F	erson In Charg	TRUN.			
Inspector:					1	M.	V VV VAR			Pa
Inspector.										,

Food Establishment Inspection Report

MoJIN Solutions, LLC Page 2 of 3

Date: 09/10/2019 GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = In complaince OUT = out compliance N/O = not observed N/A = not applicable COS = corrected on-site R = repeat violation Establishment: Classical High School

IN = In complaince OUT = out compliance N/C	78 E						Compliance Status	1	-+		COSF
	IN OUT N	IA NI	o co	SR			resupphing facilities; installed,	1-1	1		1
- Urnon Status		1	4		48		things and used; test stripe	1_	-		+-+
Safe food and water	- In	/a	T	TI		m	on-food contact surfaces clean				
Pasteurized eggs used where	1 1	"	1	11	49	N	on-food contact surface Physical Facilities			-	-
		-	-	77			Physical radiate			1	. \
and ice from approved of		1	+	+1	50	H	lot and cold water available;	1			
Variance obtained for specialized	1 1	n/a		11	1	a	adequate pressure				
				-1-	51	1 F	Plumbing installed; proper	1			
Egon telliberatore	ntrol		اما		1	ŀ	backflow devices	V		1	3
Proper cooling methods used;			n/o		5	2	backflow devices Sewage and waste water proper	,	1	9	1
Proper cooling ment for		1		1	11	20	disposed		+	1	
adequate equipment for	1		-	-+	11=		- 11.4 footures' properly,	4	1	0.0	
temperature control	TI		n/o	1	11 "		and clean supplied, and clean	-	+	-	
temperature control. 4 Plant food properly cooked for hot	1 1			-	11	54	and refuse property	1		1.	14
holding	- 1		n/o	-	41.	J -7	diagonal facilities maintained				+-
holding Approved thawing methods used Approved thawing methods used	9 01	ıt	1		41-		Physical facilities installed,	1			1 1
	1		9.3		41	55	and clean		1		++
- FOUU Identification	TT	T	3 0		11-		Adequate ventilation and lighting	ıg;	1. C	ut	11
37 Food properly labeled: original	1 - 1	1	1		\Box	56	aroge liseu				لبك
container	ntamin	atio	n	1000000 10040	11		Maccachuseus Reyu	reme	ents		
Dravention of Food oc	TI	T	1		111		Anti-choking procedures in foo	bd	lln	- {	1 1
38 Insects, rodents, and animals not	1.1	1	1		Ш	M1	service establishment		1-1		
	-	1			111		2 Food allergen awareness		In	-	+-
Contamination prevented during	1 1	1		1	11	M					n/o
food preparation, storage and	1 1	1		22		M	3 Caterer Operation				n/c
dienlay		-				M	Mobile Food Operation Temporary Food Establishme	ent			n/c
		-	-	1	77	M	15 Temporary Food Establish	et			n/c
lothe: properly used and	1 "			· 3	11	N	15 Temporary Control of Public Market; Farmers Mark	1-			n/e
1 2 2 3		-	-	-		IN	76 Public Warney Residential Kitchen; Bed-and				
and vegetables		ــــــــــــــــــــــــــــــــــــــ	ليسل		-	11	Breakfast Operation	Foo	d		n/
Proper 030 or	ensils	-	-		-	11	M8 Residential Kitchen: Cottage	,	1	1	
		-	1	-	-+	11	li am		-		In
"- equipment and interior			13	2	1	11	M9 School Kitchen; USDA Nutr	I(IOI)	1		
	ed	-	1	1-1	+	-11	Desgram			-	r
45 Single-use/single-service article	s:			1 -1	1	11-	M10 Leased Commercial Kitche	n		+	1
45 Single-use/single-scribed		79	1		-+	-11-	- Operation Operation		1		1-1
properly stored and used					بلب	-H	Local Require	men	ts		-
46 Gloves used properly Utensils, Equipment	and Ver	idin	g		-	-11-	- Llow or regulation			-	
	faces			1.		111				1	1 1
47 Food and non-food contact sur		12,	1	100		111	L2 Other			1	
oleanable, properly designer,	1		1	-1							
constructed and used	1	100	le:	- 1	1	1 1					

Page 3 of 3 Date: 09/10/2019

Establishment: Classica	al High School
ail Code	DESCRIPTION C.
	OBSERVATION: No ambient thermometer observed in "Victory" warming cabinets located in kitchen / service line. PIC to ensure all hot holding & refrigeration units are provided with proper ambient thermometers. REGULATION: Temperature Measuring Devices-Functionality
4-204.112	OBSERVATION: Observed unprotected lightbulb in walk-in reirigerator. Discussed with PIC to ensure lightbulb is shielded / protected from
6-202.11	shatter. REGULATION: Light Bulbs, Protective Shielding OBSERVATION: Observed access to service line handwashing sink blocked by hot holding unit. Discussed with PIC to relocate hot holding unit to hot holding sinks are accessible at all times. ensure handwashing sinks are accessible and Maintenance
5-205.11-Pf 9.001	REGULATION: Handwashing Sink operation of them violations immediately. Correct Priority Item and Priority Foundation Item violations in entirety Core Item violations within 10 days. Correct all violations in entirety and maintain. Train and supervise staff. Failure to correct all violations and maintain corrections may result in administrative action violations and maintain corrections may result in administrative action and or fines. The text in this report is an unofficial version of the state regulations may be found state regulations. Official version of the state regulations may be found at www.mass.gov/dph/fpp or by contacting the State House Book Store.
Discussion	Observed pizza in hot holding cabinet on service line at 41°F. 147°F. Observed salad in cold holding table on service line at 40°F. Observed sliced tomatoes in cold holding table on service line at 40°F. Observed milk in milk chest refrigerator at 38°F via infrared Observed milk in milk chest refrigerator at 38°F via infrared thermometer. Observed uncooked pizzas in walk-in refrigerator at 41°F.
NV V	

40 Franklin St



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

65 95 Failing Score: Status Score: 100 Max Score: Violations Related to Good Retail Practices (Blue Items) Scoring Type: Subtractive HACCP:

Comment: -ceiling in kitchen area has past water damage signs. water leaks directly above electric ovens posing an electrical hazard. hazard. water bucket stored on top of oven for every occasion of rainfall. This is an ongoing hazard. Physical Facility

Correct By:

Carmelo Rizzo Date Inspected:

Inspector.

Beverly

PIC

Lynn Public Schools

Owner.

781-477-7341

Telephone:

1/1/1900

11/5/2015 Risk Level:

FAIL

Time OUT: Nov 5 2015 11: Time IN:

of Critical Violations:

VIOLATION

Status:

BHP-2015-1529 Permit Number:

-REQUIREMENTS FOR FOOD SAFETY TRAINING AND FOOD ALLERGY TRAINING CERTIFICATES. Info left with PIC. Pending with Kevin Richardson prep/cooking at establishment, cold holding temps in milk chests/freezers held properly/thermometers placed. general facility cleanliness good. pest control service done monthly for both Cobbet and Fecteau Leary (both comments: second(last) funch just ending. prepackaged food items heated for immediate service. no hand

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

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Commonwealth of Massachusetts

Status

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City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000 Commonwealth of Massachusetts

Item

40 Franklin St



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

65 90 Failing Score: Status Score: 9 Scoring Type: Subtractive Max Score: ns Related to Good Retail Practices (Blue Items) HACCP: Item

Comment: Numerous water leaks in ceiling dripping onto kitchen ovens, and hot holding equipment- REPAIR to prevent physical contamination of food.

FAIL

Telephone:	Violations Related to Good Ne
781-477-7341	Water, Plumbing and Waste
Owner:	Comment: Numero
Lynn Public Schools	CONTAINING TO STATE OF THE STAT
PIC.	
Beverly	
Inspector	
Monica Pancare	
Date Inspected: Correct By:	
3/27/2017 4/17/2017	
Risk Level:	
Permit Number:	
BHP-2016-1788	
Status:	
PARTIAL COMPLY	
# of Critical Violations:	
0	

Permit 3

Time OUT: 2017-03-27 13:0

2017-03-27 12:3 Time IN:

CPFM/Allergen compliant.

CPR compliant.

Hot holding verified.

Original Letter grade must be kept with dedicated Permit holder for signature. Please provide original letter grade to ISP for proper signature.

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

(Rev. Sep 17,2019)

Status

Item

(Rev. Sep 17,2019)

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000 Commonwealth of Massachusetts

Owner Addr: 100 BENNET ST LYNN. MA

40 Franklin R Cospect General

BHP-2018-1754

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE City of Lynn

Project Name	
Contractor	
Applicant	
Lynn Public Schools	
(781) 477-7339	
Inspector	
Monica Pancare	
Date & Time Requested	
Date of Inspection	
Wednesday, October 10, 2018	10, 2018
Date of re-Inspection	
Tracking Number	
Status	
OKPTAL COMPLY	

Sood Retail Practices Violations Related to Blue Items)

Physical Facility

Item

FAIL

Status

Excessive peeling paint on walls/and ceilings in food prep

area.

Excessive ceiling water leaks in kitchen. 4 buckets noted on Remove, repair replace.

prep tables. REPAIR- 15 days. Replace all missing or burned out lightbulbs in kitchen area

GENERAL COMMENT: Permit 3

Cold holding compliant Allergen compliant Handsink stocked CPFM- Beverly

Lynn Board of Health 3 City Hall Square, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447

Food Establishment I	nspection Report Ema	781) 598-4000 Fax (761) 333-344, iil: Itobin@lynnma.gov Number of Priority and Priority
Name: Cobbett Elementary School	Inspection Date: 09/10/2019 Time In/Out: 09:00 am / 09:32 am	Foundation Violation(s): Number of Repeat P and PF O
Address: 40 Franklin Street Phone: 781-477-7341	Permit No.: Risk Category: 3 HACCP: No	V _{loiatlon} (s):
Email: Owner: City of Lynn	Type of Operation: Food Service Type of Inspection: Routine	Previous Inspection Date:
Person-in-charge: Beverly Lane	Date of Re-Inspection: SK FACTORS AND PUBLIC HEALTH NO = not observed N/A = not applicable COS = corre	INTERVENTIONS cted on-site R = repeat violation
IN = In complaince OUT = out compliance N	//O = not observed N/A = not applies	Status IN OUT N/A N/O COS

IN = In complaince OUT = out compliance N/C		-			Compliance Status			ANO	
	N OU	N/A	N/O	COSR	Protection from Contam	inati	on		
Compliance Status	لب	1	-	i i	Protection from Comment	IT	n	la	
Supervision		7	Γ	77	15 Food separated and protected	lin			
Person-In-Charge present,	n		1	11	16 Food contact surface; cleaned	1			_
demonstrates knowledge, and	1	1	1	11	and sanitized	In			T
farmo duties		+	+		17 Proper disposition of returned,	1.1	1		1
Contified Food Protection Wallager	In]	1	1:		previously served, reconditioned	1 1	1	1	
-mployee ricaiti		1	1 1	T		Leon	Saf	etv.	-1-
	In			1 1	Timo/Temperature Contro	101	T	n/a	1
conditional employee; Knowledge,	1	1		1 1	an acoving times & temperature	-	-	11/4	+
" "" ond repolitiy				1-1	19 Proper reheating procedures for hot	In	1	V	1
responsibilities, and reporting Proper use of restriction and exclusion	In			1	T		1-		+
4 Proper use of restriction and over the responding to vomiting	In				go Droper cooling time and temperatur	e		n/a	+
5 Procedures for responding to vomiting		1			21 Proper hot holding temperature	-	_	-	+
and diarrheal events Good Hygienic Pract	ces	7//9	•		- and holding telliperature	1r	1	1	4
Good Hygieriic Fract	In	T	::::		23 Proper date marking and disposition	n	-	n/a	-
6 Proper eating, tasting, drinking, or	11	. 1	-		23 Proper date marking such Control			n/a	
L b anno LISO	in	-	-		24 Time as a Public Health Control Consumer Advisor	v		15.0	
7 No discharges from eyes, nose and	1,		=		Consumer Advisor	w/	T	n/a	
	1	and		5 - 10	25 Consumer advisory provided for ra	1	1	1	
Preventing Contamination	by Fi	T	ĪΤ		under cooked food Requirements for Highly Susci	enth	le Po	pula	itio
		+	1	-	Requirements for Highly Susc	d	Ť	n/a	
hand contact Will IVI = 100	In		-	7	26 Pasteurized foods used, promise	١.	- 1	[-
9 No bare hand contact to 10 Adequate handwashing sinks proper	ly In	1	1 -1	F			Cub	etan	ces
supplied and accessible		1_			Food/Color Additives and 1	OXIC	Sul	n/a	J.
Approved Source	е		-1		27 Food additives; approved and		1	1, 11	1
Approved from SOUICE	ir	1	1		-t-ll		-		-
11 Food obtained from source	е		_	n/o	properly used 28 Toxic substances properly identif	ied,	In		1
12 Food received at proper temperatur	fe, li	n	1		stored and used			_Ļ_	
12 Food received at proper 13 Food received in good condition, sa		1	1.		- Sammonco with Appro	ved I	Proc	edur	es
and unadulterated	ck	1	n/s	a	29 Compliance with variance/specia	alized	i	n	la
and unadulterated 14 Required records available, shellsto		1		1 1	29 Compliance with vertical		1 1		
tara parasite destruction		ased	on a	n inspec	process/HACCP plan	his re	port, v	vhen sl	gne
OFFICIAL ORDER FOR CORRECTION	one to	105	CMR	590.000	and applicable sections of 2013 to the violations cited	in thi	is repo	ort may	/ res
today, the items marked "OUT" indicated violati	1 0010	, ioo	e an o	order of	the Board of Floating	t to a	notice	of sus	pen
helow by a Board of Health member or its ager	it cons	or coll	and	cessatio	o and applicable sections of 2013 FDA Food Code. If the Board of Health. Fallure to correct violations cited on of food establishment operations. If you are subject to be board of health in accordance with 105	CMR	590.0	15(B).	
evenesion or revocation of the food establish	nent p	ermi	alla	a hearir	no helore the board of the				
suspension of the suspension o	you m	ay re	quest	ancan	Person In Charg Burely an	6			
or non-tenewal participation of non-tenewal p	- Freezis				Devis of				D
Inspector:								- 1	Pag

Food Establishment Inspection Report

MoJIN Solutions, LLC

	Monte
Food Establishment Inspection Report Date: 09/10/2019	Page 2 of 3
Food Establishment Inspection 1.5p	Page 2 01 3
Date: 09/10/2019	
FOOU LStabile	10
ONLY SECTION	18
The Homentary School	1.1.000
Establishment: Cobbett Elementary School GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTION IN = In complaince OUT = out compliance N/O = not observed N/A = not applicable COS = corrected on-site R = rep	eat violation
ESTABLISHMENT OF THE COSE corrected on-site in	
COOD RETAIL FRANCISCO AND End applicable COS	
N/O = not observed N/A	
OUT = out compliance INO	IN OUT N/A N/O COS R
INI = in complaince OUT	IN ORT MAY MO
IN - III control Status	

IN = in complaince OUT = out compliance N/			- 200 5	Γ-	Compliance Status	118	1	-+	O COS F
" Status	IN OUT	N/A N	O COS R	100	Margwashing facilities: installed,	1	1 1		1 1
Compliance Status Safe food and Water	20 a. K	Tomas a		48	-intelliged and used; test strips	4		-	
Safe lood and Tres		n/a		-	- dentact surfaces clean		1_		
Pasteurized eggs used where				49	Physical Facilities				
· - 4					and water available;		1	1	
Water and ice from approved source		n/a		50	Hot and cold water =		1_		
Variance obtained for specialized	1	1 1	1	11_	adequate pressure				- 1
e modbods	ntrol	-11	W	1 5	Plumbing installed; proper	1			
Food temperature of	TT	n/a		11	backflow devices	IV			
Proper cooling methods used;	1 1	1"	111	5		1	-		
adequate equipment for	1 1	1	1 1 1	11	disposed	-	*		
ture control	1-1-		n/o	1 5	3 Toilet features; properly,	ed	1		
temperature control Plant food properly cooked for hot	1 1	- 1	1"9	11	constructed supplied, and clean	-	7	100	
The selection of the se	1-1-		n/o	11:	Corbage and refuse property				1
	11		11/0-	-11	disposed: facilities maintained		-	-	
5 Approved mawing medical and accurate Thermometer provided and accurate the provided accurate the provided and accurate the provided accurate the p	e		حلبل	4	55 Physical facilities installed,		10		1 1
Food Identification		-		H	Intelligent and clean	-	++		-
37 Food properly labeled: original			1 1	111	56 Adequate ventilation and lighting	ıg;	1-1		1 1
				\Box	t stad gross USBU		لبل		
Prevention of Food Co	ntami	natio	n ·		Massachusetts Requ	irem	ents		
Prevention of 7 55			10	111	M1 Anti-choking procedures in for	od	In	1	. 1 1
38 Insects, rodents, and animals not			1-1-	441	service establishment		1-		
present				111	M2 Food allergen awareness		In	-	
39 Contamination prevented during		1	1.1	111			1	-	n/o
food preparation, storage and				4	M3 Caterer M4 Mobile Food Operation		-		n/o
display	-			\perp	Food Establishme	ent		_	n/o
40 Personal cleanliness					Lander Formers Mail	et		1	n/o
41 Wiping cloths: properly used and	1.				M6 Public Market, Farmers Bed-and	j -			n/o
Lead		+			M6 Public Markey M7 Residential Kitchen; Bed-and		1	1	
		ل	وبدليدا		Breakfast Operation	Foo	d	T	n/c
Proper Use of O.	ensils	$\dot{\tau}$	TT		M8 Residential Kitchen: Cottage				11
and utonsils properly stored			+ + +		Operation LIGDA Nutr	tion			n/e
the sails equipment and interior			1 1 1		M9 School Kitchen; USDA Nutr	1.0.1	1		
and handle	ed		1-1-1	-	Program			1	n/
45 Single-use/single-service articles	s: \				M10 Leased Commercial Kitche			-	n/
properly stored and used		_			- Impovetion Operation		L	ب-	
		للنا	سلسا	سلب	Local Require	men	IS	-1	n
Lu-saile Edillollelle	nd Ve	ndin	9	T	L1 Local law or regulation				
47 Food and non-food contact surf	aces	4.4	-	1	L2 Other			1	1 1
cleanable, properly designed,				1 1	11 22				1
cleanable, properly designed				1 1	- 11		4-2-1		
constructed and used		1		1 1	N			5	

7	tt Elementary School DESCRIPTION OF VIOLATION
all Code	
Discussion	No violations observed.
Discussion	Pre-packaged pineapple slices observed in chest refrigerator at 38°F via infrared thermometer. Observed milk in chest refrigerator at 37°F via infrared thermometer. Observed pancakes in hot holding cabinet at 156°F. Food in walk-in freezer appears frozen solid. Sanitizer and test strips available.
Discussion	Observed 1 hot holding cabinet non-operational at time of inspection. PIC states unit works but is not being used due to electrical outlet issues. PIC states repair services has been requested for outlet.
V	
	* ·
	*
1 TH 10 TO 10 TO 10	

50 ELM ST



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

Scoring Type: Subtractive HACCP: ltem

9 Max Score:

100 Failing Score: Score:

92

Status

Date Inspected: Correct By: 11/3/2017 1/1/1/900 Lynn Public Schools PARTIAL COMPLY Monica Pancare BHP-2017-2018 781-477-7344 Permit Number. Shirley morill Risk Level: Telephone: Inspector: Status: Owner. PIC

Time IN: Time OUT: 2017-11-03 12:3 # of Critical Violations:

Hot holding logs for today incomplete. Suggest that all temps for each meal period be done at time of data log for

550 meals average lunch accuracy

Breakfast 160

PIC states they wait until the end of day to log all temps.

Milk coolers clean

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

(Rev. Sep 17,2019)

Status

(Rev. Sep 17,2019)

Lynn Board of Health 18 Shipley Circle Westford MA 01886 Tel 978 692-1096 Fax 978 692-1096 Email: Office@molinsolutions.com

lassachusetts Department of Publ	ic Health	18 Shipley Circle Westford MA 01886 Tel 978 692-1096 Fax 978 692-1096
vision of Food and Drugs OOD ESTABLISHMENT INSPECTION REPORT		Email: Office@mojinsolutions.com
	Date:12/18/2018	(7) Routine
lame: Connery School	Risk	Defail U
ddress: 50 Elm Street	Level: 0	Residential Kitchen Date: Date: Date: Pre-operation
elephone: 781-447-7344	-	Temporary Suspect Illness
)wner: City of Lynn	Time:	Permit No: General Company
Person in Charge(PIC): Melhout	→ 11:59 am	Permit No. Other
aspector: M. Lee	parative page(s) a	and a citation of specific provision(s) violated
nspector: M. Lee ach violation checked requires an explanation on the n		
/iolations Related to Foodborne Illness Interventions a /iolations marked may pose an imminent health hazard and requirection as determined by the Board of Health.		
ction as determined by the	12. Preventio	n of Contemination nom Flancis
OOD PROTECTION MANAGEMENT	13. Handwas	
1. PIC Assigned / Knowledgeable / Duties	PROTECTION	FROM CHEMICALS
MPLOYEE HEALTH 2. Reporting of Diseases by Food Employee and PIC 3. Reporting of Diseases Bestricted/Excluded	14, Approved	Food or Color Additive
Reporting of Diseases by Toos Employees Reporting of Diseases by Toos Employees	15, Toxic Ch	emicals RATURE CONTROLS(Potentially Hazardous Foods)
OOD FROM APPROVED SOURCE	TIME/TEMPE	RATURE CONTROLS(Following)
T. 4. Food and Water from Approved Source		Temperatures
5. Receiving/Condition	☐ 17. Reheatli☐ 18. Cooling	ng
6. Tags/Records/Accuracy of Ingredient Couldent 7. Conformance with Approved Procedures/HACCP Plans	18. Cooling	Cold Holding
PROTECTION FROM CONTAMINATION	A	o Public Health Control
	PEOUBEME	NT FOR HIGHLY SUSCEPTIBLE POPULATIONS
To Food Contact Surfaces Cleaning and	REGUINEME	nd Food Preparation for HSP
1 10. Proper Adequate Handwashing 11. Good Hygienic Practices	The same of the sa	ADVISORY
	CONSUMER	g of Consumer Advisories
/iolations Related to Good Retail Practices		Violeted Provisions Related
critical (C) violations marked must be consulted.	To Foodbo	rne liness litter vertiler
r within 10 days as determined by the Board of Health.	and Risk F	actors (items 1-22).
ithin 90 days as determined by the Board of Health.	Official Ord	der for Correction:Based on an inspection ms checked indicate violations of 105 CMR ms checked This report, when signed below
-1	today, the lie	ems checked indicate violations of the series of the serie
23. Management and 1 or other (FC-3)(590.004)	by a Board o	or Health member or its agent constitutes an
24. Food and Food fotosits (FC-4)(590,005)	order of the	Board of Health. Failure to correct violations report may result in suspension or revocation of
	cited in this	report may result in suspension of food
oz Dhysical Escility	the food est	ablishment permit and costsularity and and
28 Poisonous or Toxic Materials (500 000)	have a right	to a hearing. Your request must be in writing
29. Special Requirements	t the mail!	and to the Board of Floats at
30. Other		ave of receipt of this order.
; S:590InspectForm6-14.doc	DATE OF	RE-INSPECTION:
; S:59Uinspactronia		
	PIC /	Page 1 of 2
Inspector	\r\ (,\	
		et l'

A CONTRACTOR OF THE PROPERTY O	Date: 12/18/2018 Page 2 of
Establishment: Conner	DESCRIPTION OF VIOLATION
a 2 m	DEDOKII NEW ST
ail Code	NO violations observed. Hand sink stocked, observed hand
Discussion	NO violations observed. Hand sink stocked, observed hand wash at required interval, , temperatures recorded, food thermometer wash at required interval, , temperatures recorded, food thermometer available, freezer storage in compliance, milk coolers clean condition, ambient thermometers available, milk 40F, hot holding hotdog 139F, beans 151F. No bare hand contact with fresh fruit. All TCS foods received frozen, reheated, hot held and served.
0.001	Correct critical violations immediately; non-criticals within 10 days. Correct all violations in entirety and maintain. Train and supervise staff. Failure to correct all violations and maintain corrections may staff. Failure to correct all violations and maintain corrections may result in administrative action and or fines. The text in this report is an unofficial version of the state regulations. Official version of the state regulations may be found at www.mass.gov/dph/fpp or by contacting the State House Book Store.
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dia	1

Lynn Board of Health 3 City Hall Sqrare, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447 Email: mdesmarais@lynnma.gov

Food Establishment Inspection Report

Number of Priority and Priority Inspection Date: 03/14/2019 Foundation Violation(s): Name: Connery Elementary School Time In/Out: 08:45 am / 09:36 am Number of Repeat P and PF Address: 50 Elm Street Permit No.: Violation(s): HACCP: No Phone: 781-477-7344 Risk Category: 3 Type of Operation: Food Service Email: Previous Inspection Date: Type of Inspection: Routine Owner: City of Lynn Person-in-charge: Nacera Date of Re-Inspection: FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS Inspector: C.Carlson not observed N/A = not applicable COS = corrected on-site R = repeat violation

FOODBORNE ILLNESS RISK IN = in complaince OUT = out compliance N/O				Compliance Status	1	o cos
Samo Status IN	OUT	NAN	O COS R	Protection from Contamination	1	100
Compliance Status	-			Protection from In		
Supervision	1	1		15 Food separated and protected In		
Person-In-Charge present,	1	1	. 1	16 Food contact surface, cleaned		
demonstrates knowledge, and	1			and sanitized	11	
porforms duties	+-			17 Proper disposition of returned,		
Certified Food Protection Manager	<u> </u>	1.1	-ل-ـــــــــــــــــــــــــــــــــــ	previously served, reconditioned	1 -1	
Employee Health		-		- Fa food		
Management food employee and	n∤	13		Time/Temperature Control IOI 3	arety	F. 7-1
conditional employee; Knowledge,	1			An Prepar cooking times & temperatures		-
responsibilities, and reporting	1			19 Proper reheating procedures for hot	4	n/o
responsibilities, and repetition and exclusion I	n			19 Proper renewing P	_	1
Proper use of restriction and yomiting	ln	100		holding 20 Proper cooling time and temperature		n/a
Proper use of responding to vomiting Procedures for responding to vomiting	1			20 Proper cooling time and the		n/a
and diarrheal events	es.	• 54		21 Proper hot holding temperature		
Good Hygienic Practic	T	T	n/o	The Dreser cold holding temperature		
6 Proper eating, tasting, drinking, or	- 1	1	["]	1 02 Proper date marking and disp	_	
tahagra USB	-1			24 Time as a Public Health Control		100
7 No discharges from eyes, nose and	ln	1	1 1	Consumer Advisory	n/	12
	لب	للب		25 Consumer advisory provided for raw/	1.0	9
Preventing Contamination by	Ha	nds	-1-1-			lation
a Hands clean and properly Washed	In			Progriments for Highly Susceptible	Popu	Tallor
9 No bare hand contact with RTE food	In	_		26 Pasteurized foods used; prohibited	n	la l
10 Adequate handwashing sinks properly	In	į k		1 If and		1
10 Adequate natiowassible				foods not offered Food/Color Additives and Toxic St	ubsta	nces
supplied and accessible Approved Source	1	99		Food/Color Additives	r	n/a
Approved Godres	In			27 Food additives; approved and	1	
11 Food obtained from source	1	1	n/o	properly used		1 5
12 Food received at proper temperature	lin	1	2. 1	28 Toxic substances properly lastin	1	
13 Food received in good condition, sale	1	1 1	. 1	stored and used	redi	ires
unadulterated		1-1	n/a	stored and used Conformance with Approved Pro	1 1	n/a
14 Required records available, shellstool	1	1 1	11/4	29 Compliance with variance/specialized	1	1"7
tags, parasite destruction		لبل	- Inopec	tion process/HACCP plan	whon	signed
OFFICIAL ORDER FOR CORRECTION	: Ba	sed of	1 811 Hisheo		WITEL	au roci
OFFICIAL OF STATE OF THE Indicated violation	s to 1	105 CN	VK 280.000	tion process/HACCP plan and applicable sections of 2013 FDA Food Code. This report the Board of Health. Failure to correct violations cited in this re-	poπ m	ay resu
today, the items means of Health member or its agent of	onstit	tutes a	in order of 1	and applicable sections of 2013 FDA Food Code. This report the Board of Health. Failure to correct violations cited in this re- the Board of Health. Failure to correct violations cited in this re- n of food establishment operations. If you are subject to a noti-	ce of s	uspens
below by a Board of Halaman	nt per	rmit ar	nd cessation	the Board of Health. Failure to correct violations clied in this of n of food establishment operations, If you are subject to a not ng before the board of health in accordance with 105 CMR 590	.015(B	,).
suspension or revocation of the CMR 590,000 you	u may	y requ	est a hearin	n of food establishment operations. If you are occupant of food establishment operations of food es		
		-		Person In Charg		
Inspector: 132						Page

Food Establishment Inspection Report

MoJIN Solutions, LLC

Page 2 of 3 Date: 03/14/2019 GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in complaince OUT = out compliance N/O = not observed N/A = not applicable COS = corrected on-site R = repeat violation Establishment: Connery Elementary School

			N/O COS R
IN OUT N/A N/O COS R	Compliance Status	-1-1-1	
	48 Warewashing facilities, installed,		
T In/a	maintained, and used; test strips		
1 1110	49 Non-food contact surfaces clean		
	Physical Facilities		TTT
	50 Hot and cold water available;		1 4 1
i in/a	adequate pressure		1-1-
	51 Plumbing installed; proper		131
ntrol	hackflow devices		++-
n/o	52 Sewage and waste water properly	111	1.1
	disposed	1-1-	
	Toilet features: properly,	1 1 1	-10
n/o	53 Tollet reader symplied, and cleaned		
	Constituted supplies		131
n/o	54 Garbage and rollides maintained		
out	disposed, facilities installed		
	55 Physical facilities installed	1 1 1	
	maintained, and clear	111	
	56 Adequate ventilation and lighting	1-1-1	
-temination	designated areas used	monts	
nammation	Massachusetts Requirer	TIT	n/o
	M1 Anti-choking procedures in roou	111	
4-1-1-	service establishment		n/o
	M2 Food allergen awareness		n/o
11111	M3 Caterer		n/o
	Mobile Food Operation		n/o
	M5 Temporary Food Establishment		
	MG Rublic Market; Farmers Market		n/o
	No Posidential Kitchen; Bed-and-	1 1	n/o
	Drockfast Operation		1-1-
ensils	Breaklast Option Cottage For	od	n/o
	M8 Residential Kitorion		
	Operation USDA Nutrition		n/o
. [] [] _		1 1	
	Program Vitchen		n/c
	M10 Leased Commercial Kitchen		n/c
	M11 Innovation Operation	nte	75 1
1 Vanding	Local Requirement	T	n/c
a vending	L1 Local law or regulation		n/c
ces	L2 Other	1 1	1
	111	1 1	1
	n/a n/a n/a n/a n/a n/a n/o n/o n/o n/o n/o	Non-food contact surfaces clean Physical Facilities	1

Date: 03/14/2019 Page 3 of 3

y Elementary School DESCRIPTION OF VIOLATION
DEGOTAL TOTAL
Establishment is a public school that serves breakfast and lunch to 600+ students. There are three lunch periods. The first lunch period begins at 11:00am and the last lunch period ends at 12:40pm. The food served is primarily frozen and re-heated.
OBSERVATION: No secondary thermometer observed in one of the hot holding cabinets. PIC to ensure all hot holding and refrigeration units have a secondary thermometer. REGULATION: Temperature Measuring Devices-Functionality
Observed milk in milk chest refrigerator at 38°F.
Correct critical violations immediately; non-criticals within 10 days. Correct all violations in entirety and maintain. Train and supervise staff. Failure to correct all violations and maintain corrections may result in administrative action and or fines. The text in this report is an unofficial version of the state regulations. Official version of the state regulations may be found at www.mass.gov/dph/fpp or by contacting the State House Book Store.
No lunch period in session at time of inspection. Therefore, no food observed being served. PIC states hot food (such as chicken wings) and cold food (such as salads) are served by being placed directly in plastic containers on counter in cafeteria. PIC states leftover food is discarded after each lunch period. Since there is no temperature control during serving periods, establishment is using TAPHC. Discussed with PIC to ensure establishment has submitted written procedure for TAPHC to health office

Lynn Board of Health 3 City Hall Square, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447

Food Establishment Inspection Report

Name: Connery Elementary School

Person-in-charge: Nacera Melhout

Address: 50 Elm Street

Phone: 781-477-7344

Owner: City of Lynn

Inspector: C.Carlson

Emall:

Email: Itobin@lynnma.gov Number of Priority and Priority Inspection Date: 09/10/2019 Foundation Violation(s): Time In/Out: 08:25 am / 08:43 am Number of Repeat P and PF Violation(s): HACCP: No Type of Operation: Food Service Previous Inspection Date: Type of Inspection: Routine Date of Re-Inspection:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS IN = In complaince OUT = out compliance N/O = not observed N/A = not applicable COS = corrected on-site R = repeat violation IN OUT N/A N/O COS R Compliance Status IN OUT N/A N/O COS R Compliance Status Protection from Contamination Supervision n/a 15 Food separated and protected 1 Person-In-Charge present, In ln 16 Food contact surface; cleaned demonstrates knowledge, and and sanitized performs duties ln 17 Proper disposition of returned, 2 Certified Food Protection Manager previously served, reconditioned **Employee Health** and unsafe food 3 Management, food employee and In Time/Temperature Control for Safety conditional employee; Knowledge, 18 Proper cooking times & temperatures n/a responsibilities, and reporting 19 Proper reheating procedures for hot n/d 4 Proper use of restriction and exclusion In holding 5 Procedures for responding to vomiting In 20 Proper cooling time and temperature n/a and diarrheal events n/d 21 Proper hot holding temperature Good Hygienic Practices 22 Proper cold holding temperature In 6 Proper eating, tasting, drinking, or In 23 Proper date marking and disposition n/a tobacco use n/a 24 Time as a Public Health Control 7 No discharges from eyes, nose and In Consumer Advisory mouth 25 Consumer advisory provided for raw/ n/a Preventing Contamination by Hands under cooked food 8 Hands clean and properly washed In Requirements for Highly Susceptble Populations 9 No bare hand contact with RTE food In n/a 26 Pasteurized foods used; prohibited 10 Adequate handwashing sinks properly ln foods not offered supplied and accessible Food/Color Additives and Toxic Substances Approved Source n/a 27 Food additives; approved and In 11 Food obtained from source properly used 12 Food received at proper temperature n/o 28 Toxic substances properly identified, In 13 Food received in good condition, safe, In stored and used Conformance with Approved Procedures and unadulterated 14 Required records available, shellstock n/a 29 Compliance with variance/specialized tags, parasite destruction process/HACCP plan OFFICIAL ORDER FOR CORRECTION: Based on an inspection today, the Items marked "OUT" Indicated violations to 105 CMR 590.000 and applicable sections of 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. Fallure 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, 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). Person In Charg AKELIFO-U) CAL Inspector: Page 1 of :

Permit No.:

Risk Category: 3

Food Establishment Inspection Report

MoJIN Solutions, LLC

Page 2 of 3 Date: 09/10/2019 GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = In complaince OUT = out compliance N/O = not observed N/A = not applicable COS = corrected on-site R = repeat violation Establishment: Connery Elementary School

IN = III complemes CO.		Compliance Status	IN OUT	N/A N/O COS
Compliance Status	IN OUT N/A N/O COS R	Compliance Status		
Safe food and Water		48 Warewashing facilities: installed,		575
Sale 100d drid 11	n/a	maintained, and used; test strips		10 E
Pasteurized eggs used where		49 Non-food contact surfaces clean	I	
required		Physical Facilities	ΤŤ	
Water and ice from approved source	n/a	50 Hot and cold water available;	1 -	
Variance obtained for specialized		adequate pressure		++-
processing methods	ntrol	51 Plumbing installed; proper	1-1	
Food temperature co		backflow devices		+++
Proper cooling methods used;		52 Sewage and waste water properly	200	
adequate equipment for		disposed	14-	1-1-
temperature control		53 Toilet features; properly,		
4 Plant food properly cooked for hot	n/a	constructed supplied, and cleaned	1-1-	
holding	- 1	54 Garbage and refuse properly	1.1	
5 Approved thawing methods used	n/o	disposed; facilities maintained		
6 Thermometer provided and accurate				
Food Identification		maintained, and clean		
7 Food properly labeled: original		Lighting'		
Aleinor		56 Adequate ventilation and lighting		- lag
container Prevention of Food Co	ntamination	designated areas used Massachusetts Requirer	nents	
38 Insects, rodents, and animals not		Massacriusetts Requires	In	
		M1 Anti-choking procedures in food	11	111
present during		service establishment	In	
39 Contamination prevented during		M2 Food allergen awareness		n/o
food preparation,storage and		M3 Caterer	\dashv	n/o
display		M4 Mobile Food Operation		n/o
40 Personal cleanliness		M5 Temporary Food Establishment		n/o
41 Wiping cloths: properly used and		M6 Public Market; Farmers Market		
stored		M7 Residential Kitchen; Bed-and-	1.1	n/o
42 Washing fruits and vegetables		Breakfast Operation		
Proper Use of Ute	nsils	M8 Residential Kitchen: Cottage Foo	od	n/o
43 In-use utensils properly stored		Operation		
44 Utensils, equipment and linens:		LICE A Nutrition		n/o
properly stored, dried, and handled				
45 Single-use/single-service articles:		Program M10 Leased Commercial Kitchen		n/o
properly stored and used		M10 Leased Commercial Action		n/c
properly stoled and door		M11 Innovation Operation Local Requiremen	ts	200 P. H.
46 Gloves used properly Utensils, Equipment an	d Vending			T n/c
Utensiis, Equipment air	es	L1 Local law or regulation		n/c
47 Food and non-food contact surface		L2 Other		
cleanable, properly designed,		111	1	
constructed and used		1 11		

Establishment: Conner	y Elementary School DESCRIPTION OF VIOLATION	_ N >c * * * * * *
Stantistime	DESCRIPTION	
all Code		
	No violations observed.	
Discussion		frared
Discussion	Milk in milk chest refrigerator observed at 38°F via in thermometer. Observed pre-packaged turkey dogs in double refrigerator at 39°F via infrared thermometer. refrigerator at strips readily available. Sanitizer and test strips readily available. Food in freezer appears frozen solid. No hot holding observed at time of inspection.	le-door
	NO HOC NO.	
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City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

95 Failing Score: Status Score: 100 Max Score: Scoring Type: Subtractive HACCP:

52

Violations Related to Good Retail Practices (Blue Items) Item

Equipment and Utensils

Lynn Public Schools

PIC

Owner.

781-477-7350

Telephone:

Comment: Replace ripped gaskets on the 4 door TraulsenClean mold from gaskets.

ServeSafe and Allergen compliant.

2016-10-18 13:5

2016-10-18 13:1

Time IN:

Time OUT:

of Critical Violations: PARTIAL COMPLY

BHP-2016-1832 Permit Number:

Status:

10/31/2016

10/18/2016 Risk Level:

Date Inspected: Correct By:

Monica Pancare

Inspector.

No food preparation onsite. Food frozen prepackaged from vendor All refrigerators and freezers are at proper temperatures. Permits posted.

Hot water in 3 comp sink and handsink compliant. Milk coolers clean- no expired products found

Food handling not observed at this time. Noted temp logs on doors.

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

(Rev. Sep 17,2019)

Commonwealth of Massachusetts

Status

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City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000 (Rev. Sep 17,2019) Commonwealth of Massachusetts

City of Lynn

BHP-2017-2032

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

i sa		GENE	Cold	Lunc	Area	3 col			
Project Name	Contractor	Applicant Caboole	Lynn Public Scriools (781) 477-7339	Inspector Monica Pancare	Date & Time Requested	Date of Inspection Wednesday, November 8,	Date of re-Inspection	Tracking Number	Status FULL COMPLY

ENERAL COMMENT: Permit 3

Luat 200ppm

Sold holding compliant

Sreakfast avg-460/480

Lunch-420 avg

Hot holding logs compliant.

Area is very clean, sanitary.

Area is very clean and stocked.

And sink basins and all shelving are also very clean and organized.

S comp sink basins and all shelving are also very clean and stocked.

City of Lynn

BHP-2018-1767

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

Project Name	
Contractor	
Applicant	Violations Related to Good Retail Practices
Lynn Public Schools	(Blue Items)
(781) 477-7339	
Inspector	
Monica Pancare	
Date & Time Requested	GENERAL COMI
Date of Inspection	Refrigeration co
Wednesday, September 26, 2018	Quat 200ppm
Date of re-Inspection	and the second
Tracking Number	
Status	
PARTIAL COMPLY	

Repair missing tiles on wall near fire extingusher and Blodgett oven to prevent insect harborage. Clean and or replaced soiled brown ceiling tiles. FAIL Physical Facility Item

Status

IMENT: Permits not posted.-PROVIDE ompliant sked

Lynn Board of Health 3 City Hall Square, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447

Food Establishment Inspection Report

Email: Itobin@lynnma.gov

FOOD ESTABILISTITICE	Inspection Date: 05/21/2019	Number of Priority and Priority Foundation Violation(s):
Name: Drewicz Elementary	Time In/Out: 09:45 am / 10:21	all!
Address: 34 Hood Street	Permit No.:	Number of Repeat P and PF
Phone: 781-477-7350	Risk Category: 3 HACCP: N	
Email:	Type of Operation: Food Service	ce
Owner: City of Lynn	Type of Inspection: Routine	Previous Inspection Date:
Person-in-charge: Kathy	Date of Re Inspection:	
Inspector: C.Carlson	ALID DUDUCUEA	LTH INTERVENTIONS
FOODBORNE ILLNES	S RISK FACTORS AND PUBLIC HEA	
	LIN OUT WA N/O COS R Complia	ance Status IN OUT N/A N/O COS
Compliance Status	Pro	otection from Contamination

	IN OU	T N/A N/	OCOSR	Compliance Status		אוויו וטו		
Compliance Status		1-1-	1-1-	Protection from Contam	inati	on	T T	- [
Supervision	in l	TT		15 Food separated and protected	-	n/a	1-1	
demonstrates knowledge, and	ln			16 Food contact surface; cleaned and sanitized	ln	_		
performs duties 2 Certified Food Protection Manager	ln	且		17 Proper disposition of returned, previously served, reconditioned	ln			
Employee Health	ln	TT	TI	and unsafe food	لبل		$\perp \downarrow$	
3 Management, food employee and	""	1 1		Time/Temperature Control	for	Safet	y	- 1
conditional employee; Knowledge,		- 1	4 1	18 Proper cooking times & temperatures	4		11/4	-+
responsibilities, and reporting	In	1=1		19 Proper reheating procedures for hot			n/o	
4 Proper use of restriction and exclusion	113			holding	1		+	
5 Procedures for responding to vomiting	In		-1 1	20 Proper cooling time and temperature			n/o	-
and diarrheal events	حليلا	لنا		21 Proper hot holding temperature	lin	_		-
Good Hygienic Practi	ces			22 Proper cold holding temperature	In			
6 Proper eating, tasting, drinking, or	in	1.1		23 Proper date marking and disposition		11	n/o	-
tobacco use				24 Time as a Public Health Control			n/c	
7 No discharges from eyes, nose and	In		1 1	Consumer Advisory			- 1	
mouth	لبا			25 Consumer advisory provided for raw	1	in	ı/a	
Preventing Contamination b	у на	nas	r r	under cooked food				
8 Hands clean and properly washed	1101			Requirements for Highly Suscer	tble	Popu	ulatio	ns
9 No bare hand contact with RTE 1000	In			26 Pasteurized foods used; prohibited		r	n/a	1
10 Adequate handwashing sinks properly supplied and accessible	In	27		foods not offered Food/Color Additives and Tox	dic S	Substa	ance	
Approved Source	1			Food/Color Additives and 10/		T	n/a	
11 Food obtained from source	In			27 Food additives; approved and	- (1 1		-
12 Food received at proper temperature			n/o	properly used	+	out		co
13 Food received in good condition, safe	, In			28 Toxic substances properly identified	1			
and unadulterated		7/0		stored and used	d Dr		ires	<u> </u>
14 Required records available, shellstoo	ĸ	n/	a	Conformance with Approve	od	OCCU	n/a	
ti la descricion		1	11	29 Compliance with variance/specializ	eu		۳٦.	
tags, parasite destruction OFFICIAL ORDER FOR CORRECTION	Bas	ed on a	n Inspectio	process/HACCP plan	ropor	t when	signer	<u> 1 –</u>
OFFICIAL ORDER FOR CONTRESS TO	s to 10	5 CMR	590.000 a	nd applicable sections of 2013 FDA Food Code. This Board of Health. Failure to correct violations cited in	thic r	eport m	av res	ult in
today, the items thanked GOT when the today, the items thanked GOT when the today to the today today today to the today toda	onstitu	ites an o	order of the	nd applicable sections of 2010 to the sections of 2010 to the sections of 2010 to the sections of Educations of Educations of Food establishment operations. If you are subject to	a not	ice of s	_, uspen:	sion,
below by a Board of Health Honder of the food establishme	nt perr	nit and o	essation c	Beard of Health. Failure to corrost vibrations of food establishment operations. If you are subject to before the board of health in accordance with 105 CM	בי ווטני	n 015/B	λ.	
suspension or revocation of the 1055 Settlement to 105 CMR 590.000 vo	ı may	request	a hearing		1 330			
				Person In Charg				
Inspector:							D	. 1 -
Vive							Page	3 I Q

or non-renewal pursuant to 105 CMR 590,000 you may request a	est a riching botter					
or non-renewal pursua Inspector:	LCL	Person In Charg	S			

Food Establishment Inspection Report

MoJIN Solutions, LLC

Page 2 of 3 Date: 05/21/2019 GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in complaince OUT = out compliance N/O = not observed N/A = not applicable COS = corrected on-site R = repeat violation Establishment: Drewicz Elementary

IN = in complaince OUT = out complaince TV		The state of the s	IN OUT N/A N/O COS I
U Olahus	IN OUT N/A N/O COS F	Ling facilities installed.	
Compliance Status Safe food and Wate		maintained, and used; test strips	
Sate food and water	n/a	maintained, and used, too day 49 Non-food contact surfaces clean	
Pasteurized eggs used where		49 Non-food contact surfaces closs	
required		Physical Facilities	
Water and ice from approved source	n/a	50 Hot and cold water available;	
Variance obtained for specialized		adequate pressure	
	l l l l l l l l l l l l l l l l l l l	51 Plumbing installed; proper	
Food temperature co		backflow devices	
Proper cooling methods used;	1 1 1 1 1 1 1 1 1	52 Sewage and waste water properly	1 1 1 1 1
adequate equipment for	1 1 1 1 1	disposed	++-+-
temporature control	n/o	53 Toilet features; properly,	11111
4 Plant food properly cooked for hot		constructed supplied,and cleaned	++++
holding	n/a	Garbage and refuse property	1 1 1 1 1
- A reward thawing methods used		disposed; facilities maintained	++-+-+
c. Thermometer provided and accurate	out	55 Physical facilities installed,	111111
Food Identification		mointained, and clean	11-1-1-
37 Food properly labeled: original		56 Adequate ventilation and lighting;	
Prevention of Food Co	ntamination	Massachusetts Requirer	nents
38 Insects, rodents, and animals not		M1 Anti-choking procedures in food	n/o
		service establishment	
present 39 Contamination prevented during		I III OWATENESS	n/o
39 Contamination province and			n/o
food preparation, storage and		Operation	n/o
display		Food Establishment	n/o
40 Personal cleanliness		M5 Temporary Food Zerasini M6 Public Market; Farmers Market	n/o
41 Wiping cloths: properly used and		M6 Public Market, Farmore market, M7 Residential Kitchen; Bed-and-	n/o
stored		M7 Residential Kitcheri, Bod and	
42 Washing fruits and vegetables	neils	Breakfast Operation	n/o
Proper Use of Oto	5(13)13	M8 Residential Kitchen: Cottage Foo	
43 In-use utensils properly stored		Operation LIGDA Mutrition	n/c
44 Utensils, equipment and linens:	_	M9 School Kitchen; USDA Nutrition	
properly stored dried, and handle		Program	n/c
45 Single-use/single-service articles	• [] []	M10 Leased Commercial Kitchen	n/o
properly stored and used		M11 Innovation Operation	
properly		Local Requirement	nts
Litancile Fallipment at	nd Vending	L1 Local law or regulation	
47 Food and non-food contact sure	ices	L2 Other	11-11"
cleanable, properly designed,	1	1 1 11 -	1 1 1 1
constructed and used			

Establishment: Drewicz	DESCRIPTION OF VIOLATION
ail Code	hat holding
an code	OBSERVATION: No secondary thermometers available in any of the hot holding cabinets. No secondary thermometer observed in a milk chest refrigerator. cabinets. No secondary thermometer observed in a milk chest refrigerator. PIC to ensure all hot holding and refrigeration units have secondary pic to ensure all hot holding and refrigerationality
	thormometels.
4-204.112	REGULATION: Temperature Measuring better REGULATION: Observed spray bottles containing sanitizer without any labeling indicating the common name of the chemical. REGULATION: Common Name-Working Containers
7-102.11-Pf	Learn in days.
9.001	Correct critical violations immediately; non-criticals within 10 days. Correct all violations in entirety and maintain. Train and supervise Correct all violations and maintain corrections may staff. Failure to correct all violations and maintain corrections may staff. Failure to correct all violations and maintain corrections may staff. Failure to correct all violations and maintain corrections may staff. Failure to correct all violations and maintain corrections may staff. Failure to correct all violations and maintain corrections may staff. Failure to correct all violations and or fines. The text in this report is result in administrative action and or fines. Official version of the an unofficial version of the state regulations. Official version of the state regulations may be found at www.mass.gov/dph/fpp or by contacting the State House Book Store.
Discussion	Milk in chest refrigerator observed at 39°F via infared thermometer. Pre-packaged cooked hamburgers observed in hot holding cabinet at 175°F via infared thermometer.
	cabinet at 1/3
V.	
	*
1	
-	
Ac.	

Fallon Elementary

City of Lynn

BHP-2017-2048

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - PRE-OPERATION

						6,			
Project Name	ıctor	Applicant CSCHOOLS	(781) 477-7370 ()	nspector Monica Pancare	Date & Time Requested	Date of Inspection Wednesday, September 6, 2017	Date of re-Inspection	racking Number	JS SED
Project	Contractor	Applicant		Inspector Monica P	Date	Date Wedr 2017	Date	Track	Status

intire area was cleaned, disinfected and sanitized including inside of cabinets, floors, SENERAL COMMENT: Preoperation of Sewage leak in kitchen area. Contract Cleaning Company services provided 546 Chestnut St Lynn MA valls, and all equipment.

Remove paint chips from ceiling in kitchen that could have been saturated. Remove pipe nsulation 1 foot- on opposite side where Continental refrigerator is located. Environmental UV used to identify organic matter. nspected for any over run, issues or concerns.

environmental by used to identify of the sent of the s

100 ROBINSON ST



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

100 Failing Score: Status Score: 100 Scoring Type: Subtractive Max Score: HACCP:

Item

65

Telephone:	Owner:	PIC:	kathy	Inspector	Monica Pancare	Date Inspected: Correct By:	12/20/2017 1/1/1900	Risk Level:	Permit Number.	BHP-2017-2048	Status	FULL COMPLY	# of Critical Violations:	0	13.3	2017-12-20 12:0 2017-12-20 12:3
------------	--------	------	-------	-----------	----------------	-----------------------------	---------------------	-------------	----------------	---------------	--------	-------------	---------------------------	---	------	---------------------------------

Permit 3
CPFM
Allergen
Quat 200ppm
Temp log compliant
Avg 46 meals per day.
Area is clean and sanitary

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

Item

100 ROBINSON ST

City of Lynn

BHP-2018-1771

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

	Project Name	Contractor	Applicant LYNN PUBLIC SCHOOLS	(781) 477-7370 ()	Inspector	Monica Pancare	Date & Time Requested	Date of Inspection	Friday, September 21, 2018	Date of re-Inspection	racking Number
--	--------------	------------	-------------------------------	-------------------	-----------	----------------	-----------------------	--------------------	----------------------------	-----------------------	----------------

Violations Related to
Sood Retail Practices
Guipment and Utensils
Repair or replace broken paper towel machine in kitchen area.
Paper towel is accessible, machine must be in good repair.
Physical Facility
Dead mouse found behind refrigerator on gluetrap- removed by custodian.
Dead insects noted on other gluetraps- Remove dead vermin to prevent harborage.

Empty drip pan from refrigerator frequently to prevent insect harborage and bacteria.

Status

Item

GENERAL COMMENT: Permit expired PROVIDE Temp log noted Refrigerator temps compliant Freezer temps compliant

Lynn Board of Health 3 City Hall Sqrare, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447

Foundation Violation(s):

Violation(s):

Number of Repeat P and PF

Food Establishment Inspection Report Inspection Date: 03/21/2019

Name: Fallon Elementary

Address: 100 Robinson Street

Email: mdesmarais@lynnma.gov Number of Priority and Priority

Phone: 781-477-7470			- -	Risk Cates	DOLY: 3 HACCP: NO		Viole	tion(s)		_
Emall:	2 5-				peration: Food Service		10-12-			
Owner: City of Lynn					spection: Routine	Previous Inspection	Date):		_
Person-In-charge: Ann Marie				* -	B-Inspection:					
Inspector: C.Carlson			-1-		IN BURLICHEALTH IN	TERVENTIO	NS) (X	
FOODBORNE ILLNESS R IN = In complaince OUT = out compliance	ISK	FAC	TO	RS AN	1D PUBLIC REALITY IN	on-site R = repeat	vlola	tion		
IN = In complaince OUT = out compliance	1/0 =	not ob	serve	ed N/A	= Not applicable GGG = 1					_
					Compliance State		NOL	IT N/A	WO C	0
Compliance Status	INC	UT NI	A N/C	COSR	Compliance State	from Contamir	atio	n		
Supervision	10-10-11		7		15 Food separated and pr	otected	n			
1 Person-In-Charge present,	In		132		15 Food separated and pr	cleaned	n			
demonstrates knowledge, and		1		1 11	16 Food contact surface; o	bicarios				
performs duties					and sanitized	sturned	In	- 3		Ī
Certified Food Protection Manager	In		(F		17 Proper disposition of re	,	1	1		
Employee Health			S1 ,?		previously served, reco	Haldonea	1	180	2	
3 Management, food employee and	In				and unsafe food	tur- Control 1	for S	Safety	,	
conditional employee; Knowledge,	1 1	1		1 1	Time/Temper	rature Control		Jaiot,	n/o	
conditional employee, tenoring	1 1	4			18 Proper cooking times	& temperatures	-		n/o	
responsibilities, and reporting 4 Proper use of restriction and exclusio	n In				19 Proper reheating proce	edures for not			1""	
4 Proper use of restriction and oxers	a In		3		holding		+	-	n/a	-
5 Procedures for responding to vomiting	ا		-	-1	20 Proper cooling time ar	nd temperature	-	+	n/o	-
and diarrheal events	tices		-		21 Proper hot holding ten	nperature	-		11/0	-
Good Hygienic Prac	1000	П	In	10	22 Proper cold holding te	mperature	In	+-	+-	ŀ
6 Proper eating, tasting, drinking, or		1 1	- [1	23 Proper date marking a	and disposition	In	_	- 10	1
tobacco use	in	-	-		24 Time as a Public Hea	Ith Control			n/o	1
7 No discharges from eyes, nose and	1"	1 1		1 1	Consu	mer Advisory	1	- 1		T
mouth	by U	ande		لمسلم	25 Consumer advisory p	rovided for raw/		n/	a	1
Preventing Contamination	Dy II	anus		17	The day oneked food			\perp	<u> </u>	1
8 Hands clean and properly washed	ln	_	-	-	Requirements for I	lighly Suscept	ble	Popu	latio	r
9 No bare hand contact with RTE food	In	-			26 Pasteurized foods us	ed; prohibited		n	a =	1
10 Adequate handwashing sinks proper	ועי	out		. 1	foods not offered					
supplied and accessible		1_1	\perp 1	اجات	Food/Color Add	itives and Toxic	c Su	ibsta	nces	3
Approved Source	е	-		-1-1	27 Food additives; appro	oved and		n	la .	Section 1
11 Food obtained from source	_ lr	1		7/0	properly used				1	ļ
12 Food received at proper temperature	e	1		n/o	28 Toxic substances pro	operly identified,	ln			
13 Food received in good condition, sa	fe, Ir	וו		35	stored and used		1			
and unadulterated		4			Conformance	with Approved	Pro	cedu	res	9
14 Required records available, shellsto	ck		n/a		29 Compliance with var	iance/specialize	d	r	n/a	1
tags parasite destruction	_				LIVE DISCOUNTS	n	- 1			
tags, parasite destruction OFFICIAL ORDER FOR CORRECTIO today, the Items marked "OUT" Indicated violation below by a Board of Health member or its agent suspension or revocation of the food establishm or non-renewal pursuant to 105 CMR 590.000 y	t const	ltutes 8	an or	der of the	nd applicable sections of 2013 FDA Board of Health. Failure to correct If food establishment operations. If	Food Code. This re violations cited in the you are subject to a lance with 105 CMR	notic	e of su	spens	
					Person In Charg	rumord				
Inspector:					\wedge	. Sym Se .			Page	_

Time In/Out: 08:30 am / 09:02 am

Permit No.:

Food Establishment Inspection Report

MoJIN Solutions, LLC

1 OOG DOWN I		
	Date: 03/21/2019	Page 2 of 3
Establishment: Fallon Elementary	OFTTO ONLY SECTIONS	** ** ** ** ** ** ** ** ** ** ** ** **
GOOD RETAIL PRACTICES AND MASSACHU	SETTS-UNLT SECTIONS	talation
IN = in complaince OUT = out compliance N/O = not observed N/A = not applicable	COS = corrected on-site R = repeat v	lolation

	Compliance Status	INO	UT N/A	N/O COS R	1	Compliance Status	1 IIN	001	18/0	1	UOS I
	Safe food and Wate	-1-			48	Warewashing facilities: installed,			100		
00	A Company of the Comp		n/a		Į.	maintained, and used; test strips			_ zij	Œ	
30	Pasteurized eggs used where		1176		49	Non-food contact surfaces clean					
24	required Water and ice from approved source					Physical Facilities			U,	, E	5
31	Variance obtained for specialized		n/a		50	Hot and cold water available;	1		1	922	
32	processing methods		1		1	adequate pressure	1				
	Food temperature co	ntrol			51	Plumbing installed; proper		1			
22	Proper cooling methods used;	T		n/o	B	backflow devices	1	_			
33	adequate equipment for		1		52	Sewage and waste water properly			2		1
	temperature control		1	111		disposed	_				
24	Plant food properly cooked for hot			n/o	53	Toilet features; properly,		1		3	
34	holding	12		1 1		constructed supplied, and cleaned	_		1	1	
25	Approved thawing methods used	1	_	n/o	54	Garbage and refuse properly			Î	1	
30	Thermometer provided and accurate	- 0	out			disposed; facilities maintained	_		_		_
30	Food Identification				55	Physical facilities installed,			1		
27	Food properly labeled: original	1				maintained, and clean	_	1	_		_
3/		1	1		56	Adequate ventilation and lighting;			1 10	13	
-	container Prevention of Food Cont	amir	nation	1-1-1-	ŧl .	designated areas used	L			<u></u>	_
20	Insects, rodents, and animals not	T	iatio.	TIT		Massachusetts Requirer	nen	ts			
38		1	1	6	M1	Anti-choking procedures in food	1	Y		n/c	1
00	Present Contamination prevented during				I	service establishment	_	1	-	-	-
39	food preparation, storage and			1 1 1	M2	Food allergen awareness				n/c	_
		1.1			МЗ	Caterer				n/d)
40	display Personal cleanliness		_		M4	Mobile Food Operation				n/c	1_
40	Wiping cloths: properly used and			+++	M5	Temporary Food Establishment				n/c	
41				1 1 1	M6	Public Market; Farmers Market		_	1	n/s	_
40	stored Washing fruits and vegetables				M7	Residential Kitchen; Bed-and-				n/e	2
42	Proper Use of Utens	ile		-1-, 1-, 1-	1	Breakfast Operation				_	_
- 10	i ii waa aala ahaaad	T		TIT	M8	Residential Kitchen: Cottage Foo	į į	1		n/	2
43					11	Operation				1_	-
44	properly stored, dried, and handled			1.	M9	School Kitchen; USDA Nutrition	ľ			n/	0
410	Single-use/single-service articles:	1			11	Program		_			
45	properly stored and used				M1	0 Leased Commercial Kitchen			\perp	n/	_
100		1			M1	1 Innovation Operation				n/	0
46	Gloves used properly Utensils, Equipment and V	end end	ing	البلبا		Local Requirement	3				
-	Food and non-food contact surfaces	T	l l		L1	Local law or regulation				n/	0
47			1 1		L2		1			n/	0
	cleanable, properly designed,	3.1 3.					- 1			1	
1	constructed and used				H		1		1		

Page 3 of 3

Establishment: Fallon Elementary Date: 03/21/2019 Page 3 of						
	DESCRIPTION OF VIOLATION					
ail Code						
Discussion	Establishment is a small public school with around 50 students. Meals are primarily frozen and re-heated.					
1-203.12-Pf	OBSERVATION: Observed secondary thermometer in single-door refrigerator reading 20°F. Ambient temperature of refrigerator observed at 40°F via infared thermometer. Secondary thermometer appears to be broken. PIC to replace thermometer. REGULATION: Temperature Measuring Devices, Ambient Air and Water-Accuracy					
5-301.14	OBSERVATION: No handwashing signage observed at handsink in kitchen. PIC to post handwashing signage. REGULATION: Handwashing Signage					
9.001	Correct critical violations immediately; non-criticals within 10 days. Correct all violations in entirety and maintain. Train and supervise staff. Failure to correct all violations and maintain corrections may result in administrative action and or fines. The text in this report is an unofficial version of the state regulations. Official version of the state regulations may be found at www.mass.gov/dph/fpp or by contacting the State House Book Store.					
	II.					

33 NORTH COMMON ST



$City\ of\ Lynn$ Food service establishment (type three) permit - routine inspection

65	
Score: 85 Failing Score:	
85	1
Score:	Status
100	1
Max Score:	
Subtractive	
Scoring Type: Subtractive Max Score: 100	
	ľ
HACCP:	Item

Telephone:	FOOD PROTECTION MANAGEMENT
(781) 598-9563	PIC Assigned / Knowledgeable / Duties
Compensation of the compen	Comment: post Servsafe certification on wall with permitspost food allergy certificate on wall with permits
I vnn Public Schools	Violations Related to Good Refail Practices (Blue Items)
Cld	Food and Food Protection
bill morella	Comment: salad tray on rolling rack uncovered, during storage or when not in use, keep all tood items covered protected from
Inspector:	physical contamination, use setail mapping of the Physical Facility
Carmelo Rizzo	
Date Inspected: Correct By:	Comment: areas along walls and below behind equipment. This etc. monitor produce reach-in cooler temperature, checked at upper 40's, cooler needs to be running at 41 degrees.
10/21/2015 1/1/1900	adjust temp if neededreach-in cooler inside walls and shelving racks soiled, clean inside or all coolers to prevent and adjust temp if neededreach-in cooler inside walls and shelving race from more from any can opener has buildup of food debris.
Risk Level:	buildup of debris, stains, mold etc.clean can opener place mole incrementation.
Permit Number:	
BHP-2015-1610	
Status:	
VIOLATION	
# of Critical Violations:	
がある。 かん かん できる !!	
Time IN: Time OUT:	
00-21 2015 11:	

comments: MAKE CORRECTIONS WITHIN 1 WEEK. A REINSPECTION WILL BE CONDUCTED. contact inspector Carmelo 978-223-8173

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

Item Item

Commonwealth of Massachusetts

Status

33 NORTH COMMON ST



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - RE-INSPECTION Inspection

Score: 2 Max Score: Scoring Type: Subtractive HACCP:

tem

100 Failing Score:

65

Status

Date Inspected: Correct By: 10/28/2015 1/1/1/900 # of Critical Violations: Lynn Public Schools BHP-2015-1610 Carmelo Rizzo Permit Number: (781) 598-9563 bill morella Risk Level: Inspector. PASSED Telephone: Status: Owner: PIC:

Oct 28 2015 11: Time IN:

Time OUT:

comments: corrections made as ordered, establishment kooks a lot better-

-food products in rolling rack/walk-in covered during storage -areas along walls/perimeter swept (ordered to continue monitoring and more frequent cleaning as needed in

pushing it. Service company has been notified to recharge coolers to have them running lower at all times -reach-in coolers holding at temperatures of low 40's. my own thermometer reads ok on food product, but

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

(Rev. Sep 17,2019)

Commonwealth of Massachusetts

Page 1 of 2

Status

-reach-in coolers inside walls/racks have been cleaned. units are old and should be replaced soon -can opener blade cleaned. ordered to clean before each use.

(Rev. Sep 17,2019)

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000 Commonwealth of Massachusetts

33 NORTH COMMON ST



City of Lynn

ROUTINE Inspection	!
	FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT

S.	
ore: 90 Failing Score: 6	
96	1
Score:	Status
100	
Max Score:	
o. itemstive	a sassing s
Score Max Score: 100 Score	Scoring Type:
	HACCP:

8

the transplayment of the second of the secon	overflow in past comme		21-8 atch	spection Most recent lay unit	an floor tiles- repair
FAIL	vention of Contamination from Hands		FAIL	Most recently unit	March 2016 as House Transfer
AMINATION	on from Hands	nop sink is used for a nandwasiims	Practices (Blu		11.0
PROTECTION FROM CONTAMINATION	Prevention of Contamination from Hands	Comment: The n	be maintained better:	Violations Related	physical Facility
	Telephone:	(781) 598-9563	Owner.	Lynn Public Schools	Ç.

Telephone:

Comment: Hoods orange tag are non compliant since March 2016 as noted on previous inspection.. Most recent tag date 8-15-2016.Baffles missing.Peeling paint on walls in kitchen prep area need to be removed.Missing floor tiles- repair or replace washing machine be moved to a non food production area to prevent contamination. It is currently under the cooking line as noted

on all prior inspections.

10/25/2016

10/11/2016

Risk Level:

Date Inspected: Correct By.

Monica Pancare

bill morella

PIC

Inspector.

CPFM and Allergy compliant. Permit 3 compliant 2016-10-11 13:0 2016-10-11 23:3

Time OUT:

Time IN:

of Critical Violations: PARTIAL COMPLY

BHP-2016-1854

Status:

Permit Number:

Food stored at proper temps. Hoods non compliant

Hats or protective needed in food prep area at all times for students and staff.

Overall facility in need of maintenance and repair floors/walls/ and areas noted below. City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

commonwealth of Massachusetts

(Rev. Sep 17,2019)

Page I of 2

Status

Item

(Rev. Sep 17,2019)

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000 Commonwealth of Massachusetts

23 NORTH COMMON ST

City of Lynn

BHP-2018-1775

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

Project Name Contractor Applicant Lynn Public Schools (781) 598-9563 Inspector Monica Pancare Date & Time Requested Date of Inspection Wednesday, October 10, 2018 Tracking Number
--

Good Retail Practices Violations Related to (Blue Items)

Physical Facility

Item

Status

REPAIR or REPLACE within 30 days or less. Provide afternate methods for cold holding. proper refrigeration and freezer space is required for proper food storage and air circulation. It is noted that a small upright freezer is "packed" top to bottom which does not resuolt in Per PIC -Excessive water leaks from ceiling in back near walk in freezer. Pails and buckets noted on floor with water. Repair Walk in freezer is not working at all.- Adequate amounts of

Debris noted in comers and crevices of kitchen area near

Replace cracked floor tiles near exit door. handsink- Clean

GENERAL COMMENT: Permit 3

100 students per day avg. Glove use observed. Handsinks stocked Quat 200ppm CPFM(2)

Temp logs noted

49 Hollingsworth St



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

Failing Score: 95 Status Score: 100 Max Score: Scoring Type: Subtractive HACCP: Item

65

FAIL Violations Related to Good Retail Practices (Blue Items) Physical Facility Comment: Significant dust and dirt build up on top of convection oven and the fan on the wall.

Date Inspected: Correct By:

Monica Pancare

Inspector

Lynn Public Schools

<u>단</u>

781-477-7375 Telephone:

Owner:

3/31/2017

3/17/2017 Risk Level: Permit 3 compliant

2017-03-17 12:0 2017-03-17 12:3

Time OUT:

Time IN:

of Critical Violations:

PARTIAL COMPLY

BHP-2016-1862 Permit Number:

Status:

Allergen compliant

CPFM compliant

Freezer temp compliant-internal thermometer needed.

400+ meals per day. Preferred Meals vendor.

Quat 200ppm compliant.- Sanitizer buckets noted.

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

Status

ltem

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

49 Hollingsworth St



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

100 Failing Score: Status Score: Scoring Type: Subtractive Max Score: 100 HACCP: item

65

Time OUT: 2017-11-21 13:0 Date Inspected: Correct By: 11/21/2017 1/1/1900 # of Critical Violations: PARTIAL COMPLY Lynn Public Schools Monica Pancare BHP-2016-1862 Permit Number: Cherryl judge 781-477-7375 Risk Level: Telephone: Inspector Stafus: Time IN: Owner. PIC:

PERMIT 3 Permit # bhp-2017-2055 FORD 49 HOLLINGSWORTH

2017-11-21 12:3

CPFM- Cheryl Judge

Review of temp logs for 11/20/2017 Turkey/gravy mashed were logged in at 168F/155F/143F- improper cooking

Upon conversation with cook and PIC they were logging in the hot holding temps in the hot warmer unit instead

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

Commonwealth of Massachusetts

(Rev. Sep 17,2019)

of the actual internal temp of cooked product as it comes out of oven.

Item

Both staff members knew and demonstrated proper cook temps. Conversation to log/record all cooked temps for 3 meal periods as they come out of oven. Hot holding logs can be added to bottom of sheet after proper cook temps are verified and recorded.

Commonwealth of Massachusetts



City of Lynn

BHP-2018-1781

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

			(Blue Items)	ď	dnested	uo	ovember //, GENFRAL COMM		Hairnets and glov
Project Name	Contractor	Applicant	Lynn Public Schools (781) 477-7339	Inspector Monica Pancare	Date & Time Requested	Date of Inspection	Wednesday, November 1, 2018	Date of re-Inspection	Tracking Number

preparing food were opened and stored ina drawer containing flashlights, pens, scrapers, tape, pencils and soiled glove the 2 storage drawers were cluttered. Boxed Gloves used for mitts used for cooking.

Keep opened gloves protected from contamination. Suggest storing separately from other non food materials.

REPLACE burned/ soiled food mitts. Status FAIL Equipment and Utensils Item

re use observed. ENT: Permit3 pliant

r lunch

may or may not be shafterproof or protected with light shieldsot holding logs noted Protective lighting required.

Lynn Board of Health 3 City Hall Square, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447

Food Establishment Inspection Report

ood Establishment In		Number of Priority and Priority Foundation Violation(s):	0
ame: Ford Elementary	Time In/Out: 09:25 am / 09:56 am	Number of Repeat P and PF	0
ddress: 49 Hollingsworth Street	Permit No.:	Violation(s):	U
hone: 781-477-7475	Risk Category: 3 HACCP: No		
mall:	Type of Operation: Food Service	Previous Inspection Date:	
Owner:	Type of Inspection: Routine	Previous inoposition	
Person-In-charge: Marion	Date of Re-Inspection:	TONE	
nspector: O.Llupo	Date of Re-Inspection: K FACTORS AND PUBLIC HEALTH = not observed N/A = not applicable COS = correct	INTERVENTIONS	
FOODBORNE ILI NESS RISK	FACTORS AND applicable COS = correct	cted on-site R = repeat violation	

I IN OUT N/A N/O CC	OSR Compliance Status
Compliance Status IN OUT N/A N/O CC	Protection from Contamination
Supervision	15 Food separated and protected In
Person-In-Charge present, In	16 Food contact surface; cleaned In
demonstrates knowledge, and	and sanitized
demonstrates into more	17 Proper disposition of returned, In
performs duties Certified Food Protection Manager In	previously served, reconditioned
Employee Health	to food
tood employee and In	and unsafe food Time/Temperature Control for Safety
Management, food employee and In	18 Proper cooking times & temperatures n/a
conditional employee; Knowledge,	18 Proper cooking times a temp 19 Proper reheating procedures for hot n/a
responsibilities, and reporting	
Desportise of restriction and oxer	holding n/a temperature n/a
5 Procedures for responding to volumes	20 Proper cooling time and temperature n/a
diarrheal events	1 21 Proper hot holding temperature
Good Hygienic Practices	T I OO Dropper Cold holding temperature
6 Proper eating, tasting, drinking, or In	23 Proper date marking and disposition
tohacca USB	24 Time as a Public Health Control
7 No discharges from eyes, nose and In	Consumer Advisory
	25 Consumer advisory provided for rain
Preventing Contamination by Hailus	
a Useda gloan and properly washed	Poquirements for Highly Susceptible Population
o No hare hand contact will Kit Lious	26 Pasteurized foods used; prohibited
10 Adequate handwashing sinks properly In	l l l l
supplied and accessible	Food/Color Additives and Toxic Substances
Approved Source	27 Food additives; approved and
- Labeland from SOUICE	properly used
12 Food received at proper temperature n.	properly used 28 Toxic substances properly identified, In
12 Food received at proportion, safe, In	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1 40 Egod received itt good oorteinen.	Stored and used Conformance with Approved Procedures
13 Fuou Tuosiva o	THE CONTOURNED WILLIAM TO THE
d unadulterated	Comormance/specialized n/a
and unadulterated 14 Required records available, shellstock n/a	29 Compliance with variance/specialized process/HACCP plan 10.000 and applicable sections of 2013 FDA Food Code. This report, when signed the Board of Health. Fallure to correct violations cited in this report may resulter of the Board of Health. Fallure to correct violations cited in this report may resulter of the Board of Health.

Food Establishment Inspection Report

MoJiN Solutions, LLC

Food Establishment Inspection Report	Date: 09/09/2019 Page 2 of 3
, in the state of	S-ONLY SECTIONS
GOOD RETAIL PRACTICES AND MASSACHUSE ITS GOOD RETAIL PRACTICES AND MASSACHUSE ITS IN = in complaince OUT = out compliance N/O = not observed N/A = not applicable COS =	CONTECTED OF SIZE OF S

	IN OUT N/A N/O COS R	Compliance Status	N/A N/O COS
Compliance Status	1111111	48 Warewashing facilities: installed,	
Safe food and Water	1 10/0	maintained and used; test strips	
Pasteurized eggs used where	n/a	40 Non-food contact surfaces clean	
required		Physical Facilities	TTT
Water and ice from approved source		50 Hot and cold water available;	1 1 1
Variance obtained for specialized	n/a	adequate pressure	
anning methods		51 Plumbing installed; proper	
Food temperature co	ntrol	hackflow devices	
3 Proper cooling methods used;	n/a	52 Sewage and waste water properly	1 -1 -1
adequate equipment for		disposed	1-1-
adequate equipment to		The property	1 1.4
temperature control	n/a	constructed supplied, and cleaned	
4 Plant food properly cooked for hot		constructed supplied are properly	
holding	n/a	54 Garbage and refuse properly	
5 Approved thawing methods used	1-1-1-1	disposed; facilities maintained	
Thermometer provided and accurate		55 Physical facilities installed,	
Food Identification	TITT	maintained, and clean	
37 Food properly labeled: original	1 1 1 1 1	56 Adequate ventilation and lighting;	
	1 1 1 1	decignated areas used	
Prevention of Food Cor	ntamination	Massachusetts Requirements	n/o
38 Insects, rodents, and animals not		M1 Anti-choking procedures in food	I I'VO
precent	$\bot \bot \bot \bot \bot \bot \bot$	service establishment	
39 Contamination prevented during	1 1 1 1 1	M2 Food allergen awareness	n/o
food preparation, storage and	1 1 1 1 1	M3 Caterer	n/o
		M4 Mobile Food Operation	n/o
display		-I-I Food Establishment	n/o
40 Personal cleanliness		M6 Public Market; Farmers Market	n/o
41 Wiping cloths: properly used and		Vitabon' Red-800"	n/o
stored		M7 Residential Kitchen, bod and	
42 Washing fruits and vegetables	nsils	Breakfast Operation	n/o
Proper Use of Ute	I I I	M8 Residential Kitchen: Cottage Food	1 1 1
43 In-use utensils properly stored		Operation	n/c
44 Utensils, equipment and linens:	. 1 1 1 1	M9 School Kitchen; USDA Nutrition	
properly stored dried, and nanuled		Program	n/c
45 Single-use/single-service articles.		M10 Leased Commercial Kitchen	n/o
properly stored and used		M11 Innovation Operation	
		Local Requirements] n/
Litancile Equipment an	d Vending	L1 Local law or regulation	
47 Food and non-food contact surface	ces	L2 Other	1 1 100
cleanable, properly designed,			
constructed and used		1 11	
Collegiancied and door	1 1 1		

Page 3 of 3

Date: 09/09/2019

tablishment: Ford El	DESCRIPTION OF VIOLATION	
*1	DESCRIPTION OF VIOLATION	
Code Discussion	Establishment has small kitchen with two hot holding units, freezer, and oven. Food is received from Preferred Foods and is	
	pre-cooked.	
Discussion	Observed secondary ambient thermometers in both hot holding units and refrigeration units. Observed quaternary sanitizer at using QT test strips.	.300ppm
	en e	
	>	

21 DEXTER ST



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

100 Failing Score; Status Score: 9 Max Score: Scoring Type: Subtractive HACCP: Item

65

Date Inspected Correct By: 1/1/1900 Time OUT: Lynn Public Schools # of Critical Violations: BHP-2015-1621 Permit Number: 781-477-7380 VIOLATION 9/30/2015 Telephone: Risk Level: Inspector. Dorothy Time IN: Owner. Status: <u>당</u>

comments:

Sep 30 2015 10:

-food safety training certificate is required posted in kitchen. obtain servsafe certification and post on-site

-food allergy awareness certificate is required posted in kitchen. obtain certificate and post on-site

*information on how to obtain certificates left with person-in-charge. OBTAIN CERTIFICATES AND CONTACT INSPECTOR, Carmelo 978-223-8173

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Item

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Commonwealth of Massachusetts

(Rev. Sep 17,2019)

Page 2 of 2

GeoTMS® 2019, an ACCELA Company

21 DEXTER ST



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

95 Failing Score: Status Score: 100 Max Score: Scoring Type: Subtractive HACCP; Item

FAIL

65

Comment: Remove hose from 2 bay sink to prevent contamination. Provide proper signage for 2 bay sink,- wash/ rinse- above hose /sanitize Violations Related to Good Retail Practices (Blue Items) Equipment and Utensils 12/30/2017 Date Inspected: Correct By: Time OUT: # of Critical Violations: Lynn Public Schools PARTIAL COMPLY Monica Pancare BHP-2017-2057 Permit Number: 781-477-7380 12/19/2017 Telephone: Risk Level: inspector. Time IN: Status: Pic Owner:

700 avg meals per day B&Lunch Sanitizer test kit verified. Permit 3 Allergen CPFM

2017-12-19 11:4 2017-12-19 12:1

Restroom stocked

City of Lynn Board of Health 3 City Hali Sq. Room 401 LYNN MA 01901 (781) 598-4000 Commonwealth of Massachusetts

Page 2 of 2

Hamneton General

City of Lynn

BHP-2018-1785

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

Project Name	
Contractor	
Applicant	
Lynn Public Schools	
(781) 477-7339	
Inspector	1895) (1995)
Monica Pancare	
Date & Time Requested	San Januar
Date of Inspection	
Wednesday, November 7, 2018	
Date of re-Inspection	
Tracking Number	750
Status	
FULL COMPLY	

2 compartment warewashing sink is noted. Renewal or replacement 3 compartment NSF commercial food use only - FYI Cold holding and food storage compliant GENERAL COMMENT: Permit 3
B&B Pest Control PIC= Quat 200ppm

Lynn Board of Health 3 City Hall Sqrare, Lynn, MA 01901

Tel (781) 598-4000 Fax (781) 595-9447

Food Establishment Inspection Report Email: mdesmarais@lynnma.gov

Name: Harrington Elementary School	Inspection Date: 03/13/2019	Number of Priority and Priority				
Address: 21 Dexter Street	Time in/Out: 09:00 am / 10:10 am	Foundation Violation(s):				
Phone: 781-477-7380	Permit No.:	Number of Repeat P and PF				
Emall:	Risk Category: 3 HACCP: No	Violation(s):				
Owner: City of Lynn	Type of Operation: Food Service					
Person-In-charge: Cyndy Type of Inspection: Routine Previous Inspection D		Previous Inspection Date:				
Inspector: C.Carlson	Date of Re-Inspection: 03/23/2019 or A	Date of Re-Inspection: 03/23/2019 or After				
FOODBORNE ILLNESS RISK F	ACTORS AND PUBLIC HEALTH	INTERVENTIONS				
IN = In complaince OUT = out compliance N/O = n						

Compliance Status	INO	UT N/A	N/O COS R	Compliance Status	INC	UT N/	A N/O C	OSR
Supervision		(4	1 1	Protection from Contam	inati	on		
1 Person-in-Charge present,	In	\neg		15 Food separated and protected	In			
demonstrates knowledge, and				16 Food contact surface; cleaned	[n			
performs duties		1		and sanitized				
2 Certified Food Protection Manager	In			17 Proper disposition of returned,	In		2.71	T
Employee Health		-		previously served, reconditioned			1.4	
3 Management, food employee and	In			and unsafe food				
conditional employee; Knowledge,				Time/Temperature Control	for §	Safet	V	-
responsibilities, and reporting				18 Proper cooking times & temperatures		T	n/a	Т
4 Proper use of restriction and exclusion	In	\top		19 Proper reheating procedures for hot			n/o	
5 Procedures for responding to vomiting	In			holding			No.	
and diarrheal events				20 Proper cooling time and temperature			n/o	
Good Hygienic Practic	ces			21 Proper hot holding temperature	In	1		7
6 Proper eating, tasting, drinking, or			n/o	22 Proper cold holding temperature	0	ut		
tobacco use		12		23 Proper date marking and disposition	ln			
7 No discharges from eyes, nose and			n/o	24 Time as a Public Health Control			n/o	
mouth		250		Consumer Advisory			1	
Preventing Contamination by	Han	ds		25 Consumer advisory provided for raw/		n/a	a	T
8 Hands clean and properly washed	In			under cooked food				
9 No bare hand contact with RTE food			n/o	Requirements for Highly Suscepth	le P	opul	ations	
10 Adequate handwashing sinks properly	In			26 Pasteurized foods used; prohibited	\Box	n/a	1	Т
supplied and accessible		1	*	foods not offered			- 1	
Approved Source	12		36	Food/Color Additives and Toxic	Sub	stan	ces	
11 Food obtained from source	In			27 Food additives; approved and		n/a	a	
12 Food received at proper temperature			n/o	properly used			1	
13 Food received in good condition, safe,	In		3 1	28 Toxic substances properly identified,	In			
and unadulterated			2.56 Q	stored and used				
14 Required records available, shellstock		n/a		Conformance with Approved P	roce	dure	es .	
tags, parasite destruction		1102		29 Compliance with variance/specialized		n/a	3	
OFFICIAL ORDER FOR CORRECTION:	Based	on an	Inspection	process/HACCP plan				
				applicable sections of 2013 FDA Food Code. This repo	rt, wh	en slg	ned	
below by a Board of Health member or its agent con	stitutes	an or	der of the Bo	ard of Health. Failure to correct violations cited in this	report	may r	esult in	4
suspension or revocation of the food establishment	ermit a	nd ce	ssation of fo	od establishment operations. If you are subject to a no	tice of	susp	ension,	
or non-renewal pursuant to 105 CMR 590.000 you m	ay requ	est a	hearing befo	re the board of health In accordance with 105 CMR 59	0.015	(B).		
Inspector: CBC				Person In Charg				

Food Establishment Inspection Report

MoJiN Solutions, LLC

Establishment:	Harrington Elementary School	Date:	03/13/2019	Page 2 of 3
74. 20%	GOOD RETAIL PRACTICES AND MASSACH			
IN = In co	mplaince OUT = out compliance N/O = not observed N/A = not applica	ole COS = corrected of	on-site R = repeat v	riolation

	Compliance Status	INOUT	WA NO C	OSR		Compliance Status	IN	OUT	N/A	N/O !	COSR
Safe food and Water			48	Warewashing facilities: installed,							
30	Pasteurized eggs used where	r	n/a	П		maintained, and used; test strips					
	required		*	Ш	49	Non-food contact surfaces clean					
31	Water and ice from approved source					Physical Facilities	Ç.	,	,		-
. 32	Variance obtained for specialized	r	n/a		50	Hot and cold water available;					
	processing methods					adequate pressure					
	Food temperature co	ntrol			51	Plumbing installed; proper	75				
33	Proper cooling methods used;		n/o			backflow devices	1			_	
	adequate equipment for	- 1			52	Sewage and waste water properly					
	temperature control					disposed					
34	Plant food properly cooked for hot		n/o		53	Toilet features; properly,		out		Ţ.	
	holding					constructed supplied, and cleaned	20				
35	Approved thawing methods used		n/o		54	Garbage and refuse properly	2				
36	Thermometer provided and accurate					disposed; facilities maintained	1				
	Food Identification	C			55	Physical facilities installed,	1				
37	Food properly labeled: original	,				maintained, and clean					
	container				56	Adequate ventilation and lighting;			9		
	Prevention of Food Conta	aminatio	on -			designated areas used	- 14		1.5		
38	Insects, rodents, and animals not	(90)				Massachusetts Requireme	ent	3			
	present				M1	Anti-choking procedures in food				n/a	
39	Contamination prevented during		11 2			service establishment					
	food preparation,storage and		- []		M2	Food allergen awareness				n/o	
	display		- 1		МЗ	Caterer				n/o	, (
40	Personal cleanliness				M4	Mobile Food Operation				n/o	
41	Wiping cloths: properly used and				M5	Temporary Food Establishment				n/o	
	stored				M6	Public Market; Farmers Market				n/o	
42	Washing fruits and vegetables			\Box	M7	Residential Kitchen; Bed-and-				n/o	
	Proper Use of Utensil	S	19			Breakfast Operation					
43	In-use utensils properly stored				M8	Residential Kitchen: Cottage Food				n/o	
44	Utensils, equipment and linens:	·				Operation					
	properly stored, dried, and handled	4		Ш	M9	School Kitchen; USDA Nutrition				n/o	
45	Single-use/single-service articles:		3 4			Program					
	properly stored and used				M10	Leased Commercial Kitchen				n/o	
46	Gloves used properly			ΤП	M11	Innovation Operation				n/o	
	Utensils, Equipment and Ve	nding				Local Requirements					
47	Food and non-food contact surfaces				L1	Local law or regulation				n/o	
	cleanable, properly designed,			-11	L2	Other				n/o	
	constructed and used	27.4	2							1	
		* **	4 ×	-11							
			.00				_	\square			

Date: 03/13/2019 Page 3 of 3

Establishment	Harrington	Elementary	School
---------------	------------	------------	--------

ail Code	DESCRIPTION OF VIOLATION
>	OBSERVATION: Observed many individually pre-packaged turkey & ham sandwiches sitting in cardboard boxes on counter in kitchen at 66°F. PIC states these are delivered fresh the morning of serving day and kept in either double door refrigerator or milk chest refrigerator and then placed into the cardboard boxes which are delivered to classrooms for the pre-k students. PIC states these boxes are delivered at 10:30 am. Discussed with PIC to ensure temperature control is maintained on TCS foods up until they are to be brought up to the classrooms. REGULATION: Holding TCS Food, Cold
Discussion	No lunch period in session at time of inspection. Therefore, no food observed being served. [PIC states first lunch period begins at 11:00 am and final lunch period ends at 12:40 pm] PIC states hot food (such as BBQ chicken) and cold food (such as orange slices) are served by being placed directly in plastic containers on counter in cafeteria. PIC states leftover food is placed in hot holding cabinet and refrigerators, respectively, in between lunch periods. PIC states the leftover food after the final lunch period for the day is discarded. Since there is no temperature control during serving periods, establishment is using TAPHC. Discussed with PIC to ensure establishment has submitted written procedure for TAPHC to health office.
-501.17	OBSERVATION: No covered receptacle observed in unisex employee restroom located in back room of kitchen. REGULATION: Toilet Room Receptacle, Womens, Covered
Discussion	Milk in chest refrigerator observed at $39^{\circ}F$ via infared thermometer.
0.001	Correct critical violations immediately; non-criticals within 10 days. Correct all violations in entirety and maintain. Train and supervise staff. Failure to correct all violations and maintain corrections may result in administrative action and or fines. The text in this report is an unofficial version of the state regulations. Official version of the state regulations may be found at www.mass.gov/dph/fpp or by contacting the State House Book Store.
	•
8	

City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

100 Failing Score: Score: 100 Max Score: Scoring Type: Subtractive HACCP:

65

Status Item

Date Inspected: Correct By. 1/1/1900 Time OUT: Lynn Public Schools # of Critical Violations: Monica Pancare Permit Number: BHP-2016-1882 FULL COMPLY Diane saindon 781-477-7390 3/17/2017 Telephone: Risk Level: PIC: Inspector: Status: Owner. Time IN:

Quat 400ppm verified. New quat strips required- expired. Milk cooler very clean- Milk is at proper temperatures. Clean top of oven and fan-dust/dirt noted CPFM and Allergen compliant 360 avg meals per day. Perfmit 3 compliant

2017-03-17 12:3 2017-03-17 13:0

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

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City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

100 Failing Score: Status Score: 100 Max Score: Scoring Type: Subtractive HACCP: Item

65

Telephone:	
781-477-7390	
wner	1
Lynn Public Schools	
PIC.	
Inspector. Monica Pancare	
Date Inspected: Correct By:	By:
11/21/2017 11/28/2017	2017
Risk Level:	
Permit Number:	
BHP-2017-2065	
Status:	
PARTIAL COMPLY	
# of Critical Violations:	
Time IN: Time OUT:	
2017-11-21 11:0 2017-11-21	1113

Permit 3

380 meals per day.

CPFM

Allergen

Turkey/gravy/mashed dinner.- hot holding compliant.

Cooking temps for each meal period should be taken and recorded at time of data point to ensure consistency and accuracy instead of the end of day.

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

(Rev. Sep 17,2019)

(Rev. Sep 17,2019)

Hod General

City of Lynn

BHP-2018-1789

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

	ltem Status	ed to ictices Equipment and Utensils FAIL 3 door Traulsen freezer at 45F	popsicles defrosted 8 cases of turkey burgers and 3 cases of heat n serve veg defrosted. L Bogart notified for disposition.	KEPAIK OF KEPLACE FREEZEK TO MAIN JAIN -10 TO 0 F.	Physical Facility Stains and floor soil under the 3 door freezer- Clean this area more frequently.		GENERAL COMMENT: Permit3	CPFM noted (2) Voting day- Admin day only- lunch nót served.
		Violations Related to Good Retail Practices (Blue Items)					GENERALC	CPFM noted (2) Voting day- Adr
Project Name	Contractor	Applicant Lynn Public Schools TR11 477-7339	Inspector Monica Pancare	Date & Time Requested	Date of Inspection Tuesday, November 6, 2018	Date of re-Inspection	Tracking Number	Status Partial comply

Lynn Board of Health 3 City Hall Square, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447 Email: Itobin@lynnma.gov

Food Establishment Inspection Report

		0, 0	
Name: Hood Elementary	Inspection Date: 05/22/2019	Number of Priority and Priority	Λ
Address: 24 Oakwood Ave	Time In/Out: 09:45 am /10:04 am	Foundation Violation(s):	U
Phone: 781-477-7390	Permit No.:	Number of Repeat P and PF	Λ
Email:	Risk Category: 3 HACCP: No	Violation(s):	U
Owner: City of Lynn	Type of Operation: Food Service		
Person-in-charge: Vicenta	Type of Inspection: Routine	Previous Inspection Date:	
Inspector: C.Carlson	Date of Re-Inspection:		
FOODBORNE ILLNESS RISK FACT	TORS AND PUBLIC HEALTH	INTERVENTIONS	
IN = in complaince OUT = out compliance N/O = not obse	erved N/A = not applicable COS = correct	ed on-site R = repeat violation	

Compliance Status	INOU	T N/A	N/O COS R	Compliance Status	INO	UT N/A	N/O _, CO	SR
Supervision	7	1 8	- C	Protection from Contam	inati	on	= 0	
1 Person-In-Charge present,	In	T		15 Food separated and protected		n/a		
demonstrates knowledge, and			5	16 Food contact surface; cleaned	In		22	
performs duties		12		and sanitized				
2 Certified Food Protection Manager	In			17 Proper disposition of returned,	In			
Employee Health		-		previously served, reconditioned		1 2	500	
3 Management, food employee and	In	- 50		and unsafe food			12	
conditional employee; Knowledge,				Time/Temperature Control	for S	Safety	G.	
responsibilities, and reporting			, q	18 Proper cooking times & temperatures			n/o	
4 Proper use of restriction and exclusion	In			19 Proper reheating procedures for hot	ln			
5 Procedures for responding to vomiting				holding				
and diarrheal events				20 Proper cooling time and temperature		n/a		
Good Hygienic Practic	ces			21 Proper hot holding temperature			n/o	
6 Proper eating, tasting, drinking, or		1000	n/o	22 Proper cold holding temperature	ln			
tobacco use		0		23 Proper date marking and disposition		n/a		
7 No discharges from eyes, nose and	In			24 Time as a Public Health Control		n/a		
mouth	ľ			Consumer Advisory	- 0.0			
Preventing Contamination by	Hand	ls	0.5	25 Consumer advisory provided for raw/		n/a	2	
8 Hands clean and properly washed	In	3		under cooked food			×1	
9 No bare hand contact with RTE food	In			Requirements for Highly Suscept	le P	opula	tions	
10 Adequate handwashing sinks properly	In 🖭			26 Pasteurized foods used; prohibited		n/a		
supplied and accessible			<i>i</i>	foods not offered			=	
Approved Source	27.)	-		Food/Color Additives and Toxic	Sub	stanc	es -	
11 Food obtained from source	In			27 Food additives; approved and		n/a	18	
12 Food received at proper temperature			n/o	properly used			8.	
13 Food received in good condition, safe,	In	*(2		28 Toxic substances properly identified,	In			
and unadulterated		5.4		stored and used			14	L
14 Required records available, shellstock		n/a		Conformance with Approved F		edure	S _	2
tags, parasite destruction				29 Compliance with variance/specialized		n/a		
OFFICIAL ORDER FOR CORRECTION:	Based o	n an	Inspection	process/HACCP plan			199	
today, the Items marked "OUT" Indicated violations	to 105 C	MR 5	90,000 and a	applicable sections of 2013 FDA Food Code. This repo	ort, wh	ıen sign	ed	
below by a Board of Health member or its agent con	stitutes	an or	der of the Bo	ard of Health. Failure to correct violations cited in this	repor	t may re	sult in	
				od establishment operations. If you are subject to a no			nsion,	
or non-renewal pursuant to 105 CMR 590,000 you n	ay requ	est a	hearing befo	re the board of health in accordance with 105 CMR 59	0.015	5(B).		
Inspector: CBC				Person In Charg			ralic -	

Food Establishment Inspection Report

MoJIN Solutions, LLC

Establishment: Hood Elementary

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

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

	Compliance Status	IN _O	UT N/A	N/O COS R		Compliance Status	IN	OUT	N/A	N/O C	OS R
-	Safe food and Wate	r			48	Warewashing facilities: installed,					
30	Pasteurized eggs used where		n/a	a		maintained, and used; test strips			1	1	
	required				49	Non-food contact surfaces clean			,		
31	Water and ice from approved source		16	#3	-,	Physical Facilities		Ē.			1-1
32	Variance obtained for specialized		n/a	i	50	Hot and cold water available;			Į.	-	
	processing methods		j			adequate pressure				- 1	
	Food temperature co	ntrol		3 1	51	Plumbing installed; proper			1.5	,,	
33	Proper cooling methods used;			n/o		backflow devices	100		u)		
	adequate equipment for				52	Sewage and waste water properly				9	
	temperature control					disposed			5		
34	Plant food properly cooked for hot			n/o	53	Toilet features; properly,					
	holding		-			constructed supplied,and cleaned	Ш				
35	Approved thawing methods used			n/o	54	Garbage and refuse properly			*		
36	Thermometer provided and accurate					disposed; facilities maintained	Ш		5		
3.0	Food Identification	8			55	Physical facilities installed,			4		
37	Food properly labeled: original					maintained, and clean					
	container				56	Adequate ventilation and lighting;					
	Prevention of Food Conta	amin	ation			designated areas used			i e		
38	Insects, rodents, and animals not			5		Massachusetts Requireme	ents		Y		
	present				M1	Anti-choking procedures in food				n/o	
39	Contamination prevented during			=		service establishment	Ш				
	food preparation,storage and				M2	Food allergen awareness	Ш	out			
	display		. 12	N .	M3	Caterer				n/o	
40	Personal cleanliness				M4	Mobile Food Operation				n/o	
41	Wiping cloths: properly used and				M5	Temporary Food Establishment				n/o	
	stored		*		M6	Public Market; Farmers Market	Ш			n/o	
42	Washing fruits and vegetables				M7	Residential Kitchen; Bed-and-				n/o	
	Proper Use of Utensil	s				Breakfast Operation	Ш				
43	In-use utensils properly stored			2917	M8	Residential Kitchen: Cottage Food				n/o	
44	Utensils, equipment and linens:	2				Operation	Ш				_ _
	properly stored,dried, and handled	-2			M9	School Kitchen; USDA Nutrition				n/o	
45	Single-use/single-service articles:	1	9	31		Program					
	properly stored and used		9	2	M10	Leased Commercial Kitchen				n/o	
46	Gloves used properly			Ž _e o 🗀	M11	Innovation Operation				n/o	
4 -	Utensils, Equipment and Ve	endin	ıg			Local Requirements					
47	Food and non-food contact surfaces		A.	[8]	L1	Local law or regulation			_	n/o	
	cleanable, properly designed,				L2	Other				n/o	
	constructed and used	22.1	(6)								

Page 3 of 3

Establishment: Hood Elementary

Date: 05/22/2019

Establishment: Hood E	Elementary Date: 05/22/2019 Page 3 or .
	DESCRIPTION OF VIOLATION
Fail Code	
590.111	OBSERVATION: No allergen certificate available. PIC to obtain allergen training awareness certification and send copy of certificate to health office. REGULATION: Food allergy awareness
9.001	Correct critical violations immediately; non-criticals within 10 days. Correct all violations in entirety and maintain. Train and supervise staff. Failure to correct all violations and maintain corrections may result in administrative action and or fines. The text in this report is an unofficial version of the state regulations. Official version of the state regulations may be found at www.mass.gov/dph/fpp or by contacting the State House Book Store.
Discussion	Observed milk in milk chest refrigerator at 39°F via infared thermometer.
(#	
	

1 Collins Ter



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

55	90 Failing Score:		Score: Status	100	Scoring Type: Subtractive Max Score: 100 ANAGEMENT edgeable / Duties cod Retail Practices (Blue Items)	Subtractive ss fices (Blue Ite	Scoring Type: Subtractive M. NANAGEMENT Towledgeable / Duties to Good Retail Practices (Blue Items)	CTION	HACCP: ifem FOOD PROTECTION PIC Assigned / Kr	
			FAII] 	Physical Eacility	<u>u</u>
					ms)	tices (Blue Ite	Good Retail Prac	ated to	Violations Rel	
	15		FAIL			S	wledgeable / Dutie	d / Kno	PIC Assigne	
							MANAGEMENT		FOOD PROTE	
		(0	Status			7.			Item	
65	Failing Score:	90	Score:	100	Max Score:	Subtractive	Scoring Type:		HACCP:	

Comment: Small trashcan required at handsink with self closing lid-PROVIDE. Light in freezer non working-PROVIDE

Date Inspected: Correct By:

Monica Pancare

Inspector.

Lynn Public Schoo

<u>당</u>

Owner:

781-477-7400

Telephone:

3/20/2017

3/13/2017 Risk Level: Permit 3 posted.

2017-03-13 23:4 2017-03-13 12:4

Time OUT:

Time IN:

of Critical Violations: PARTIAL COMPLY

BHP-2016-1891

Status:

Permit Number:

CPFM was required within 30 days from prior inspection on 11-2-2016. Not provided. 7 days to enroll in a approved class.

Allergen Awareness training compliant Refrigerator temps compliant.

Hats/hairnets worn.

Sanitizer 400ppm compliant Cold and Hot holding logs provided.

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

(Rev. Sep 17,2019)

Suggest training/reminders on when to wash and change gloves, especially after touching face or hair, and then serving food. COS.

Disposable trays for meals are a big improvement in overall defense and prevention..

Reviewed complaint on March 8 2017 of student who found a worm in hot lunch meal. Menu that day=Hotdog/potato rounds/ corn niblets.

Meals arrive prepackaged, sealed and frozen to premises. Cooks reheat leaving package seal intact. Students self open/remove package seal

manufacture and processing. The worm was a corn earworm and is native to all fresh corn during growing. It is PIC shared picture with this inspector and it is determined that the worm was inside the corn at time of hidden under husks or can bury itself in the cob itself.

(Rev. Sep 17,2019)

1 Collins Ter



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

100 Failing Score: Status Score: 100 Max Score: Scoring Type: Subtractive HACCP: Item

65

Time IN: Time OUT: 2017-11-21 12:3 Date Inspected: Correct By: 1/1/1900 # of Critical Violations: Lynn Public Schools Monica Pancare FULL COMPLY BHP-2017-2069 Permit Number: 781-477-7400 11/21/2017 elephone: Risk Level: Inspector: Status: Owner: Time IN: PIC:

Permit 3
CPFM- Sheila Vairie
CPFM- Sheila Vairie
Turkey /Gravy/Mash- 180F verified
3 meals periods per day Lunch
LUNCH-670
Breakfast-550
Hot and cold temps compliant
Quat 200ppm

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

(Rev. Sep 17,2019)

lassachusetts Department of Public Health

vision of Food and Drugs

OOD ESTABLISHMENT INSPECTION REPORT

Lynn Board of Health 18 Shipley Circle Westford MA 01886

Tel 978 692-1096 Fax 978 692-1096 Email: Office@molinsolutions.com

Type of Operation Type of Inspection Ingalls School Date:12/17/2018 lame: Food Service Routine Risk Re-Inspection ddress: 1 Collins Street Terrace Retail Level: Date: next routine 0 Residential Kitchen 781-477-7400 'elephone: Date: Mobile Pre-operation Temporary City of Lynn)wner: Caterer Suspect Illness General Complaint Permit No: erson in Charge(PIC): Shela Valrie Other: 12:38 am Permit No. Other_ M. Lee rspector: ach violation checked requires an explanation on the narative page(s) and a citation of specific provision(s) violated Non-compliance with: Anti-Choking 590,009(E) /iolations Related to Foodborne Illness Interventions and Risk Factors. Tobacco 590,009(F) folations marked may pose an imminent health hazard and require immediate corrective Allergen Awareness 590,009(G) ction as determined by the Board of Health. 12. Prevention of Contemination from Hands OOD PROTECTION MANAGEMENT 13. Handwash Facilities] 1. PIC Assigned / Knowledgeable / Duties MPLOYEE HEALTH PROTECTION FROM CHEMICALS 2. Reporting of Diseases by Food Employee and PIC 14, Approved Food or Color Additive 3. Personnel with Infections Restricted/Excluded 15. Toxic Chemicals OOD FROM APPROVED SOURCE TIME/TEMPERATURE CONTROLS(Potentially Hazardous Foods) 4. Food and Water from Approved Source ☐ 16 Cooling Temperatures 5. Receiving/Condition 17. Reheating 6. Tags/Records/Accuracy of Ingredient Statements 7. Conformance with Approved Procedures/HACCP Plans 18. Cooling 19. Hot and Cold Holding PROTECTION FROM CONTAMINATION 20. Time As a Public Health Control 8. Separation/ Segregation/ Protection 9. Food Contact Surfaces Cleaning and Sanitizing REQUIREMENT FOR HIGHLY SUSCEPTIBLE POPULATIONS] 10. Proper Adequate Handwashing 21, Food and Food Preparation for HSP 11. Good Hygienic Practices CONSUMER ADVISORY /iolations Related to Good Retail Practices 22. Posting of Consumer Advisories Critical (C) violations marked must be corrected immediately Number of Violated Provisions Related r within 10 days as determined by the Board of Health. 0 To Foodborne Illness Interventions ion-critical(N) violations must be corrected immediately or and Risk Factors (Items 1-22): ithin 90 days as determined by the Board of Health. Official Order for Correction Based on an inspection today, the items checked indicate violations of 105 CMR 23. Management and Personnel (FC-2)(590.003) 590.000/federal Food Code. This report, when signed below (FC-3)(590.004) 24. Food and Food Protection by a Board of Health member or its agent consititutes an (FC-4)(590.005) 25. Equipment and Utensils order of the Board of Health. Failure to correct violations (FC-5)(590.006) 26. Water, Plumbing and Waste cited in this report may result in suspension or revocation of (FC-6)(590.007) 27. Physical Facility the food establishment permit and cessation of food (FC-7)(590.008) 28. Poisonous or Toxic Materials establishment operations. If aggrieved by this order, you (590.009) 29. Special Requirements have a right to a hearing. Your request must be in writing 30. Other and submitted to the Board of Health at the above address within 10 days of receipt of this order. DATE OF RE-INSPECTION: next routine i S:590InspectForm6-14.doc Inspector Page 1 of 2

Page 2 of 2

Date: 12/17/2018

Establishment: Ingalls School

stablishment: Ingalis	School Date: 12/11/2016 Fage 2.0
ail Code	DESCRIPTION OF VIOLATION
.301.16	OBSERVATION: Hand sanitizer at work station - relocate to hand sink. Discussed noro virus controls. Corrected during inspection REGULATION: Hand sanitizers may not be used in place of a 20-second hand wash. Use only after 20-second hand wash.
Discussion	No evidence of pests, milk 40F, refrigeration ambient 39F, observed meals defrosting in refrigeration, freezer storage in compliance, facility and equipment in clean condition. Food thermometer available, no sanitizing of equipment on site - no open food handling on site - all meals delivered frozen, package. Reheated and served in sealed package. On site certified PIC, teachers in cafe /Choke.
.001	Correct critical violations immediately; non-criticals within 10 days. Correct all violations in entirety and maintain. Train and supervise staff. Failure to correct all violations and maintain corrections may result in administrative action and or fines. The text in this report is an unofficial version of the state regulations. Official version of the state regulations may be found at www.mass.gov/dph/fpp or by contacting the State House Book Store.
a	

Food Establishment Inspection Report

Lynn Board of Health 3 City Hall Square, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447

Email: ltobin@lynnma.gov

Name: Ingalls Elementary	Inspection Date: 09/03/2019	Number of Priority and Priority
Address: 1 Collins Street Terrace	Tlme In/Out: 08:30 am /08:56 am	Foundation Violation(s): U
Phone: 781-477-7400	Permit No.:	Number of Repeat P and PF
Email:	Risk Category: 3 HACCP: No	Vlolation(s): U
Owner: City of Lynn	Type of Operation: Food Service	
Person-in-charge: Sheila	Type of Inspection: Routine	Previous Inspection Date:
Inspector: C.Carlson	Date of Re-Inspection:	
FOODBORNE ILLNESS RISK FACT	ORS AND PUBLIC HEALTH or N/A = not applicable COS = correct	INTERVENTIONS_ted on-site R = repeat violation

Compliance Status	IN _O U	JT N/A I	N/O COS R	Compliance Status	IN O	JT _N /A	N/O COS R	
Supervision			**************************************	Protection from Contam	inatio	on i		
1 Person-In-Charge present,	In	\$		15 Food separated and protected		n/a		
demonstrates knowledge, and		100		16 Food contact surface; cleaned	In			
performs duties			. 4	and sanitized				
2 Certified Food Protection Manager	In			17 Proper disposition of returned,	In			
Employee Health				previously served, reconditioned		150	14.7	
3 Management, food employee and	In			and unsafe food				
conditional employee; Knowledge,			3 11	Time/Temperature Control	for S	afety	/	
responsibilities, and reporting		2	.	18 Proper cooking times & temperatures		n/a		
4 Proper use of restriction and exclusion	In	$\top \top$		19 Proper reheating procedures for hot			n/o	
5 Procedures for responding to vomiting	In	1.0		holding				
and diarrheal events		50		20 Proper cooling time and temperature		n/a		
Good Hygienic Practic	ces	7	0 15	21 Proper hot holding temperature			n/o	
6 Proper eating, tasting, drinking, or	ln	TT		22 Proper cold holding temperature	In			
tobacco use				23 Proper date marking and disposition			n/o	
7 No discharges from eyes, nose and	In			24 Time as a Public Health Control		n/a		
mouth		8		Consumer Advisory				
Preventing Contamination by	Hand	ds	7 1	25 Consumer advisory provided for raw/		n/a		
8 Hands clean and properly washed	In			under cooked food				
9 No bare hand contact with RTE food		r	1/0	Requirements for Highly Susceptt	le Po	opula	tions	
10 Adequate handwashing sinks properly	In			26 Pasteurized foods used; prohibited		n/a	ai j	
supplied and accessible			#L	foods not offered			* 1	
Approved Source	2.4	7	V 8	Food/Color Additives and Toxic	Sub	stand	ces	
11 Food obtained from source	In		ST	27 Food additives; approved and		n/a		
12 Food received at proper temperature		r	1/0	properly used			- 3	
13 Food received in good condition, safe,	[n]			28 Toxic substances properly identified,	In		2	
and unadulterated				stored and used				
14 Required records available, shellstock		n/a		Conformance with Approved F	roce	dure	S	
tags, parasite destruction				29 Compliance with variance/specialized		n/a		
OFFICIAL ORDER FOR CORRECTION:	Based o	on an Ir	nspection	process/HACCP plan			9	
today, the Items marked "OUT" indicated violations to	o 105 C	MR 59	0.000 and a	pplicable sections of 2013 FDA Food Code. This repo	ort, whe	en sign	ed	
below by a Board of Health member or its agent con	stitutes	an orde	er of the Boa	ard of Health. Fallure to correct violations cited in this	report	may re	sult in	
suspension or revocation of the food establishment	oermit a	nd ces	sation of foc	nd establishment operations. If you are subject to a no	tice of	suspe	nsion,	
or non-renewal pursuant to 105 CMR 590.000 you m	ay requ	iest a h	earing befor	re the board of health in accordance with 105 CMR 59	0.015(В).		
Inspector:			FI.	Person In Charg				
6130				5.,1dl-				

Food Establishment Inspection Report

MoJIN Solutions, LLC

Establishment:	Ingalis Elementary	Date: 09/03/2019	Page 2 of 3
	GOOD RETAIL PRACTICE	S AND MASSACHUSETTS-ONLY SECTIONS	a attack in the
	I I OUT - A security and AUO - not a	bearied NVA = not applicable. COC = corrected on site. D = reneal V	dolation

	Compliance Status	IN OU	ΓN/A	N/O COS R		Compliance Status	IN	N/TUC	ANO CO	SR
	Safe food and Water	r	_		48	Warewashing facilities: Installed,	-			
30	Pasteurized eggs used where		n/a			maintained, and used; test strips				
	required				49	Non-food contact surfaces clean	15 .		2.5	
31	Water and ice from approved source				ti.	Physical Facilities	7		oil ST	2
	Variance obtained for specialized		n/a		50	Hot and cold water available;			1	
	processing methods			3		adequate pressure		1.0		
	Food temperature cor	ntrol			51	Plumbing installed; proper	(3)	Œ.	2 1 1	
33	Proper cooling methods used;		n/a			backflow devices			5 197	
	adequate equipment for			1 11	52	Sewage and waste water properly	- 1	- 1		
	temperature control		ļ.,			disposed				
34	Plant food properly cooked for hot		n/a		53	Toilet features; properly,				
	holding					constructed supplied, and cleaned	-		4	
35	Approved thawing methods used			n/o	54	Garbage and refuse properly	ं			
36	Thermometer provided and accurate		(0)			disposed; facilities maintained	5.			
7	Food Identification	-30	27.47	2 1 20	55	Physical facilities installed,				
37	Food properly labeled: original		(6)			maintained, and clean				
	container				56	Adequate ventilation and lighting;				
	Prevention of Food Conta	amina	mination			designated areas used	Ē		* P4	
38	Insects, rodents, and animals not		T	-		Massachusetts Requireme	ents			
	present	8	8		M1	Anti-choking procedures in food	[In]			
39	Contamination prevented during		1			service establishment				
	food preparation,storage and				M2	Food allergen awareness	In			
	display		3		M3	Caterer	Ш		n/o	
40	Personal cleanliness	5		25	M4	Mobile Food Operation			n/o	
41	Wiping cloths: properly used and	H .			M5	Temporary Food Establishment			n/o	
	stored	:2	. 3		M6_	Public Market; Farmers Market			n/o_	1
42	Washing fruits and vegetables	52 L			M7	Residential Kitchen; Bed-and-	Н		n/o	
17.	Proper Use of Utensil	S ?	ř			Breakfast Operation				\perp
43	In-use utensils properly stored				M8	Residential Kitchen: Cottage Food	П		n/o	
44	Utensils, equipment and linens:			(J8) (3.3)		Operation	\perp			_
	properly stored, dried, and handled				M9	School Kitchen; USDA Nutrition			n/o	
45	Single-use/single-service articles:	4.5				Program				\perp
	properly stored and used					Leased Commercial Kitchen			n/o_	
46	Gloves used properly		110		M11	Innovation Operation			n/o	\perp
	Utensils, Equipment and Ve	nding		Y.		Local Requirements	-			_
47	Food and non-food contact surfaces	ता	23		L1	Local law or regulation		_	n/o	4
	cleanable, properly designed,	×	- 57		L2	Other		9	n/o	
	constructed and used	12				1(*)				

Establishment: Ingalls Elementary

Date: 09/03/2019

Page 3 of 3

" J	DESCRIPTION OF VIOLATION	
Code		-
Discussion	PIC provided QT test strips that expired in 2016. Coached PIC on replacing test strips if/when they expire.	
Discussion	All refrigeration observed running at 41°F or below. Observed milk in milk chest refrigerator at 38°F via infrared thermometer.	
	d/	
		15

115 GARDINER ST



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

100 Failing Score: Score: 100 Max Score: Scoring Type: Subtractive HACCP: Item

Status

65

Date Inspected: Correct By: 1/1/1900 Time OUT: Lynn Public Schools # of Critical Violations: Monica Pancare FULL COMPLY BHP-2016-1918 Permit Number: 781-477-7460 Inspector 1/17/2017 elephone: Risk Level: Owner. Status: Time IN: PIC

CPFM (2) compliant permit 3 compliant

2017-01-17 11:0 2017-01-17 23:5

Allergen Awareness Training compliant.

180-190 meals per day.

hot holding and cold holding logs compliant.

Suggest review and training of all staff on process for documenting hot holding/cooking logs. Menu Pizza Dippers and sauce.

Orange trays washed rinsed sanitized daily

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

(Rev. Sep 17,2019)

Item

115 GARDINER ST



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

100 Failing Score: Status Score: 100 Max Score: Scoring Type: Subtractive HACCP: Item

65

2017-11-08 12:0 2017-11-08 12:3 Date Inspected: Correct By: 1/1/1900 Time OUT: Lynn Public Schools # of Critical Violations: Monica Pancare BHP-2017-2084 FULL COMPLY Permit Number: 781-477-7460 11/8/2017 Risk Level: Telephone: Inspector: Owner. Status: Carol Time IN: <u>교</u>

Permit 3
CPFM compliant
Handsink stocked.
Salisbury steak 165F
Avg 167 lunch
Avg 160 breakfast.
Hot and cold holding compliant.

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

Commonwealth of Massachusetts

115 GARDINER ST



$City\ of\ Lynn$ Food service establishment (Type three) permit - routine inspection

	65	
	Score: 90 Failing Score:	
	90	- 1
	Score:	Status
•		
	Max Score:	
	Subtractive	
	Scoring Type: Subtractive Max Score: 100	
	HACCP:	ltem

	ltem	Status
Telephone:	PROTECTION FROM CONTAMINATION	
781-477-7460	Good Hygienic Practices	FAIL
Owner.	Comment: Hats or hairnets required in food preparation and service area.	area.
Lynn Public Schools	Violations Related to Good Retail Practices (Blue Items)	
PO	Equipment and Utensils	FAIL
Carol	Comment: REPLACE the dry storage cabinet held up by a rock/brick (missing wheel) in the kitchen with a NSF approved	(missing wheel) in the kitchen with a NSF approved
Inspector:	equipment. All equipment must be maintained in good repair. 10 days.	
Monica Pancare		
Date Inspected: Correct By:		
10/2/2018 10/17/2018		
Risk Level:		
Permit Number:		
BHP-2018-1802		
Status:		
PARTIAL COMPLY		
# of Critical Violations:		
1 months of the magnetic flat for the		
Time IN: Time OUT:		
2018-10-02 12:0 2018-10-02 12:3		

Permit 3 posted CPFM- (2) Cheeseburger 180F Avg 170 meals per day.

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

Lynn Board of Health

Foundation Violation(s): Number of Repeat P and PF

Violation(s):

Food Establishment Inspection Report

Name: Lincoln-Thompson Elementary School

Address: 115 Gardiner Street

Phone: 781-477-7460

Email:

3 City Hall Sqrare, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447 Email: mdesmarais@lynnma.gov Number of Priority and Priority

Owner: City of Lynn			Туре	of C	perallon: Food Service					
Person-in-charge: Nadia Type of					of Inspection: Routine Previous Inspection Date:					
Inspector: C.Carlson	of Re-inspection:									
					ND PUBLIC HEALTH INTERVENT				1) 1100	
IN ≍ In complaince OUT = out compliance N	I/O = n	ot obs	served N/	/A :	= not applicable COS = corrected on-site R = re	peat	violat	ion		
				22	The second secon					
Compliance Status	IN OL	IT N/A	N/O COS	R	Compliance Status		94 0		N/O CO)S _I R
Supervision			10.00		Protection from Conta	mina	atior	1	a A	
1 Person-In-Charge present,	In	0		П	15 Food separated and protected	In				_
demonstrates knowledge, and					16 Food contact surface; cleaned	In				
performs duties			.3		and sanitized				15.	
2 Certified Food Protection Manager	In		u		17 Proper disposition of returned,	ln		120	33	
Employee Health	71 40	a "j	, t * <u></u>		previously served, reconditioned) des	.3	
3 Management, food employee and	In		- T	Ħ	and unsafe food				*	
conditional employee; Knowledge,		8	22	П	Time/Temperature Control		r Sa	fety	w.i	L
responsibilities, and reporting					18 Proper cooking times & temperature	s			n/o	
4 Proper use of restriction and exclusion	In		150		19 Proper reheating procedures for hot				n/o	
5 Procedures for responding to vomiting	In		*	П	holding					
and diarrheal events		÷.,		Ш	20 Proper cooling time and temperature)			n/o	
Good Hygienic Practic	es				21 Proper hot holding temperature				n/o	
6 Proper eating, tasting, drinking, or		77.0	n/o		22 Proper cold holding temperature	In				
tobacco use		100			23 Proper date marking and disposition	lin				
7 No discharges from eyes, nose and	!n	2		П	24 Time as a Public Health Control				n/o	
mouth		-			Consumer Advisory	- 3	in e			
Preventing Contamination by	Hand	sb	egia d	٦	25 Consumer advisory provided for raw	1		n/a		
8 Hands clean and properly washed	In	0.0			under cooked food					
9 No bare hand contact with RTE food	In				Requirements for Highly Suscep	tble	Por	oula	tions	
10 Adequate handwashing sinks properly					26 Pasteurized foods used; prohibited			n/a	37	
supplied and accessible					foods not offered				si .	
Approved Source	Šes.	(#)	35 NA		Food/Color Additives and Tox	ic S	ubst	tanc	es	1,000
11 Food obtained from source	ln	120	2.		27 Food additives; approved and			n/a		
12 Food received at proper temperature			n/o		properly used					
13 Food received in good condition, safe,	.ln	٧.,		П	28 Toxic substances properly identified		out			
and unadulterated		37	1(2)		stored and used					
14 Required records available, shellstock		n/a	1 A		Conformance with Approved	Pro	ced	ures	3	
tags, parasite destruction					29 Compliance with variance/specialize	d		n/a		
OFFICIAL ORDER FOR CORRECTION:	Based o	n an	Inspection	1	process/HACCP plan				- 1	
today, the Items marked "OUT" Indicated violations to	o 105 C	MR 5	90.000 an	d ap	oplicable sections of 2013 FDA Food Gode. This re	port,	when	slgn	ed	
below by a Board of Health member or its agent cons	stitutes	an or	der of the	Воа	rd of Health. Fallure to correct violations cited in th	is rep	ort m	ay re	sult in	
suspension or revocation of the food establishment p	ermit a	nd ce	ssation of	foo	d establishment operations. If you are subject to a	notice	of su	Jsper	nsion,	
or non-renewal pursuant to 105 CMR 590.000 you may	ay requ	est a	hearing be	efore	e the board of health in accordance with 105 CMR	590.0	15(B)).		
Inspector: Call					Person In Charg					

Inspection Date: 03/15/2019

Permit No.:

Risk Category: 3

Time In/Out: 08:00 am / 08:46 am

HACCP: No

Food Establishment Inspection Report

MoJiN Solutions, LLC

Establishment: Lincoln-Thompson Elementary School

Date: 03/15/2019

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

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

	Compliance Status	IN	A/N TUC	N/O COS R	-311=3	Compliance Status	IN	OUT	N/A	N/O C	COSR
3.1	Safe food and Water	er		48	48 Warewashing facilities: installed,				5		
30	Pasteurized eggs used where		n/a			maintained, and used; test strips				3	
	required			2 1	49	Non-food contact surfaces clean			7.		
31	Water and ice from approved source				1 2	Physical Facilities		aT.	100		200
32	Variance obtained for specialized		n/a	i l	50	Hot and cold water available;			Va .	-	
	processing methods	3				adequate pressure			- 12		
- 5,	Food temperature co	ntro		it	51	Plumbing installed; proper				27	
33	Proper cooling methods used;			n/o		backflow devices				- 1	
	adequate equipment for				52	Sewage and waste water properly			**	14	
	temperature control					disposed					
34	Plant food properly cooked for hot			n/o	53	Toilet features; properly,	3				
	holding					constructed supplied, and cleaned					
35	Approved thawing methods used			n/o	54	Garbage and refuse properly	10				
36	Thermometer provided and accurate					disposed; facilities maintained					
-	Food Identification)•	3.17	55	Physical facilities installed,					
37	Food properly labeled: original					maintained, and clean					
	container		- 1		56	Adequate ventilation and lighting;					
7.	Prevention of Food Cont	amir	nation		1	designated areas used	l z				
38	Insects, rodents, and animals not			S	7.	Massachusetts Requirem	ents	0.0	1		1.
	present			i k	M1	Anti-choking procedures in food				n/o	
39	Contamination prevented during		4	8		service establishment				_	
	food preparation,storage and		29		M2	Food allergen awareness				n/o	
	display	1			МЗ	Caterer				n/o	
40	Personal cleanliness				M4	Mobile Food Operation				n/o	
41	Wiping cloths: properly used and				M5	Temporary Food Establishment				n/o	
	stored				M6	Public Market; Farmers Market				n/o	
42	Washing fruits and vegetables			ST 11	M7	Residential Kitchen; Bed-and-				n/o	
14	Proper Use of Utensi	ls		3.		Breakfast Operation					
43	In-use utensils properly stored	12			M8	Residential Kitchen: Cottage Food				n/o	
44	Utensils, equipment and linens:	20				Operation				_	
	properly stored, dried, and handled		***		M9	School Kitchen; USDA Nutrition				n/o	
45	Single-use/single-service articles:		3			Program					
	properly stored and used		2		M10	Leased Commercial Kitchen				n/o	
46	Gloves used properly		T.			Innovation Operation				n/o	
20	Utensils, Equipment and Ve	endir	ng ·		1 S.	Local Requirements	,	, i		1.	
47	Food and non-food contact surfaces	. 5	- 3		L1	Local law or regulation				n/o	
	cleanable, properly designed,		1 5		L2	Other				n/o	
	constructed and used	~									
	^	01 o		220							

Date: 03/15/;Page 3 of 3

Establishment: Lincoln-Thompson Elementary School

	DESCRIPTION OF VIOLATION	8.5 1 8
ail Code		· · · · · · · · · · · · · · · · · · ·
Discussion	Establishment is a public school that serves 3 lu	unch periods.
-102.11-Pf	OBSERVATION: Observed spray bottle containing what as sanitizer without any kind of labeling. Coached containers of chemicals are labeled with the common REGULATION: Common Name-Working Containers	d PIC to ensure working
Discussion	Observed milk in milk chest refrigeration at 40°F.	
.001	Correct critical violations immediately; non-critical violations in entirety and maintain. It staff. Failure to correct all violations and maintain result in administrative action and or fines. The an unofficial version of the state regulations. Of state regulations may be found at www.mass.gov/dpl the State House Book Store.	Train and supervise tain corrections may text in this report is fficial version of the
5.		
	4:	

50 GOODRIDGE ST



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

100 Failing Score: Status Score: 9 Scoring Type: Subtractive Max Score: HACCP:

Item

S

2017-12-14 11-4 2017-12-14 12:1 Date Inspected: Correct By: 1/1/1900 Time OUT: # of Critical Violations: Lynn Public Schools FULL COMPLY Monica Pancare BHP-2017-2097 Permit Number: 12/14/2017 (781) 477-7494 Risk Level: Telephone: PIC: Inspector. mia lee Time IN: Status: Owner.

Permit 3 CPFM

Allergen AVG 900 students meals per day B&b Pest Control- keep copies of service report on premises

Quat 200ppm

Food storage and temps complant

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000 Keep copies of greasetrap log on premises.

Commonwealth of Massachusetts

(Rev. Sep 17,2019)

Page 1 of 2

Item

CRESCOR mobile refrigerator for cold holding unit out of service at improper refrigerator temps. PIC states that it has been repaired 7x in past few months.
All equipment must be maintained in good repair, and functional for volume required.-REPAIR properly or REPLACE

Jun Endish 50 GOODRIDGE ST

BHP-2018-1823

City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

Monday, October 1, 2018 Date & Time Requested Date of re-Inspection PARTIAL COMPLY ynn Public Schools Date of Inspection Tracking Number Monica Pancare 781) 477-7339 Project Name nspector Contractor **Applicant** Status

Cooling CONTROLS (Potentially TIME/TEMPERATURE Hazardous Foods)

Status

Four large pans tomato sauce completely sealed with plastic wrap/foil were in the walk in cooler.

PIC stated that they did not have any rapid kool paddles, ice to cool pans, or to use ice as a method of ingredient preparation, or other approved method to properly cool products rapidly for Temp was 103F.

Product was vented to allow circulation. Discussion with PIC to cool from 135F to 70F within 2 hours, and below 41F within food prepared on premises.

the next 4 hours for a total time of 6 hours.

GENERAL COMMENT: Permit 3 not posted.

1100 Meals per day.

Quat 200ppm CPFM- (4)

Refrigeration temps compliant Kitchen is clean and sanitary Handsinks stocked.

Lynn Board of Health 3 City Hall Sqrare, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447

Food Establishment Inspection Report

Email: mdesmarais@lynnma.gov Number of Priority and Priority Inspection Date: 03/15/2019 Foundation Violation(s): Name: Lynn English High School Time in/Out: 09:00 am / 11:00 am Number of Repeat P and PF Address: 50 Goodridge Street Violation(s): Permit No.: HACCP: No Phone: 781-477-7366 Risk Category: 3 Type of Operation: Food Service Emall: Previous Inspection Date: Type of Inspection: Routine Owner: City of Lynn Date of Re-Inspection: 03/25/2019 or After Person-In-charge: Trisha FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS IN = in complaince OUT = out compliance N/O = not observed N/A = not applicable COS = corrected on-site R = repeat violation Inspector: C.Carlson

IN = in complaince OUT = out compliance N/					Compliance Status	1 1		A N/O	,US
Status	IN OUT	N/A	N/O C	OSR	Protection from Contan	inat	on	7.00	
Compliance Status Supervision	7	13.	J. 14		Protection in the protected	1	out		
	In		43		15 Food separated and protected	lin			į.
Person-In-Charge present,				-11	16 Food contact surface; cleaned	1 1			
demonstrates knowledge, and		1	- 1	- 11	and sanitized	In			
portorms duties	In	+-	-	77	17 Proper disposition of returned,	1	- 1		
Certified Food Protection Manager	-	1-	1_1	V 10.00	previously served, reconditioned				
Employee Health	T.	1	T	77	and unsafe food	I for	Safe	efv.	-
Management, food employee and	In		4 3	11	and unsare lood Time/Temperature Contro	212	T		T
conditional employee; Knowledge,	1			- 11	40 Prepar cooking times & temperature	3 111	-		+
in the little and reporting	-	-	1		19 Proper reheating procedures for hot	۱n	1 1	- 1	1
Desperuse of restriction and exclusion	ln	+	1		halding		-	n/	+
Procedures for responding to vomiting	ln				20 Proper cooling time and temperatur	е	1-	- 107	4
Lating book events	1 1 -				21 Proper hot holding temperature	_	out	-	+
Good Hygienic Pract	ices			T - T	Too Preper cold holding temperature		out	-	+
6 Proper eating, tasting, drinking, or		out	11	1 1	23 Proper date marking and disposition	n Ir	1	-	+
6 Proper eating, tasting, and			2.3	1-1	24 Time as a Public Health Control			n	10
tobacco use	In	1.	1	1	Consumer Advisor	٧ .			
7 No discharges from eyes, nose and				1	25 Consumer advisory provided for ra	w/		n/a	
mouth	by Ha	nds		3.0.				1 1	
Preventing Contamination	In	T	1,2		under cooked food	entbl	e Po	pulat	io
8 Hands clean and properly washed	_	-			under cooked food Requirements for Highly Susce	1	T	n/a	
a Na hara hand contact With RIE 1000	lv in	-	V3		26 Pasteurized foods used, promotes	1	- 1	1	
10 Adequate handwashing sinks propor	ן יוין עו			21 ° 1	foods not offered	- L	Subs	stanc	es
aupplied and accessible		70.07	5 200		foods not offered Food/Color Additives and T	DXIC	Sub.	ln/a	
Approved Source	e	1	- 1		27 Food additives; approved and	- 1		1""	
11 Food obtained from source	In	-	-	10				-	10
40 Fred received at proper temperatur	е	_	- 1	10	28 Toxic substances properly identifi	ed,	In	1	1
13 Food received in good condition, sa	fe, In			3	lll land			ᆜ_	
unadulterated				100	Conformance with Approv	red F	roce	dure	S
14 Required records available, shellsto	ck		n/a		29 Compliance with variance/specia	lized		n/a	1
14 Required records at the control of the control o		1			process/HACCP plan				L
tags, parasite destruction	N: Ba	sed c	on an i	nspection		la rep	ort, wi	nen slg	ne
OFFICIAL ONDERVISION Indicated violation	ons to 1	105 C	MR 5	30.000 8	and applicable Fallure to correct violations cited	In this	repor	t may i	es
today, the items marked to the items or its ager	t consti	tutes	an ord	ier of th	e Board of Health. Fallure to correct violations cited of food establishment operations. If you are subject of food establishment operations. If you are subject on the procordance with 105 corrections.	to a n	otice	of susp	ens
below by a Board of Floating of the food establish	nent pe	rmit a	and ce	ssation	e Board of Health. Fallure to correct violations clied of food establishment operations. If you are subject before the board of health in accordance with 105	CMR 5	90.01	5(B).	
suspension or revocation of the 198 Sept. 590.000	you may	y requ	uest a	hearing	of food establishment operations. If you all despend before the board of health in accordance with 105 Person In Charg			-	
		-			Person In Charg	or			
Inspector:					0001001000	_		D	age

u Danart	MoJiN Solutions, LLC
Food Establishment Inspection Report	5/2019 Page 2 of 3
Establishment: Lynn English High School GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECOND RETAIL PRACTICES AND MASSA	CTIONS
Establishment: Lynn English High School GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SEC IN = in complaince OUT = out compliance N/O = not observed N/A = not applicable COS = corrected on-site	R = repeat violation
IN = in complaince OUT = out compliance N/O = not observe (m.)	IN OUT N/A N/O COS F

IN = in complaince OUT = out compliance N/6				1	Compliance Status	1	-1-	1	COSR
	IN OUT	N/A N	O COS R	L_	compliance		1.	14	
o tionce Status		7 12		48	maintained, and used; test strips		1	100	
Safe food and Water	-17	n/a		11	Non-food contact surfaces clean			100	
Pasteurized eggs used where		""	4	49	Non-food contact surfaces sin				
		1	-	11	Physical Facilities	TT			1
the and ice from approved source		1		1 50	Hot and cold water available;	1.1	1		1
Water and ice from 57 Variance obtained for specialized	K il	n/a			adequate pressure	++	-		
· · · · · · · · · · · · · · · · · · ·			اسلب	1 51	- installed nroper	1-1	- 1		
processing methods Food temperature co	ntrol	12/20		-11 "	. Jefou dovices	1-1		+	
Food temporar			n/o	11-	and waste water property	1 -			
33 Proper cooling methods used;	1 1	1	1	5:	disposed	-	-	+	
adequate equipment to	1 1		1.1		- turoe: properly.	1	out	. 1	
e control	1-1-	1	n/o	5	3 Toilet features, property constructed supplied, and cleaned		1	-+	
temperature control. 34 Plant food properly cooked for hot	1 1	1	1 1	111	constructed supplied properly		1		-
T		-	n/o	115	Garbage and refuse properly	1			
Abouting methods used	1-1-	-	+	171	disposed; facilities maintained			3 4	
The amornoter provided and	e 0	ut	جلنك	니는	55 Physical facilities installed,	-1			- 3
Food Identification			1.1	71	t-telpod and clean			-	
37 Food properly labeled: original			1 1	111	Es. Adequate ventilation and lighting	i.	1		133
37 Food property laboled				41				1_	h
container Prevention of Food Co	ntamir	natio	n 🗓		Maccachusetts Require	mer	its	-	n/o
Prevention of rood of				111	M1 Anti-choking procedures in food	1	1	1	11/0
38 Insects, rodents, and animals not	4 - 1	1	1	41	service establishment			+	+ +
-0.000 CO				111	service establishmeness			1	n/o
contamination prevented during		1	1.1	111	M2 Food allergen awareness				n/o
food preparation, storage and		1 1	1.1	111	M3 Caterer				n/o
display		-	-	-	M4 Mobile Food Operation				n/o
Durand cleanliness		-			M4 Mobile 1 God Special Stablishmen		1		n/c
40 Personal clock in 41 Wiping cloths: properly used and			1 4 1	- 11	Dublic Market: Farmers Warket		1	-	n/c
41 Wiping Cloths. Propos	1.0	1_			M6 Public Warkes, M7 Residential Kitchen; Bed-and-		11	- }	
stored stored vegetables	1	:		$-\bot$	h state Operation		++	+	n/c
42 Washing fruits and vegetables	ensils	3.500	e, red.		M8 Residential Kitchen: Cottage F	ood	11	- 3	100
Proper Ose of s					O-austion		1-1	-	
43 In-use utensils properly stored			1		LICU-han: LISDA NUITIU	n	11	1	n/
-ile oquinment allu linche.	nd	2							_
atorod dried, and hands					Program Program Kitchen				n
45 Single-use/single-service at note	s.				M10 Leased Commercial Kitchen				n
properly stored and used		-	1:1:	11	M11 Innovation Operation	ents	HC TA	i i	- 3a
		بين		1-1	Local Requirem	OTTE	1	T	In
Land the sail of the control of the	nd Ve	ndin	9	i	L1 Local law or regulation		+	1	Th
47 Food and non-food contact surf	aces			1	L2 Other		1	1	1 1
47 Food and non-lood conte	1			1			1		1 1
cleanable, properly designed,		1	1.5	4 1	M.		1	1	11
constructed and used		1		ex					-

Date: 03/15/2019 Page 3 of 3

stablishment: Lynn Eng	DESCRIPTION OF VIOLATION
	OBSERVATION: Observed cooked chicken parm in hot holding cabinet located on the service line at 125°F. Also observed chicken sandwich in another hot holding cabinet located on the service line at 110°F. PIC to determine source of temperature abuse and correct immediately. REGULATION: Holding TCS Food, Hot
-501.16(A)(1)-P	OBSERVATION: Observed packaged tuna sandwich in single-door Crescor branded refrigerator located on service line at 51°F. Case of apple slice in same unit observed at 52°F. Thermometer gauge located on door of unit observed at 60°F. PIC removed all food items from unit and is to have unit repaired. PIC shall send copy of repair slip to health office upon
3-501.16(A)(2)(B)-P	Completion. REGULATION: Holding TCS Food, Cold OBSERVATION: No secondary thermometers observed in any of the hot holding cabinets or display cases. PIC to ensure all hot holding and cabinets or display cases. PIC to ensure thermometer.
4-204.112	refrigeration units have a secondary programmer. Temperature Measuring Devices-Functionality
3-302.11-P	OBSERVATION: Observed carton of raw eggs being stored on a middle shelf of OBSERVATION: Observed carton of raw eggs being stored on a middle shelf of walk-in refrigerator, directly above various RTE foods. PIC states these walk-in refrigerator, directly above various RTE foods. PIC states these walk-in refrigerator for personal with PIC to dedicate a bottom shelf in walk-in refrigerator for personal food to help reduce the rink of cross contamination. REGULATION: Packaged and Unpackaged Food-Separation, Packaging, and Segregation
2-401.11	OBSERVATION: Observed staff member drinking from a water bottle in kitcher and proceed to prepare food without washing their hands. Coached PIC to and proceed to prepare and drink in a designated area, separate from ensure staff members eat and drink in a designated area, separate from food preparation, and drink from a container with a lid and straw to prevent cross contamination. REGULATION: Eating, Drinking, or Using Tobacco
5-501.17	OBSERVATION: No covered receptacle observed in women's staff restroom. REGULATION: Toilet Room Receptacle, Womens, Covered
Discussion	Observed handwashing signage at a sink with a spray hose that a staff member states is used to wash fruits and vegetables. Discussed a staff member states is used to wash fruits and vegetables. Discussed with PIC to remove sign due to sink not being a handwashing sink.
Discussion	Milk in milk chest refrigeration observed at 39°F via infared thermometer. Salad in walk-in refrigerator observed at 40°F.
9.001	Correct critical violations immediately; non-criticals within 10 days. Correct all violations in entirety and maintain. Train and supervise staff. Failure to correct all violations and maintain corrections may result in administrative action and or fines. The text in this report is an unofficial version of the state regulations. Official version of the state regulations may be found at www.mass.gov/dph/fpp or by contacting the State House Book Store.
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Lynn Board of Health 3 City Hall Square, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447

Food Establishment Inspection Report

Email: Itobin@lynnma.gov Number of Priority and Priority Inspection Date: 04/01/2019 Foundation Violation(s): Name: Lynn English High School@ Time In/Out: 09:00 am / 10:08 am Number of Repeat P and PF Address: 50 Goodridge Street Permit No.: Violation(s): HACCP: No Phone: 781-477-7366 Risk Category: 3 Type of Operation: Food Service Email: Previous Inspection Date: 03/15/2019 Type of Inspection: Re-Inspection Owner: City of Lynn Person-In-charge: Mia Date of Re-Inspection: FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS Inspector: C.Carlson IN = in complaince OUT = out compliance N/O = not observed N/A = not applicable COS = corrected on-site R = repeat violation

IN = in complaince OUT = out compliance N/C				Compliance Status		N/A N/O	COS
Compliance Status	N OUT	N/A I	WO COS R	Protection from Contam	inatio	n	
O andolon		100 E		Protection noticed		n/c	1
	n			15 Food separated and protected	in		
Person-in-Charge presoning		100		16 Food contact surface; cleaned	1		1
demonstrates knowledge, and		1	5	and sanitized	In		
performs duties	in	-		17 Proper disposition of returned,	[""]	1 3	
Certified Food Protection Manager		1	57 03	previously served, reconditioned	1 1	131	
Employee Health		-	ΓĖΤ	1		-Fati	_ـــــــــــــــــــــــــــــــــــــ
Management, 1000 employee and	in	9		Time/Temperature Contro	for S	alety	-1
conditional employee; Knowledge,	- 1		1 1 1	10 Proper cooking times & temperature	-		+-
reapprecibilities and reporting	_	1		19 Proper reheating procedures for hot	ln	1 1	1
Broperuse of restriction and exclusion	In	-	1	1) halding			+
Procedures for responding to vomiting	In		1:1	20 Proper cooling time and temperature		n	10
and diarrheal events		4		21 Proper hot holding temperature	In	1_1_	_
Good Hygienic Practic	ces	74	8 3 3 2	22 Proper cold holding temperature		n	10
6 Proper eating, tasting, drinking, or			n/o	23 Proper date marking and disposition	ın		
6 Proper eating, tasting, drilling	1	1		23 Proper date marking disc Sap	77	r	1/0
tobacco use	In			24 Time as a Public Health Control Consumer Advisory		1.7	
7 No discharges from eyes, nose and		1		Consumer Advisory	ul T	n/a	5.1
mouth to the stop b	v Har	nds	1.	25 Consumer advisory provided for ray	" 1 1	1 7	.:
Preventing Contamination b	linl	T		under cooked food	احلطنه	Popula	tion
e. Hands clean and properly washed	1-1-	-	++-	under cooked food Requirements for Highly Susce	plule	n/a	- [
O. No bare hand contact with RTE 1000	In	-+		26 Pasteurized foods used; prohibited		1119	-3
10 Adequate handwashing sinks properly	/ In	-	4	l ttored			
cupplied and accessible				Food/Color Additives and To	xic Su	ibstanc	es
Approved Source			11:1	27 Food additives; approved and		n/a	1
44 Food obtained from source	In	-	-1:1-	properlyused			-
12 Food received at proper temperature			n/o	28 Toxic substances properly identified	d, In	1 1	
13 Food received in good condition, safe	, In		12 (1)	1 1) , t bood			,Ve
13 Food received in good or in				with Approve	d Pro	cedure	S
and unadulterated 14 Required records available, shellstoo	k		n/a	29 Compliance with variance/special	zed	n/a	a
14 Required records available, en			1 1			1 1	100
tags, parasite destruction	J. Basi	ed or	an Inspect	on process/HACCP plan	report,	when sig	ned
official order for correction	ns to 10)5 CN	NR 590.000	and applicable sections of 2013 PDA 1 000 3 and applicable section	this re	port may	resul
today, the items marked "OU i" indicated violated	constitu	ites a	n order of the	and applicable sections of 2013 FDA Food Code. This are Board of Health. Fallure to correct violations cited in of food establishment operations. If you are subject to the control of the stablishment operations.	a notic	e of susp	ensid
suspension or revocation of the food establishme	air hour	rodis	ast a hearing	of food establishment operations. If you are subject to before the board of health in accordance with 105 C Person In Charg	VIEC DBU.	.010(0).	
or non-renewal pursuant to 105 CMR 590,000 yo	u may i	reduc	JULIU HOUNT	Ta Charge			
				Person In Charg Mia Le			
Inspector: LBL						Pa	age

Food Establishment Inspection Report

MoJiN Solutions, LLC

Food Establishment Inspection Report	Date: 04/01/2019	Page 2 of 4
" List School@	ONLY SECTIONS	
GOOD RETAIL PRACTICES AND MASSACHUSETTS IN = in complaince OUT = out compliance N/O = not observed N/A = not applicable COS =		
IN = in complaince OUT = out company	- ac Status	OUT N/A N/O COS F

IN = in complaince OUT = out compliance		Compliance Status	IN OUT N	A N/O COS
S liange Status	IN OUT N/A N/O COS R	Line facilities installed.	-	
Compliance Status Safe food and Wate		maintained, and used; test strips	. #	
Safe lood and vicio	n/a	- to the surfaces clean		
Pasteurized eggs used where		49 Non-food contact surfaces electrical Physical Facilities		MATERIAL STATES
required		Physical Pacifico		* 1
Water and ice from approved source	n/a	50 Hot and cold water available;		
Variance obtained for specialized		adequate pressure	++-+	
coccing methods	<u> </u>	51 Plumbing installed; proper	1 1 1	2 - 2
Food temperature of	ontroi	backflow devices	++++	
Proper cooling methods used;	1 1 1 1109 1	52 Sewage and waste water properly	1 1	
adequate equipment for	1 1 1 1 1 1	disposed	+	
temperature control		Toilet features; properly,	out	1.1
Plant food properly cooked for hot	n/o	constructed supplied, and cleaned	+	-1-1-
		d rofuse properly	1.1	
holding Approved thawing methods used	n/o	disposed; facilities maintained		
provided still accerding	9) inclained		
36 Thermometer provided and continued and co		55 Physical facilities installed,		8 N. C.
Food Identification		maintained, and clean 56 Adequate ventilation and lighting;		
37 Food properly labeled: original		56 Adequate Ventilation and light	1 1	
container	ntamination	designated areas used	ments	G/CT.
Prevention of Food Co	T. T. T.	Massachusetts Require	TT	n/o
38 Insects, rodents, and animals not		M1 Anti-choking procedures in food	1 1	1 1 1
procent		service establishment		n/o
39 Contamination prevented during		M2 Food allergen awareness		n/o
food preparation, storage and		M3 Caterer		n/o
display		Mobile Food Operation		n/o
40 Personal cleanliness		M5 Temporary Food Establishment		
- I-Aber properly USEC allu	1 3 3	M6 Public Market; Farmers Market		n/o
	9 64 5	- Lastic Kitchen Red-and-		n/o
stored vegetables		Breakfast Operation		
42 Washing fruits and vegetables Proper Use of Ute	ensils	M8 Residential Kitchen: Cottage Fo	od	n/c
Proper Use of O.	Feb. 1	M8 Residential Kitchen.		
43 In-use utensils properly stored		Operation Operation		n/c
44 Utensils, equipment and linens:	a	M9 School Kitchen; USDA Nutrition	1.1	
properly stored dried, and nandle		Program		n/e
45 Single-use/single-service articles		M10 Leased Commercial Kitchen		n/
properly stored and used		M11 Innovation Operation		
properly		Local Requireme	nis :	n/
Honeile Follioment at	nd Vending	L1 Local law or regulation		n/
47 Food and non-food contact sure	aces	L2 Other	1	1 1 100
cleanable, properly designed,				
constructed and used		111	1	
COURTINGIEG SIIG 421				

Establishment: Lynn Eng	DESCRIPTION OF VIOLATION
ail Code	OBSERVATION: Observed cooked chicken parm in hot holding cabinet located on the service line at 125°F. Also observed chicken sandwich in another on the service line at 110°F. PIC to
VELTTT	hot holding cabinet located on the service immediately. hot holding cabinet located on the service immediately. hot holding cabinet located on the service immediately. determine source of temperature abuse and correct immediately. determine source of temperature abuse and correct immediately. **RE-INSPECTION** OBSERVED BAKED PASTA IN HOT HOLDING CABINET AT 145°F. **RE-INSPECTION** OBSERVED BAKED PASTA IN HOT HOLDING CABINET AT 145°F.
21-3-501.16(A)(1)-P	
Verified 04/01/19	in same unit observed at 52°F. Thermometers from unit and 1s to have in same unit observed at 60°F. PIC removed all food items from unit and 1s to have observed at 60°F. PIC removed all food items from unit and 1s to have observed at 60°F. PIC removed all food items from unit and 1s to have observed at 60°F. PIC removed all food items from unit and 1s to have in same unit and 1s to have unit and
	OBSERVED AT 30°F. OBSERVED AT 30°F. Holding TCS Food, Cold
22-3-501.16(A)(2)(OBSERVED AT 30°F. OBSERVED AT 30°F. B) -PREGULATION: Holding TCS Food, Cold
Verified 04/01/19	OBSERVED AT 30 TO PREGULATION: Holding TCS Food, Cold B) -PREGULATION: Holding TCS Food, Cold OBSERVATION: No secondary thermometers observed in any of the hot holding cabinets or display cases. PIC to ensure all hot holding and cabinets or display cases. PIC to ensure all hot holding and refrigeration units have a secondary thermometer. **RE-INSPECTION*** OBSERVED SECONDARY THERMOMETERS FOR HOT CABINETS. PIC STATES AWAITING ARRIVAL OF MORE THERMOMETERS IN REST OF HOT HOLDING DISPLAY CASES. PIC TO PLACE SECONDARY THERMOMETERS IN REST OF HOLDING DISPLAY CASES. PIC TO PLACE SECONDARY THERMOMETERS IN REST OF HOLDING DISPLAY CASES. PIC TO PLACE SECONDARY THERMOMETERS IN REST OF HOLDING DISPLAY CASES. PIC TO PLACE SECONDARY THERMOMETERS IN REST OF HOLDING DISPLAY CASES. PIC TO PLACE SECONDARY THERMOMETERS IN REST OF HOLDING DISPLAY CASES. PIC TO PLACE SECONDARY THERMOMETERS IN REST OF HOLDING DISPLAY CASES. PIC TO PLACE SECONDARY THERMOMETERS IN REST OF HOLDING DISPLAY CASES. PIC TO PLACE SECONDARY THERMOMETERS IN REST OF HOLDING DISPLAY CASES. PIC TO PLACE SECONDARY THERMOMETERS IN REST OF HOLDING DISPLAY CASES. PIC TO PLACE SECONDARY THERMOMETERS IN REST OF HOLDING DISPLAY CASES. PIC TO PLACE SECONDARY THERMOMETERS IN REST OF HOLDING DISPLAY CASES.
	CABINETS. PIC TO PLACE SECONDARY OF SHIPMENT.
	HOLDING DISPLAY CASES. PIC TO FINITE HOLDING DISPLAY CASES. PIC TO FINITE HOLDING UNITS UPON ARRIVAL OF SHIPMENT. HOLDING UNITS UPON ARRIVAL OF SHIPMENT. REGULATION: Temperature Measuring Devices-Functionality REGULATION: Temperature Measuring Devices being stored on a middle shelf of
36-4-204.112	REGULATION: Temperature and the second stored on a middle shell these
Verified 04/01/19	HOLDING UNITS OF MEASURING Devices Funder REGULATION: Temperature Measuring Devices Funder OBSERVATION: Observed carton of raw eggs being stored on a middle shelf of the control of the carton of raw eggs being stored on a middle shelf of the carton of raw eggs being stored on a middle shelf of the carton of
15-3-302.11	Segregation spicking from a water bottle in kitch
Verified 04/01/1	ensure staff members eat and drink in a debugger with a lid and straw to ensure staff members eat and drink from a container with a lid and straw to food preparation, and drink from a container with a lid and straw to ensure a container wit
	RE-INSPECTION NO PERSONAL BEVERAGES **RE-INSPECTION** NO PERSONAL BEVERAGES **RE-INSPECTION** NO PERSONAL BEVERAGES REGULATION: Eating, Drinking, or Using Tobacco REGULATION: Eating, Drinking, or Using Tobacco
6-2-401.11	REGULATION: Education Record receptacle observed in women's staff restroom. PIC
17	AND ENSURE A COVERED RECEPTACLE IS PRACED AND ENSURE A COVERED RECEPTACLE, Womens, Covered
53-5-501.17	at a SIDK WICH with a land Discussed
Discussio	Observed handwashing signage at a sink with a spray hose that Observed handwashing signage at a sink with a spray hose that Observed handwashing signage at a sink with a spray hose that on the sink hose sink a spray hose that on the sink hose

Establishment. Lynn Li	nglish High School@DESCRIPTION OF VIOLATION
ate Verified	
all Code	and in infared
Discussion	Milk in milk chest refrigeration observed at 39°F via infared thermometer. Salad in walk-in refrigerator observed at 40°F.
DIDOMOTIL	thermometer. Salad in water
0-9.004	Violations marked "Verified" have been corrected. Violations not marked "Verified" remain uncorrected. Uncorrected violations are to be corrected immediately. Uncorrected violations may resault in additional memorated and fees, fines and or administrative action including possible suspension of permit. The text in this report is an unofficial version of the state regulations. Official version of the state regulations and be found at www.mass.gov/dph/fpp or by contacting the State House Book Store.
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80 Vertue Blvd - Main Caleteria SOCOMMEDIAL ST. BLP-2018-1715

City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

		Violations Good Ret (Blue Item		CPFM		Steamt		
Project Name	Contractor	Applicant_ LYNN PUBLIC SCHOOLS - CITY OF LYNN	Inspector Monica Pancare	Date & Time Requested	Date of Inspection Wednesday, October 17, 2018	Date of re-Inspection	Tracking Number	Status COMPLY

SI	dry goods		llorganized	nd chanding them daily!	ma changhig mem dany:	(e)	
n Stafus	Physical Facility Replace missing and or burned out lightbulbs in dry goods storage area.	Permit3	SPFM- Catherine Miller Kitchen and storage areas are exceptionally clean and well organized	Tandsinks stocked			
Item	Violations Related to Good Retail Practices (Blue Items) Re	GENERAL COMMENT: Permit3	CPFM- Catherine Miller Kitchen and storage are	Handsinks stocked Food stored properly.@ temps compliant Steamtable water wells - nice ioh on keen			
	BLIC SCHOOLS -	ancare	me Requested	spection lay, October 17, 2018	Inspection	Number	COMPLY

lassachusetts Department of Public Health vision of Food and Drugs

OOD ESTABLISHMENT INSPECTION REPORT

Lynn Board of Health 18 Shipley Circle Westford MA 01886

Tel 978 692-1096 Fax 978 692-1096 Email: Office@mojinsolutions.com

lame: Lynn Techinical Vocational Institute	Date:12/18/2018					
vddress: 80 Neptune Bldv	Risk	Retail Re-Inspection				
elephone: 781-477-7220	Level: 0	Residential Kitchen Mobile Date: 12/28/2018 or After Date:				
Owner: City of Lynn		Temporary Pre-operation Caterer Suspect Illness				
Person in Charge(PIC): Peggy- Joe Surette	Time: 11:22 am	Permit No: General Complaint Other:				
nspector: M. Lee	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Permit No.				
ich violation checked requires an explanation on the na /iolations Related to Foodborne Illness Interventions an /iolations marked may pose an imminent health hazard and require ction as determined by the Board of Health.	d Risk Factors.	Non-compliance with: Anti-Choking 590.009(E)				
OOD PROTECTION MANAGEMENT	12. Prevention	of Contemination from Hands				
1. PIC Assigned / Knowledgeable / Duties	13, Handwash	Facilities				
EMPLOYEE HEALTH	PROTECTION F	ROM CHEMICALS				
2. Reporting of Diseases by Food Employee and PIC 3. Personnel with Infections Restricted/Excluded	14, Approved F	ood or Color Additive nicals				
OOD FROM APPROVED SOURCE	TIME/TEMPERA	TURE CONTROLS(Potentially Hazardous Foods)				
4. Food and Water from Approved Source 5. Receiving/Condition	☐ 16 Cooling Temperatures					
6. Tags/Records/Accuracy of Ingredient Statements	17. Reheating					
7. Conformance with Approved Procedures/HACCP Plans	18. Cooling					
PROTECTION FROM CONTAMINATION	2/1 19. Hot and Co					
3. Separation/ Segregation/ Protection	20. Time As a F	Public Health Control				
9. Food Contact Surfaces Cleaning and Sanitizing	REQUIREMENT FOR HIGHLY SUSCEPTIBLE POPULATIONS					
10. Proper Adequate Handwashing 11. Good Hygienic Practices	21. Food and Food Preparation for HSP					
1 11 Good Hygielike i Idealece	CONSUMER AD	VISORY				
/iolations Related to Good Retail Practices	22. Posting of C	Consumer Advisories				
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Jon-critical(N) violations must be corrected immediately or vithin 90 days as determined by the Board of Health.	Number of Violated Provisions Related To Foodborne Illness Interventions and Risk Factors (Items 1-22): Official Order for Correction Based on an inspection					
C N		hecked indicate violations of 105 CMR				
23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004)		ood Code. This report, when signed below				
25. Equipment and Utensils (FC-4)(590.005)		alth member or its agent consititutes an I of Health. Failure to correct violations				
26. Water, Plumbing and Waste (FC-5)(590.006)		may result in suspension or revocation of				
27. Physical Facility (FC-6)(590.007)		ment permit and cessation of food				
28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009)		erations. If aggrieved by this order, you				
29. Special Requirements (590.009) 30. Other		learing. Your request must be in writing the Board of Health at the above address				
		receipt of this order.				
: S:580InspectFo/m6-14.doc		NSPECTION: 12/28/2018 or After				
Inspector	* 1/0	Page 1 of 2				
1///						

Date: 12/18/2018 Page 2 of 2

Establishment: Lynn Techinical Vocational Institute

37.0	DESCRIPTION OF VIOLATION	
ail Code	2 12 15	
.501.16(A)(B)*	OBSERVATION: service line / Black beans 54F. Diproduct in walk-in to prechill prior to preparaday before. Verify food 41F or below before place REGULATION: PHF's shall be held at 140F or above	tion or scheduling prepcing in holding unit.
.501.16(A)(B)*	OBSERVATION: Hot box / chicken sandwich 109F, P. temperature abuse and correct. REGULATION: PHF's shall be held at 140F or above	
Discussion	Walk- in / ground beef cooked previous day and bay sink 200ppm quat, no evidence of pest active observed, observed hand washing at appropriate 40F, service line salad 40F, sandwich 40F, chicfully cooked) rice 145F, hot box rice 157F, chiccompliance, freezer and dry storage in compliance.	ity, no bare hand contact time, Refrigeration salad ken 147F (item purchased cken 167F. Raw storage in
.001	Correct critical violations immediately; non-created violations in entirety and maintain staff. Failure to correct all violations and maresult in administrative action and or fines. The an unofficial version of the state regulations state regulations may be found at www.mass.gov/othe State House Book Store.	. Train and supervise intain corrections may he text in this report is Official version of the
<i>v</i>		

lassachusetts Department of Public Health vision of Food and Drugs

OOD ESTABLISHMENT INSPECTION REPORT

Lynn Board of Health 3 City Hall Sgrare Lynn, MA 01901

Tel (781) 598-4000 Fax (781) 595-9447 Email: mdesmarais@lynnma.gov

lame: Lynn Techinical Vocational Institute@	Date:01/09/2019 Type of Operation Type of Inspection Food Service Routine						
nddress: 80 Neptune Bldv	Risk	Retail	Re-Inspection				
elephone: 781-477-7220	Level: 0		Date: Date:				
)wner: City of Lynn	14	Pre-operation Suspect Illness					
'erson in Charge(PIC): Ellen	Time: 12:09 am	Caterer Permit No:	General Complaint Other:				
nspector: T.Lee		Permit No.	Other				
/iolations Related to Foodborne Illness Interventions and /iolations marked may pose an imminent health hazard and require ction as determined by the Board of Health.	d Risk Factors.	Non-compliaı <u></u> Anti-Choki	nce with: ng 590.009(E) 590.009(F)				
OOD PROTECTION MANAGEMENT	12. Prevention	of Contemination from Hands	.				
1. PIC Assigned / Knowledgeable / Duties	🗍 13. Handwash I	Facilities					
:MPLOYEE HEALTH	PROTECTION F	ROM CHEMICALS					
2. Reporting of Diseases by Food Employee and PIC 3. Personnel with Infections Restricted/Excluded	14, Approved F	ood or Color Additive					
OOD FROM APPROVED SOURCE	TIME/TEMPERA	TURE CONTROLS(Poten	tially Hazardous Foods)				
4. Food and Water from Approved Source	☐ 16 Cooling Tem						
5. Receiving/Condition 6. Tags/Records/Accuracy of Ingredient Statements	17. Reheating	•					
7. Conformance with Approved Procedures/HACCP Plans	18. Cooling						
PROTECTION FROM CONTAMINATION	19. Hot and Cold Holding						
8. Separation/ Segregation/ Protection	20. Time As a Public Health Control						
9. Food Contact Surfaces Cleaning and Sanitizing 10. Proper Adequate Handwashing	REQUIREMENT FOR HIGHLY SUSCEPTIBLE POPULATIONS						
11. Good Hygienic Practices	21. Food and Food Preparation for HSP						
The Date II Control Brookers	CONSUMER ADVISORY						
/iolations Related to Good Retail Practices ritical (C) violations marked must be corrected immediately r within 10 days as determined by the Board of Health. lon-critical(N) violations must be corrected immediately or vithin 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 29. Special Requirements (590.009) 30. Other	Number of Violated Provisions Related To Foodborne Illness Interventions and Risk Factors (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	ic Elle	r.Le	Page 1 of 2				

Date: 01/09/201 Page 2 of 2

Establishment: Lynn Techinical Vocational Institute@

Date Verified	DESCRIPTION OF VIOLATION
all Code	
Verified 01/09/19	OBSERVATION: service line / Black beans 54F. DIscussed storing Canned product in walk-in to prechill prior to preparation or scheduling prep day before. Verify food 41F or below before placing in holding unit. **re-inspection** observed corn salad at 41F in inline refrigerators. REGULATION: PHF's shall be held at 140F or above or 41F and below.
Verified 01/09/19	OBSERVATION: Hot box / chicken sandwich 109F, PIC to identify source of temperature abuse and correct. **re-inspection** observed sandwhich at 141F in warmer.
3.501.16(A)(B)*	REGULATION: PHF's shall be held at 140F or above or 41F and below.
Discussion	Walk- in / ground beef cooked previous day and cooled, 39F, 3 bay sink 200ppm quat, no evidence of pest activity, no bare hand contact observed, observed hand washing at appropriate time, Refrigeration salad 40F, service line salad 40F, sandwich 40F, chicken 147F (item purchased fully cooked) rice 145F, hot box rice 157F, chicken 167F. Raw storage in compliance, freezer and dry storage in compliance.
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	and the state of t
	· ·

Lynn Board of Health 3 City Hall Square, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447

Number of Priority and Priority

Number of Repeat P and PF

Foundation Violation(s):

Food Establishment Inspection Report

Name: Lynn Vocational Technical Institute

Address: 80 Neptune Blvd

Phone: 781-477-7420

Email: Itobin@lynnma.gov

Emall:	Risk Cal	Category: 3 HACCP: No Violation(s): U							
Owner: City of Lynn				Type of	f Operation: Food Service				
Person-in-charge: Peggy-Jo				Type of	Inspection: Routine	Previous Inspect	ion D	ate:	
Inspector: C.Carlson		11/10/2		Date of I	f Re-Inspection:				
FOODBORNE ILLNESS R IN = in complaince OUT = out compliance	ISł Vo	F/ ≈ not	Obse	ORS A	AND PUBLIC HEALTH INTERVENTIONS A = not applicable COS = corrected on-site R = repeat violation				
Compliance Status	IN	OUT	N/A	NO COS R	Compliance Sta	tus	INC	DUT N/A	N/O COS F
Supervision			10.0	7.		from Contam	inat	ion	L 1: X
1 Person-In-Charge present,	In		14	ė.	15 Food separated and pr	otected		n/a	
demonstrates knowledge, and					16 Food contact surface;	cleaned	In		
performs duties					and sanitized				
2 Certified Food Protection Manager	In				17 Proper disposition of re	eturned,	In		1.0
Employee Health		S N		*	previously served, recor	nditioned			
3 Management, food employee and	In				and unsafe food			100	y ^a
conditional employee; Knowledge,					Time/Temper			Safety	
responsibilities, and reporting				5	18 Proper cooking times 8		Н	_	n/o
4 Proper use of restriction and exclusion	In				19 Proper reheating proce	dures for hot			n/o
5 Procedures for responding to vomiting In					holding				
and diarrheal events					20 Proper cooling time and				n/o
Good Hygienic Practices				et jár	21 Proper hot holding tem				n/o
6 Proper eating, tasting, drinking, or	In		*: 3:5		22 Proper cold holding ten		ln	_	
tobacco use					23 Proper date marking ar		\vdash		n/o
7 No discharges from eyes, nose and	In		1 2	1	24 Time as a Public Health		Щ	n/a	
mouth			(4		Consumer Advisory				
Preventing Contamination by		ands	S		25 Consumer advisory provided for raw/ n/a				
8 Hands clean and properly washed	In		0		under cooked food Requirements for Highly Susceptble Populations				
9 No bare hand contact with RTE food			- 1	1/0			DIE F		
10 Adequate handwashing sinks properly		out		€.	26 Pasteurized foods used	a; pronibiled		n/a	
supplied and accessible			Ц	البان	foods not offered				
Approved Source	<u> </u>				Food/Color Additives and Toxic Substances				
11 Food obtained from source	In		-	-	27 Food additives; approv	eu anu		n/a	-29
12 Food received at proper temperature	Lie			n/o	properly used 28 Toxic substances properly	orly identified	In	-	3
13 Food received in good condition, safe,	ın				stored and used	erry identified,	""		1 5
and unadulterated	-	-1	7/0		Conformance with	th Approved E	Proc	oduiro	
14 Required records available, shellstock			n/a I					0.000	
tags, parasite destruction	Rac	ed or	an li	enection	29 Compliance with variance/specialized n/a				
OFFICIAL ORDER FOR CORRECTION: today, the items marked "OUT" Indicated violations to	<i>عمد</i> 10 ما	5 CM	1R 50	0.000 and	process/HACCP plan	od Code. This repo	rt, w	nen siar	ed .
below by a Board of Health member or its agent con									
suspension or revocation of the food establishment									
or non-renewal pursuant to 105 CMR 590.000 you m									•
444	, ,	J440	V. 14 1		Person In Charg			• •	
Inspector:	Payry - 4 Switz								

Inspection Date: 09/03/2019

Permit No.:

Time In/Out: 10:00 am / 11:05 am

MoJIN Solutions, LLC

Establishment:	Lynn Vocational Technical Institute	Date: 09/03/2019	Page 2 of 3
	GOOD RETAIL PRACTICES AND MASSACHUSE	ETTS-ONLY SECTIONS	n te
IN = in cor	mplaince OUT = out compliance N/O = not observed N/A = not applicable Co	OS = corrected on-site R = repeat vi	olation

					-		T			
	Compliance Status	IN _O	UT N/A	N/O COS R		Compliance Status	IN	OUT	N/A	N/O COS
	Safe food and Wate	r .			48	Warewashing facilities: installed,			-	E - E
30	Pasteurized eggs used where	T	n/a			maintained, and used; test strips				
	required				49	Non-food contact surfaces clean			6	
31	Water and ice from approved source		*	1304		Physical Facilities				
32	Variance obtained for specialized		n/a		50	Hot and cold water available;			82	**
	processing methods					adequate pressure				
141	Food temperature co	ntrol		200 9	51	Plumbing installed; proper				
33	Proper cooling methods used;	ГТ		n/o		backflow devices				3
	adequate equipment for				52	Sewage and waste water properly			20	
	temperature control					disposed			-	
34	Plant food properly cooked for hot		-	n/o	53	Toilet features; properly,	1.72	out		
٠.	holding	1				constructed supplied, and cleaned			=	
35	Approved thawing methods used		_	n/o	54	Garbage and refuse properly	9			
	Thermometer provided and accurate		1574			disposed; facilities maintained				0
-	Food Identification		1.00		55	Physical facilities installed,				
37	Food properly labeled: original		T		1	maintained, and clean		1	82	
91	container			1	56	Adequate ventilation and lighting;	П			Y
-	Prevention of Food Conta	amin	ation			designated areas used				3
38	Insects, rodents, and animals not			itt it	.00	Massachusetts Requirem	ent	S		l-1
JU	present	, v	1		M1	Anti-choking procedures in food	In	$\overline{}$		
39	Contamination prevented during	25	_		,	service establishment				
00	food preparation, storage and			* 1	M2	Food allergen awareness	In			
	display		5		M3	Caterer	т			n/o
40	Personal cleanliness		+	+-+	M4	Mobile Food Operation				n/o
41	Wiping cloths: properly used and		-		M5	Temporary Food Establishment				n/a
41	stored			0.5	M6	Public Market; Farmers Market				n/o
40	Washing fruits and vegetables				M7	Residential Kitchen; Bed-and-	T		-77	n/o
42	Proper Use of Utensi	lo.			1	Breakfast Operation				, _
40				ПП	M8	Residential Kitchen: Cottage Food				n/o
43	In-use utensils properly stored		- 4		""	Operation				
44	Utensils, equipment and linens:				M9	School Kitchen; USDA Nutrition	\vdash			n/o
4	properly stored, dried, and handled		+		IVIS	Program	1			"
45		7.70			MAC	Leased Commercial Kitchen	+			n/o
10	properly stored and used		-	-		Innovation Operation				n/o
46	Gloves used properly				IVITI	Local Requirements	4	ш	- 10	i i oj
4	Utensils, Equipment and Ve	enair	ig .	T	14	Local law or regulation	T		Γ	n/o
47	Food and non-food contact surfaces				L1	Other	+	\vdash	-	n/o
	cleanable, properly designed,	1	1.	4 JS	L2	Other				11/0
	constructed and used	- 2	1.00	×.						

Date: 09/03/2019Page 3 of 3

Establishment: Lynn Vocational Technical Institute

Fail Code	DESCRIPTION OF VIOLATION
Discussion	School not in session at time of inspection. Staff on-site preparing for first day of school (tomorrow).
6-301.13	OBSERVATION: Observed soap dispenser directly above vegetable wash sink. Discussed with PIC to remove handwashing aids and devices from non-handwashing sinks. REGULATION: Handwashing Aids and Devices, Use Restrictions
5-501.17	OBSERVATION: No covered receptacle available in women's staff toilet room A covered receptacle shall be provided for disposal of sanitary napkins. REGULATION: Toilet Room Receptacle, Womens, Covered
9.001	Correct Priority Item and Priority Foundation Item violations immediately Core Item violations within 10 days. Correct all violations in entirety and maintain. Train and supervise staff. Failure to correct all violations and maintain corrections may result in administrative action and or fines. The text in this report is an unofficial version of the state regulations. Official version of the state regulations may be found at www.mass.gov/dph/fpp or by contacting the State House Book Store.
Discussion	Observed milk in milk chest refrigerator at 32°F via infrared thermometer. Observed chocolate milk in walk-in refrigerator at 39°F via infrared thermometer. Observed bags of shredded lettuce in produce walk-in refrigerator at 41°F via infrared thermometer.
7 - X	

37 Throat Rd

100 BENWET OF



Lynn Woods Elementary School

City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

100 Failing Score: Status Score: 2 Max Score: Scoring Type: Subtractive HACCP: Item

8

Date Inspected: Correct By: 1/1/1900 Time OUT: # of Critical Violations: Lynn Public Schools FULL COMPLY Monica Pancare BHP-2016-1948 Permit Number. 781-477-7433 Risk Level: Telephone: 1/11/2017 Inspector: Status: Time IN: Owner: 띥

Permit 3/Allergen/CPFM compliant
Drain plugs purchased since las visit.
Hot and Cold holding logs verified.
Procedure in place for proper cleaning and sanitizing of orange lunch trays.
Suggest 3 comp sink in location where grey cabinets area.

2017-01-11 12:0 2017-01-11 12:3

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

(Rev. Sep 17,2019)

Item

Owner Addr: 90 COMMERCIAL ST LYNN, MA

12 m 2000 Secretary 37 mars 80 BHF 2017-2111

City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

Project Name	
Contractor	
Applicant	PRO
Lynn Public Schools	NO
(781) 477-7339	
Inspector	Viola
Monica Pancare	Good (Blue
Date & Time Requested	
Date of Inspection	
Thursday, November 2, 2017	֖֖֖֝֟֝֟֝֟֝֟֝֟֝֟ ֓
Date of re-Inspection	Avg
Tracking Number	ື່ ວິ
Status	
PARTIAL COMPLY	

	ltem	Status
PROTECTION FROM CONTAMINATION		
	Prevention of Contamination from Hands FAIL	ids FAIL
	Trashcan required at handsink in back room.	room.
Violations Related to Good Retail Practices		
(Blue Items)	Equipment and Utensils	FAIL
	Sanitizer strips not available in basement prep area 300ppm using inspector quat strips.	ent prep area

GENERAL COMMENT: Permit 3 Avg 58 students per day.

Owner Addm 488 BENIAL

Lynn Woods Eleventer Therest Rol HP-2018-1839 City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

Project Name	Contractor	Applicant Lynn Public Schools	(781) 477-7339	Inspector Monica Pancare	Date & Time Requested	Date of Inspection Tuesday, September 25, 2018	Date of re-Inspection	Tracking Number	Status FULL COMPLY
--------------	------------	-------------------------------	----------------	-----------------------------	-----------------------	--	-----------------------	-----------------	-----------------------

GENERAL COMMENT: Permit 3- expired. Provide updated permit CPFM

Quat 400ppm Avg 90 meals per day

Handsinks stocked/ Area is clean and sanitiarry temp logs verified.

Lynn Board of Health 3 City Hall Square, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447

Email: Itobin@lynnma.gov

Name: Lynn Woods Elementary	Inspection Date: 04/26/2019	Number of Priority and Priority						
Address: 37 Trevett Ave	Time In/Out: 11:28 am /11:36 am	Foundation Violation(s):						
Phone: 781-477-7433 ext. 2567	Permit No.:	Number of Repeat P and PF						
Emall:	Risk Category: 3 HACCP: No	Vlolation(s):						
Owner: City of Lynn	Type of Operation: Food Service							
Person-in-charge: Jennifer Type of Inspection: Routine Previous Inspection Date:								
Inspector: C.Carlson	Date of Re-Inspection:							
FOODBORNE ILLNESS RIS IN = in complaince OUT = out compliance N/C	K FACTORS AND PUBLIC HEALTH o = not observed N/A = not applicable COS = correct	INTERVENTIONS ted on-site R = repeat violation						

Compliance Status	IN OU	T N/A	N/O COS R	Compliance Status IN OUT N/A N/O CC			N/O COS R			
Supervision	. 1			Protection from Contam	inatio	n				
1 Person-In-Charge present,	son-In-Charge present, In			15 Food separated and protected		n/a				
demonstrates knowledge, and				16 Food contact surface; cleaned	In					
performs duties	1 12.10			and sanitized			-			
2 Certified Food Protection Manager	ln			17 Proper disposition of returned,	In	8	£			
Employee Health		Muse	. 181	previously served, reconditioned		κ.	35			
3 Management, food employee and	In			and unsafe food		Ď.				
conditional employee; Knowledge,		2.0	ar I	Time/Temperature Control	for Sa	afety	* * *			
responsibilities, and reporting		1	2	18 Proper cooking times & temperatures			n/o			
4 Proper use of restriction and exclusion	In	5		19 Proper reheating procedures for hot			n/o			
5 Procedures for responding to vomiting	In	N.	7.7	holding						
and diarrheal events		1		20 Proper cooling time and temperature			in/o			
Good Hygienic Practic	es	100		21 Proper hot holding temperature			in/o			
6 Proper eating, tasting, drinking, or	In			22 Proper cold holding temperature	In _					
tobacco use				23 Proper date marking and disposition		n/a				
7 No discharges from eyes, nose and	ln			24 Time as a Public Health Control			in/o			
mouth				Consumer Advisory						
Preventing Contamination by Hands		25 Consumer advisory provided for raw/		n/a	5.					
8 Hands clean and properly washed In				under cooked food						
9 No bare hand contact with RTE food	ln			Requirements for Highly Suscept	le Po	pula	tions			
10 Adequate handwashing sinks properly	ln	Į.		26 Pasteurized foods used; prohibited		n/a				
supplied and accessible		18	7	foods not offered			V			
Approved Source	- 200	18	-2, · ·	Food/Color Additives and Toxic	Subs					
11 Food obtained from source	In _			27 Food additives; approved and		n/a				
12 Food received at proper temperature			n/o	properly used						
13 Food received in good condition, safe,	In	d		28 Toxic substances properly identified,	ln		- 1			
and unadulterated				stored and used						
14 Required records available, shellstock		n/a		Conformance with Approved F	rocec	dure	S			
tags, parasite destruction				29 Compliance with variance/specialized		n/a				
OFFICIAL ORDER FOR CORRECTION:	Based o	n an	Inspection	process/HACCP plan			25			
				applicable sections of 2013 FDA Food Code. This repo						
				ard of Health. Failure to correct violations cited in this						
				od establishment operations. If you are subject to а по			nsion,			
or non-renewal pursuant to 105 CMR 590.000 you m	ay requ	est a	hearing befo		0.015(E	3).				
Inspector: LDC	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). Inspector: Person In Charg J. J.									

MoJiN Solutions, LLC

Establishment:	Lynn Woods Elementary	Date: 04/26/2019	Page 2 of 3
(6)4.0 (A)	GOOD RETAIL PRACTICES AND M	ASSACHUSETTS-ONLY SECTIONS	E '20
INI min on	mplaince OLIT = out compliance N/O = not observed N/A :	= not applicable COS = corrected on-site R = repeat vi	olation

	Compliance Status	IN OUT	N/A	N/O COS R		Compliance Status	IN	OUT	N/A	N/O	cos	R
	Safe food and Wate	r			48	Warewashing facilities: installed,			10			
30	Pasteurized eggs used where		n/a			maintained, and used; test strips						
	required				49	Non-food contact surfaces clean						L
31	Water and ice from approved source				34	Physical Facilities		3 5	44,			
32	Variance obtained for specialized		n/a		50	Hot and cold water available;	8,0			100		
	processing methods					adequate pressure						
- OG-01-0 (d	Food temperature co	ntrol	_		51	Plumbing installed; proper			÷	3	1	П
33	Proper cooling methods used;			n/o		backflow devices	500			5 T		
	adequate equipment for				52	Sewage and waste water properly	١.					
	temperature control					disposed	1		3	x "		
34	Plant food properly cooked for hot	S		n/o	53	Toilet features; properly,	10			S(f)		
	holding	8				constructed supplied, and cleaned	ž.		-	-10		_
35	Approved thawing methods used			n/o	54	Garbage and refuse properly	1:		8			
	Thermometer provided and accurate	8				disposed; facilities maintained			+,			L
-	Food Identification	9			55	Physical facilities installed,	İ		100	1.		
37	Food properly labeled: original					maintained, and clean	1_					
	container	: 1 I	2		56	Adequate ventilation and lighting;	1					
- v	Prevention of Food Cont	aminati	on	, a 43		designated areas used						
38	Insects, rodents, and animals not	72	Ŧ			Massachusetts Requirem	ent	s		W. 55 To		ŀ
	present	1 5			M1	Anti-choking procedures in food				n/o		
39	Contamination prevented during		V			service establishment	_					
	food preparation,storage and		ll f		M2	Food allergen awareness				n/o		
	display	2.0			МЗ	Caterer				n/o		
40	Personal cleanliness		7	3)	M4	Mobile Food Operation				n/o		
41	Wiping cloths: properly used and		8		M5	Temporary Food Establishment	1_	_		n/o		
	stored				M6	Public Market; Farmers Market		_		n/o		L
42	Washing fruits and vegetables		2		M7	Residential Kitchen; Bed-and-				n/o		
3	Proper Use of Utensi	ls		9 2. K		Breakfast Operation	_	L				L
43	In-use utensils properly stored	<i>i</i> :		15	M8	Residential Kitchen: Cottage Food				n/o		
44	Utensils, equipment and linens:					Operation	_	_	_			L
	properly stored, dried, and handled	1.		*3	M9	School Kitchen; USDA Nutrition			1	n/o		
45	Single-use/single-service articles:		100	31		Program	_	_	L			_
	properly stored and used	3% 70				Leased Commercial Kitchen		L		n/o	-	L
46	Gloves used properly				M11	Innovation Operation		L		n/o		L
117	Utensils, Equipment and Ve	ending				Local Requirements					1	
47	Food and non-food contact surfaces				L1	Local law or regulation		_		n/o		L
	cleanable, properly designed,		37		L2	Other				n/o	1	
	constructed and used	.]	1	57								
				3								
		U0.50 L						-		-		-

Date: 04/26/2019 Page 3 of 3

Establishment: Lynn Woods Elementary

88	DESCRIPTION OF VIOLATION
all Code	
Discussion	Observed a double-door freezer not operating at the proper temperature. Food in unit still appears frozen. PIC state they are monitoring the product and will relocate to working freezer once necessary. PIC states a service call was placed on 4/25 for repair. PIC to ensure unit is repaired and frozen food remains frozen.
Discussion	Observed milk in milk chest refrigerator at 40°F via infared thermometer.

70 CONOMO AVE



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

Telephone:	HACCP: Item NON-COMP	Sco	Scoring Type: Subtractive WITH:	Subtractive	Max Score:	190	Score:	6 6	99 Failing Score:	65
(781) 595-5920 Owner: Lynn Public Schools	Allergen Awareness	twarenes	ග				FAIL			
PIC:										
a										
Sizuzuro Risk Level:										
Permit Number. BHP-2016-1999										
Status: PARTIAL COMPLY										
# of Critical Violations:										
Time IN: Time OUT: 2016-09-20 11:3		÷								

Permit 3 compliant

Allergen Training - 7 days to enroll in class.

Food storage and protection in compliance.

Overall facility very clean and sanitary. Hot food temp-turkey and gravy 154 degrees

Hood Suppression system - ORANGE tag-non compliant

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

(Rev. Sep 17,2019)

Page 2 of 2

Blossandurang **70 CONOMO AVE**

Pierry Middle BHP-2017-2133

City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

Project Name Contractor Applicant Lynn Public Schools (781) 477-7339 Inspector Monica Pancare Date & Time Requested Date of Inspection Thursday, November 2, 2017 Date of re-inspection Tracking Number
--

Status	ction FAIL	ed over RTE mozzarella	Equipment and Utensils FAIL 4-101.111 Remove cardboard in milk cooler. Contact surfaces exposed to splash spliilage or other food soiling require frequent cleaning shall! be constructed of non absorbent, smooth, corrosion resistant material. Card board is considered Single use meaning that bulk containers such as cardboard are designed and constructed to be used once and discarded(bulk food container)
Item	Separation/ Segregation/ Protection	Raw chubs of ground beef stored over RTE mozzarella cheese.	Equipment and Utensils FAIL 4-101.111 Remove cardboard in milk cooler. Contact surfaces exposed to splash spliilage or other food soiling require frequent cleaning shall be constructed of non absorbent, smooth, corrosion resistant material. Card board is considered Single use meaning that bulk containers such as cardboard are designed and constructed be used once and discarded(bulk food container)
	PROTECTION FROM CONTAMINATION		Violations Related to Good Retail Practices (Blue Items)

GENERAL COMMENT: Permit3
Quat 200ppm
Kitchen is clean and sabitary and stocked.



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

Contractor Applicant	
Lynn Public Schools (781) 477-7339 Inspector	
Monica Pancare Date & Time Requested	
Date of Inspection Monday, October 1, 2018	
Date of re-Inspection	
Tracking Number Status	

Status		FAIL	sible	, See	uired in warewashing area/ or		at far side away from	ai.		
item		Handwash Facilities	Conveniently Located and Accessible	5-203.11 Numbers and Capacities*	Dedicated warewashing sink required in warewashing areal or	on service line- 30 days	Handsink is currently in restroom at far side away from	warewashing and hot service line.	HSP population noted.	
	PROTECTION FROM CONTAMINATION									

Repair or replace missing lights and shield in service kitchen- 5 days **GENERAL COMMENT: Permit3** Average 400 lunches per day. Food stored properly. **Temps** compliant CPFM

Repair or replace screen door in back room.- 30 days

Lynn Board of Health 3 City Hall Square, Lynn, MA 01901

Tel (781) 598-4000 Fax (781) 595-9447

Food Establishment Inspection Report

Email: Itobin@lynnma.gov Number of Priority and Priority Name: Pickering Middle School Inspection Date: 09/04/2019 Time In/Out: 08:45 am / 09:36 am Foundation Violation(s): Address: 70 Conomo Ave Number of Repeat P and PF Permit No.: Phone: 781-477-7440 HACCP: No Violation(s): Risk Category: 3 Emall: Type of Operation: Food Service Owner: City of Lynn Type of Inspection: Routine Previous Inspection Date: Person-in-charge: Holly Date of Re-Inspection: 09/14/2019 or After Inspector: C.Carlson FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS IN = in complaince OUT = out compliance N/O = not observed N/A = not applicable COS = corrected on-site R = repeat violation

100			100				
Compliance Status	INOU	T N/A N/O COS R	Compliance Status	INOU	T _N /A	N/O CO	JS R
Supervision	100	1 1 1	Protection from Contam	inatio	n .	1	X.S
1 Person-In-Charge present,	In		15 Food separated and protected		n/a	3	
demonstrates knowledge, and		er f	16 Food contact surface; cleaned	ln			
performs duties			and sanitized			5.5	
2 Certified Food Protection Manager	In		17 Proper disposition of returned,	ln			
Employee Health	3.5		previously served, reconditioned		1	. 4	
3 Management, food employee and	In		and unsafe food				
conditional employee; Knowledge,			Time/Temperature Control	for Sa	afet	y .	-
responsibilities, and reporting			18 Proper cooking times & temperatures			n/o	
4 Proper use of restriction and exclusion	1n	3.73	19 Proper reheating procedures for hot			n/o	
5 Procedures for responding to vomiting	In	T-1	holding				
and diarrheal events			20 Proper cooling time and temperature			n/a	
Good Hygienic Practic	ces		21 Proper hot holding temperature	ou	ţ		
6 Proper eating, tasting, drinking, or	In		22 Proper cold holding temperature	ou	ţ		
tobacco use			23 Proper date marking and disposition			n/o	
7 No discharges from eyes, nose and	In		24 Time as a Public Health Control		n/a	1	
mouth ^d			Consumer Advisory				0.00
Preventing Contamination by	/ Hand	ls	25 Consumer advisory provided for raw/		n/a	*	
8 Hands clean and properly washed	In		under cooked food				
9 No bare hand contact with RTE food	In		Requirements for Highly Susceptt	le Po	pul	ations	
10 Adequate handwashing sinks properly	In		26 Pasteurized foods used; prohibited		n/a	 	ŀ
supplied and accessible			foods not offered				
Approved Source	\$22.0		Food/Color Additives and Toxic	Subs	tan	ces	3 =
11 Food obtained from source	In		27 Food additives; approved and		n/a	1	
12 Food received at proper temperature		n/o	properly used		_	18	_
13 Food received in good condition, safe,	ln	54 A47 2 333	28 Toxic substances properly identified,	ou	t		
and unadulterated			stored and used				\perp
14 Required records available, shellstock		n/a	Conformance with Approved F		lure	S	A No
tags, parasite destruction			29 Compliance with variance/specialized		n/a	1	
OFFICIAL ORDER FOR CORRECTION:	Based o	n an inspection	process/HACCP plan				
			applicable sections of 2013 FDA Food Code. This repo				
			ard of Health. Fallure to correct violations cited in this				
			od establishment operations. If you are subject to a no			ension,	
or non-renewal pursuant to 105 CMR 590.000 you m	ay reque	est a hearing befo	re the board of health in accordance with 105 CMR 59	10.015(E	s).		
Inspector:			Person In Charg				
V V			1 (1/3)				

MoJiN Solutions, LLC

		1200000	
Establishment:	Pickering Middle School	Date: 09/04/2019	Page 2 of 3
	GOOD RETAIL PRACTICES AND MASS		
IN = in co	mplaince OUT = out compliance N/O = not observed N/A = not ap	plicable COS = corrected on-site R = repeat v	lolation

	Compliance Status	IN	DUT N/A	N/O COS R		Compliance Status	IN	OUT	N/A N/O	COSR
	Safe food and Wate	r			48	Warewashing facilities: installed,			V	
30	Pasteurized eggs used where		n/a	a		maintained, and used; test strips				
	required			-	49	Non-food contact surfaces clean	٦.			
31	Water and ice from approved source	7			10.	Physical Facilities	Ž.			- 84
32	Variance obtained for specialized		n/a	a	50	Hot and cold water available;				
	processing methods					adequate pressure				
	Food temperature co	ntro		2 1	51	Plumbing installed; proper				
33	Proper cooling methods used;			n/o		backflow devices	- 3			
	adequate equipment for				52	Sewage and waste water properly			- 1	
	temperature control					disposed	54		127	
34	Plant food properly cooked for hot			n/o	53	Toilet features; properly,		out		
	holding					constructed supplied, and cleaned	3			
35	Approved thawing methods used			n/o	54	Garbage and refuse properly				
36	Thermometer provided and accurate		i.			disposed; facilities maintained			0.00	
	Food Identification	4	1200	9 4	55	Physical facilities installed,			10	
37	Food properly labeled: original					maintained, and clean				
	container	<u>_</u> 8		No.	56	Adequate ventilation and lighting;	-			
5	Prevention of Food Conta	amir	nation			designated areas used			T .	
38	Insects, rodents, and animals not	C	out			Massachusetts Requirem	1	3		1
	present	9		2	M1	Anti-choking procedures in food	ln			
39	Contamination prevented during	S	2			service establishment	-			
	food preparation,storage and	*8	1		M2	Food allergen awareness	In			
	display		±(*		M3	Caterer			n/o	
40	Personal cleanliness		į.	3	M4	Mobile Food Operation			n/o	
41	Wiping cloths: properly used and	6	125		M5	Temporary Food Establishment			n/o	
	stored	11 G		i	M6	Public Market; Farmers Market			n/o	
42	Washing fruits and vegetables	2 L			M7	Residential Kitchen; Bed-and-			n/o	
	Proper Use of Utensil	s		4, "		Breakfast Operation			_	
43	In-use utensils properly stored	*	W.,		M8	Residential Kitchen: Cottage Food			n/o	
44	Utensils, equipment and linens:		1	G.		Operation			_	
	properly stored, dried, and handled		7/5		M9	School Kitchen; USDA Nutrition			n/o	
45	Single-use/single-service articles:					Program				
	properly stored and used		7, 3			Leased Commercial Kitchen			n/o	
46	Gloves used properly				M11	Innovation Operation	L	Щ	n/o	LЦ
	Utensils, Equipment and Ve	endir	ng	70		Local Requirements	G I		0.0 5,5	3,44
47	Food and non-food contact surfaces	12			L1	Local law or regulation			n/o	
	cleanable, properly designed,	12	17.5		L2	Other			n/o	
	constructed and used		8.	b.,						
		- A	1.1				L			

Date: 09/04/2019 Page 3 of 3

Establishment: Pickering Middle School

Fail Code	DESCRIPTION OF VIOLATION
3-501.16(A)(2)(B)-P	OBSERVATION: Observed romaine lettuce in cold holding table at 52°F. Observed chopped melons in same unit at 56°F. PIC states these items were prepped recently and placed directly into cold holding table. Discussed with PIC to return TCS foods to enclosed refrigeration after prep to ensure temperatures are returned to 41°F or below and only place them into cold holding table immediately before service. PIC states salad items are typically held in milk chest refrigerator prior to service, but space is limited today. PIC returned salad items to double-door refrigerator located in kitchen. REGULATION: Holding TCS Food, Cold
3-501.16(A)(1)-P	OBSERVATION: Observed chicken sandwiches in "Cres Cor" brand hot holding cabinet at 117°F. Observed temperature gauge located on outside of unit reading 135°F. PIC to determine source of temperature abuse and correct immediately. REGULATION: Holding TCS Food, Hot
6-202.15	OBSERVATION: Observed back door located in kitchen with a gap along it's bottom and screens in poor repair, allowing access for pests. Back door to be repaired using approved methods / materials to prevent access for pests. REGULATION: Pests, Outer Openings, Protected
7-102.11-Pf	OBSERVATION: Observed unlabeled bottle of dish soap at 3-compartment sink Observed sanitizer spray bottles with labeled name ("Sanitizer") wearing off the bottle. Discussed with PIC to ensure all working containers of chemicals are clearly labeled with the common name of the material. REGULATION: Common Name-Working Containers
5-501.17	OBSERVATION: Observed unisex toilet room located near the kitchen without a covered receptacle. A covered receptacle shall be provided for disposal of sanitary napkins. REGULATION: Toilet Room Receptacle, Womens, Covered
9.001	Correct Priority Item and Priority Foundation Item violations immediately Core Item violations within 10 days. Correct all violations in entirety and maintain. Train and supervise staff. Failure to correct all violations and maintain corrections may result in administrative action and or fines. The text in this report is an unofficial version of the state regulations. Official version of the state regulations may be found at www.mass.gov/dph/fpp or by contacting the State House Book Store.
9-422° 45-41	

Sewell anderson Eleventary 25 ONTARIO ST

BHP-2017-2152

City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

Project Name
Confractor
Applicant
Lynn Public Schools
(781) 477-7339
Inspector
Monica Pancare
Date & Time Requested
Date of Inspection
Thursday, November 2, 2017
Date of re-Inspection
Tracking Number
Status
FULL COMPLY

	Item	Status
PERMIT POSTED		
	Permit Up To Date and Valid	FAIL

Permits not posted or available,

GENERAL COMMENT: Permit3-170 meals per day Temp logs verified. Walk in freezer and refrigerators at proper temps. Milk coolers clean and at proper temps.

Sowell anderson Elencatury 25 ONTARIO ST

City of Lynn

BHP-2018-1881

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

Thursday, October 18, 2018 Date & Time Requested ynn Public Schools Date of re-Inspection Date of Inspection Monica Pancare Tracking Number 781) 477-7339 nspector Applicant Status

Preferred Meals contract vendor **GENERAL COMMENT: Permit3** Area is very neat and clean. Cold holding compliant. Cold holding compliant CPFM- Roberta K Temp logs noted Avg 180 meals Quat 400ppm

FULL COMPLY Project Name Contractor

د آ بس

Lynn Board of Health 3 City Hall Square, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447

Email: Itobin@lynnma.gov

Food Establishment Inspection Report

Name: Sewell Anderson Elementary	Inspection Date: 05/24/2019	Number of Priority and Priority			
Address: 25 Ontario Street	Time In/Out: 09:00 am / 09:18 am	Foundation Violation(s):			
Phone: 781-477-7444	Permit No.:	Number of Repeat P and PF			
Email:	Rlsk Category: 3 HACCP: No	Violation(s):			
Owner: City of Lynn	Type of Operation: Food Service				
Person-in-charge: Roberta	Type of Inspection: Routine Previous Inspection Date:				
Inspector: C,Carlson	Date of Re-Inspection: 06/03/2019 or After				
FOODBORNE ILLNESS RISK IN = in complaince OUT = out compliance N/O	FACTORS AND PUBLIC HEALTH = not observed N/A = not applicable COS = correct	INTERVENTIONS ted on-site R = repeat violation			

Compliance Status	IN OU	JT N/A	N/O COS R	Compliance Status	IN OL	JT N/A	N/O COS R
Supervision				Protection from Contam	inatic	n	
1 Person-In-Charge present,	In		15.	15 Food separated and protected		n/a	
demonstrates knowledge, and		8 8		16 Food contact surface; cleaned	In		
performs duties			3	and sanitized			- 14
2 Certified Food Protection Manager	In		1-0	17 Proper disposition of returned,	In		
Employee Health		previously served, reconditioned					
3 Management, food employee and	In	10.1	1	and unsafe food		1	
conditional employee; Knowledge,			ŝ	Time/Temperature Control	for S	afet	1 1
responsibilities, and reporting		1.5	e 1	18 Proper cooking times & temperatures			n/o
4 Proper use of restriction and exclusion	In			19 Proper reheating procedures for hot			n/d
5 Procedures for responding to vomiting	In	1 8	1.	holding			
and diarrheal events			F	20 Proper cooling time and temperature			n/o
Good Hygienic Practic	ces		H	21 Proper hot holding temperature			n/o
6 Proper eating, tasting, drinking, or			n/o	22 Proper cold holding temperature	Ol	ut	
tobacco use				23 Proper date marking and disposition		n/a	
7 No discharges from eyes, nose and	In	8 22		24 Time as a Public Health Control		n/a	
mouth		. 13		Consumer Advisory	1 %	6. 10	
Preventing Contamination by Hands		3721 3	25 Consumer advisory provided for raw/		n/a		
8 Hands clean and properly washed	In	1 2		under cooked food			
9 No bare hand contact with RTE food			n/o	Requirements for Highly Suscept	le Po	pul	ations
10 Adequate handwashing sinks properly	In			26 Pasteurized foods used; prohibited		n/a	
supplied and accessible		8		foods not offered		L	
Approved Source		15.	e'a	Food/Color Additives and Toxic	Sub	stan	ces
11 Food obtained from source	In			27 Food additives; approved and		n/a	
12 Food received at proper temperature			n/o	properly used			3,
13 Food received in good condition, safe,	In			28 Toxic substances properly identified,	Or	ut	/4 T
and unadulterated		63	, d	stored and used			
14 Required records available, shellstock		n/a		Conformance with Approved F	roce	dure	S
tags, parasite destruction				29 Compliance with variance/specialized		n/a	1
OFFICIAL ORDER FOR CORRECTION:	Based	on an I	nspection	process/HACCP plan		1	
today, the Items marked "OUT" indicated violations	to 105 C	CMR 59	90.000 and a	pplicable sections of 2013 FDA Food Code. This repo			
below by a Board of Health member or its agent con	stitutes	an ord	ler of the Boa	ard of Health. Fallure to correct violations cited in this	report	may r	esult In
				od establishment operations. If you are subject to a no			insion,
or non-renewal pursuant to 105 CMR 590.000 you n	nay requ	uest a h	nearing befor	e the board of health in accordance with 105 CMR 59	0.015(В).	
Inspector: ABA Person In Charge							

MoJiN Solutions, LLC

	•			
Establishment:	Sewell Anderson Elementary	Date: ()	5/24/2019	Page 2 of 3
	GOOD RETAIL PRACTICES AND MA	ASSACHUSETTS-ONLY S	SECTIONS	1 18 19
IM - In co	mplaince $OLIT = out compliance N/O = not observed N/A =$	not applicable COS = corrected on-	site R = repeat viola	ation

									The interest
Compliance			TN/A	N/O COS R		Compliance Status	INOU	T N/A	N/O COS F
Si	afe food and Wate	ŗ			48	Warewashing facilities: installed,			
30 Pasteurized eggs	used where		n/a	8		maintained, and used; test strips			
required					49	Non-food contact surfaces clean			1.0
31 Water and ice from	m approved source					Physical Facilities	7		365
32 Variance obtained	for specialized		n/a	*	50	Hot and cold water available;	3		ida
processing metho	ds			19		adequate pressure	141		£".
Foo	od temperature cor	ntrol	5	3.5	51	Plumbing installed; proper			51
33 Proper cooling me			n/a			backflow devices			la l
adequate equipm					52	Sewage and waste water properly		1.5=00.	
temperature contr						disposed	8		
34 Plant food proper				n/o	53	Toilet features; properly,			
holding	1					constructed supplied, and cleaned	1.5	12.1	
35 Approved thawing	methods used		T	n/o	54	Garbage and refuse properly	34	1	
	vided and accurate	Ti.			1	disposed; facilities maintained	1 N	=	-
	od Identification		1		55	Physical facilities installed,		T	
37 Food properly lab						maintained, and clean			
container	oroar original				56	Adequate ventilation and lighting;		П	
The state of the s	tion of Food Conta	minat	tion			designated areas used	1. 1		
38 Insects, rodents, a		1			-	Massachusetts Requireme	ents	-	-
present	and animals not	51			M1	Anti-choking procedures in food	TT		n/o
39 Contamination pre	evented during		1			service establishment			
food preparation,s					M2	Food allergen awareness			n/o
display	storago and	100	ŀ		M3	Caterer		1	n/o
40 Personal cleanline			1		M4	Mobile Food Operation	\vdash	\top	n/o
41 Wiping cloths: pro			 -	-	M5	Temporary Food Establishment			n/o
stored	peny used and	98.1			M6	Public Market; Farmers Market	\Box	1	n/o
	d voqetables	4-	┼-		M7	Residential Kitchen; Bed-and-			n/o
42 Washing fruits an			J		lvii	Breakfast Operation			""
	per Use of Utensil	S	1 -		M8	Residential Kitchen: Cottage Food		1	n/o
43 In-use utensils pro				76	IVIO	Operation			
44 Utensils, equipme		55,		Ġ.	MO	School Kitchen; USDA Nutrition	+	\vdash	n/o
properly stored,dr			5.7		M9				11/0
45 Single-use/single-				ă a	1140	Program		+	10/0
properly stored an		* G	- 2			Leased Commercial Kitchen	-	-	n/o
46 Gloves used prop			Ŀ		M11	Innovation Operation	Ш.,		n/o
	Equipment and Ve	nding	1	1221 1	3.	Local Requirements	· ·	-	
47 Food and non-foo	d contact surfaces	:4		*	L1	Local law or regulation		_	n/o
cleanable, properl	y designed,	1	1	8	L2	Other			n/o
constructed and u	sed	65	1	720					
	1	. 8	1 8	9.					

Date: 05/24/2019 Page 3 of 3

Establishment: Sewell Anderson Elementary

all Code	
-501. 1 6(A)(2)(B)-P	OBSERVATION: Observed packaged salads sitting out without temperature control at 69°F. Packaged carrot slices observed without temperature control at 64°F. Observed packaged ham sandwiches without temperature control at 72°F. PIC states these were removed from refrigeration after breakfast. PIC returned these items to refrigeration. Reviewed temperature requirements with PIC. REGULATION: Holding TCS Food, Cold
-102.11-Pf	OBSERVATION: Observed several spray bottles containing sanitizer without proper labeling. Reviewed with PIC to ensure all working containers of chemicals are clearly identified with the common name of the chemical. REGULATION: Common Name-Working Containers
.001	Correct critical violations immediately; non-criticals within 10 days. Correct all violations in entirety and maintain. Train and supervise staff. Failure to correct all violations and maintain corrections may result in administrative action and or fines. The text in this report is an unofficial version of the state regulations. Official version of the state regulations may be found at www.mass.gov/dph/fpp or by contacting the State House Book Store.
,AC	
	89

26 REGINA RD



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

100 Failing Score: Status Score: 9 Max Score: Scoring Type: Subtractive HACCP: (tem

65

Date Inspected: Correct By: 1/1/1900 Time OUT: Lynn Public Schools # of Critical Violations: Monica Pancare FULL COMPLY BHP-2016-2017 Permit Number: 2017-03-17 10:3 781-477-7450 3/17/2017 Risk Level: Telephone: Inspector: Owner. Status: Time IN: Carol <u>당</u>

Milk Cooler very clean. Disposable trays in cafeteria- positive response from cooks FYI PREFERRED FOODS BERKELY CA- USDA inspected and verified. CPFM and Allergen compliant Temp logs compliant.

2017-03-17 11:3

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000



City of Lynn

BHP-2017-2159

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

GENERAL COMMENT: Permity 3

Quat 200ppm

Refrigeration compliant

190 avg students per day Temp logs-verifed. Suggest writing temp logs at time of test --instead of later in the day.



City of Lynn

BHP-2018-1883

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

Project Name	
Contractor	
Applicant	
Lynn Public Schools	
781) 477-7339	
Inspector	
Monica Pancare	
Date & Time Requested	- Pa
Date of Inspection	
Tuesday, September 25, 2018	25, 2018
Date of re-Inspection	
Tracking Number	
Status	
FULL COMPLY	

GENERAL COMMENT: Permit3

CPFM

Preferred Meals vendor- food reheated.

Glove use and hats observed Handsinks stocked

Quat 200ppm

Cold holding compliant Temp logs noted. 200 students avg

Lynn Board of Health 3 City Hall Square, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447

Email: Itobin@lynnma.gov

Name: Shoemaker Elementary	Inspection Date: 09/06/2019	Number of Priority and Priority	\cap			
Address: 26 Regine Road	Time In/Out: 08:30 am / 09:06 am	Foundation Violation(s):	U			
Phone: 781-477-7450	Permit No.:	Number of Repeat P and PF	Λ			
Email:	Risk Category: 3 HACCP: No	Violation(s):	U			
Owner: City of Lynn	Type of Operation: Food Service	Type of Operation: Food Service				
Person-in-charge: Kathleen	Type of Inspection: Routine	Type of Inspection: Routine Previous Inspection Date:				
Inspector: C.Carlson	Date of Re-Inspection:					
	FACTORS AND PUBLIC HEALTH not observed N/A = not applicable COS = correct		50			

Compliance Status	IN OU	IT N/A	N/O COS R	Compliance Status	INO	UT N/A	N/O CO	SR
Supervision	10.00	2.0		Protection from Contam	inati	on .		
1 Person-In-Charge present,	In			15 Food separated and protected		n/a		
demonstrates knowledge, and		12	2.0	16 Food contact surface; cleaned	In			
performs duties		9.	# _*	and sanitized				
2 Certified Food Protection Manager	In		x 1	17 Proper disposition of returned,	In			Т
Employee Health				previously served, reconditioned		1 1		
3 Management, food employee and	In			and unsafe food				
conditional employee; Knowledge,		1 3		Time/Temperature Control	for S	Safety		
responsibilities, and reporting				18 Proper cooking times & temperatures		n/a		
4 Proper use of restriction and exclusion	In			19 Proper reheating procedures for hot			n/o	Т
5 Procedures for responding to vomiting		25		holding				
and diarrheal events		3		20 Proper cooling time and temperature		n/a		
Good Hygienic Practic	ces		1	21 Proper hot holding temperature			n/o	
6 Proper eating, tasting, drinking, or	In	T.		22 Proper cold holding temperature	ln			
tobacco use				23 Proper date marking and disposition		n/a		
7 No discharges from eyes, nose and	In			24 Time as a Public Health Control		n/a		
mouth				Consumer Advisory		70	W 1	1
Preventing Contamination by Hands		25 Consumer advisory provided for raw/		n/a				
8 Hands clean and properly washed	In	i-v		under cooked food			1	
9 No bare hand contact with RTE food	In			Requirements for Highly Susceptt	le P	opula	itions	
10 Adequate handwashing sinks properly	In	T		26 Pasteurized foods used; prohibited		n/a	UU):	
supplied and accessible				foods not offered			-3	
Approved Source		2.5	70	Food/Color Additives and Toxic	Sub	stanc	es	
11 Food obtained from source	In			27 Food additives; approved and		n/a		
12 Food received at proper temperature			n/o	properly used				
13 Food received in good condition, safe,	In			28 Toxic substances properly identified,	In			
and unadulterated			:4	stored and used			i i	
14 Required records available, shellstock		n/a		Conformance with Approved F	roce	edure	S	
tags, parasite destruction				29 Compliance with variance/specialized		n/a		
OFFICIAL ORDER FOR CORRECTION:	Based o	on an	inspection	process/HACCP plan			/4 _m	
today, the items marked "OUT" Indicated violations t	o 105 C	MR 5	90.000 and a	applicable sections of 2013 FDA Food Code. This repo				
below by a Board of Health member or its agent con	stitutes	an or	der of the Bo	ard of Health. Failure to correct violations cited in this	report	may re	sult in	
suspension or revocation of the food establishment	permit a	nd ce	ssation of fo	od establishment operations. If you are subject to a no	tice of	l suspe	nsion,	
or non-renewal pursuant to 105 CMR 590.000 you m	ay requ	est a	hearing befo	re the board of health in accordance with 105 CMR 59	0.015	(B).		
Inspector:				Person In Charg				

MoJIN Solutions, LLC

•		
Establishment: Shoemaker Elementary	Date: 09/06/2019	Page 2 of 3
GOOD RETAIL PRACTICES AND MASSACHUS		1 1 120 1 10 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
IN = in complaince OUT = out compliance N/O = not observed N/A = not applicable	COS = corrected on-site R = repeat violati	on

	Compliance Status	INO	JT N/A	N/O COS R		Compliance Status	IN	OUI	N/A	N/O CC)SR
	Safe food and Wate	re			48	Warewashing facilities: installed,	- 6			3	
30	Pasteurized eggs used where		n/a			maintained, and used; test strips	-				
	required				49	Non-food contact surfaces clean	Į.			ej (4)	
31	Water and ice from approved source		0		17 35	Physical Facilities	Fig	54		/2	-
32	Variance obtained for specialized		n/a		50	Hot and cold water available;					
	processing methods			2		adequate pressure	111	Ш		5 0	
	Food temperature co	ntrol			51	Plumbing installed; proper				199	
33	Proper cooling methods used;		n/a	i		backflow devices			11		\perp
	adequate equipment for				52	Sewage and waste water properly			œ	÷ .	
	temperature control					disposed	1		Se.		
34	Plant food properly cooked for hot		n/a		53	Toilet features; properly,		out	100		
	holding					constructed supplied, and cleaned			00		\perp
35	Approved thawing methods used			n/o	54	Garbage and refuse properly	1		1		
36	Thermometer provided and accurate					disposed; facilities maintained	_		95		
	Food Identification		0	- E	55	Physical facilities installed,	×		- 3	. "	
37	Food properly labeled: original					maintained, and clean			1781		
	container				56	Adequate ventilation and lighting;	. :4		- 70		
2.	Prevention of Food Conta	amina	ation			designated areas used					
38	Insects, rodents, and animals not			<u> </u>	·	Massachusetts Requirem	ents	3			112.00
	present				M1	Anti-choking procedures in food	In				
39	Contamination prevented during		17			service establishment	_				\perp
	food preparation,storage and	2		×1	M2	Food allergen awareness	ln				
	display	E.			M3	Caterer	_			n/o	
40	Personal cleanliness	1.0			M4	Mobile Food Operation				n/o	
41	Wiping cloths: properly used and	811		1	M5	Temporary Food Establishment	_			n/o	
	stored				M6	Public Market; Farmers Market				n/o	\perp
42	Washing fruits and vegetables	1	10		M7	Residential Kitchen; Bed-and-				n/o	
	Proper Use of Utensil	s	14.3	. ,		Breakfast Operation					
43	In-use utensils properly stored	, i	20		M8	Residential Kitchen: Cottage Food				n/o	
44	Utensils, equipment and linens:	8:	125	*		Operation					
	properly stored, dried, and handled				M9	School Kitchen; USDA Nutrition				n/o	
45	Single-use/single-service articles:		13			Program					
	properly stored and used	5				Leased Commercial Kitchen			_	n/o	
46	Gloves used properly		1 5	3	M11	Innovation Operation				n/o	
611	Utensils, Equipment and Ve	ndin	g		200	Local Requirements			200		- 10
47	Food and non-food contact surfaces	2\$4	- 3	5 () () () ()	L1	Local law or regulation			-	n/o	
	cleanable, properly designed,	2	100	l	L2	Other				n/o	
	constructed and used		1								
			1 3	s							
			-						_		

Date: 09/06/2019 Page 3 of 3

Establishment: Shoemaker Elementary

Fall Code	DESCRIPTION OF VIOLATION
Discussion	Observed ventilation grate inside of walk-in freezer in poor repair. PIC states walk-in freezer sometimes leaks water, causing build-up of ice on walk-in floor. PIC to ensure walk-in freezer is maintained in good repair. [All frozen food in walk-in freezer appears frozen solid. Unit appears to be maintaining freezing temperatures.]
5-501.17	OBSERVATION: No covered receptacle available in toilet used by female kitchen staff. Discussed with PIC to ensure a covered receptacle is provided for disposal of sanitary napkins. REGULATION: Toilet Room Receptacle, Womens, Covered
9.001	Correct Priority Item and Priority Foundation Item violations immediately Core Item violations within 10 days. Correct all violations in entirety and maintain. Train and supervise staff. Failure to correct all violations and maintain corrections may result in administrative action and or fines. The text in this report is an unofficial version of the state regulations. Official version of the state regulations may be found at www.mass.gov/dph/fpp or by contacting the State House Book Store.
Discussion	Observed milk in milk chest refrigerator at 40°F via infrared thermometer. Observed pre-made, pre-packaged, salads in double-door refrigerator at 39°F.

58 CONOMO AVE



Owner.

City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

95 Failing Score: Status FAIL Score: 100 Max Score: Scoring Type: Subtractive PIC Assigned / Knowledgeable / Duties FOOD PROTECTION MANAGEMENT HACCP: Item

65

9/23/2016 Date Inspected: Correct By: Lynn Public Schools # of Critical Violations: PARTIAL COMPLY Monica Pancare Karen campbell BHP-2016-2019 Permit Number: 781-477-7455 Telephone: Risk Level: 9/20/2016 Inspector: Status: Time IN:

ServeSafe compliant Permit 3 compliant

2016-09-20 12:3

2016-09-20 11:4

Time OUT:

Allergen compliant.

The CPFM is responsible for food protection, training and compliance and demonstration of knowledge. Suggest PIC review and train on Operating procedures supplied by Lynn Public Schools.

Reviewed manual on how to properly calibrate cooks thermometer.

Blodgett double oven for reheating product is not vented with fan/ hood. Lynn Fire Dept and ISP notified. Food stored safely/ Very sanitary.

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

(Rev. Sep 17,2019)



City of Lynn

BHP-2017-2166

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

Contractor Applicant Lynn Public Schools (781) 477-7339 Inspector Monica Pancare Date & Time Requested Date of Inspection. Thursday, November 2, 2017 Date of re-Inspection.	Project Name	
Applicant Lynn Public Schools (781) 477-7339 Inspector Monica Pancare Date & Time Requested Date of Inspection Thursday, November 2, 2017 Date of re-Inspection	Contractor	
Lynn Public Schools (781) 477-7339 Inspector Monica Pancare Date & Time Requested Date of Inspection Thursday, November 2, 2017 Date of re-Inspection	Applicant	
nspector Monica Pancare Date & Time Requested Date of Inspection Thursday, November 2, 2017 Date of re-Inspection	Lynn Public Schools	
Monica Pancare Date & Time Requested Date of Inspection Thursday, November 2, 2017 Date of re-Inspection	781) 477-7339	
Monica Pancare Date & Time Requested Date of Inspection. Thursday, November 2, 2017 Date of re-Inspection	Inspector	
Date & Time Requested Date of Inspection Thursday, November 2, 2017 Date of re-Inspection Tracking Number	Monica Pancare	
Date of Inspection Thursday, November 2, 2017 Date of re-Inspection Tracking Number	Date & Time Requested	
Thursday, November 2, 2017 Date of re-Inspection Tracking Number	Date of Inspection	
Date of re-Inspection Tracking Number	Thursday, November 2, 20	710
Tracking Number	Date of re-Inspection	
	Tracking Number	
	FULL COMPLY	

GENERAL COMMENT: Pdermit 3

250-Lunch Quat 200ppm/spray

Restroom clean/handsink stocked. Temp logs verified.

58 CONOMO AVE



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

100 Failing Score: Status Score: 100 Max Score: Scoring Type: Subtractive HACCP: Item

65

Date Inspected: Correct By: 1/1/1900 Time OUT: Lynn Public Schools # of Critical Violations: FULL COMPLY Monica Pancare BHP-2018-1886 Permit Number. 781-477-7455 Risk Level: Telephone: 10/1/2018 Inspector: Owner: Status: Time IN:

Refrigerator temps and food storage compliant. Letter grade not posted Permit not posted. CPFM- compliant

2018-10-01 12:4

2018-10-01 12:3

Area is clean and sanitary. Food prep completed for day. Milk coolers are clean.

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

(Rev. Sep 17,2019)

Food Establishment Inspection Report

Lynn Board of Health 3 City Hall Square, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447 Email: Itobin@lynnma.gov

Name: Edward Sisson Elementary		Inspection	Inspection Date: 09/04/2019		riority and Priori	У
Address: 58 Conomo Ave		Time In/C	Time In/Out: 08:00 am / 08:43 am Fou		dation Violation(s); U
Phone: 781-477-7455		Permit No	0.:	Number of	Repeat P and P	F
Email:		Risk Cate	egory: 3 HACCP: No		Violation(s); U
Owner: City of Lynn		Type of C	Operation: Food Service		= v	
Person-in-charge: Karen	Type of Inspection: Routine Previous Inspection Date:					
Inspector: C.Carlson	spector: C.Carlson			Date of Re-Inspection:		
FOODBORNE ILLNESS IN = In complaince OUT = out compliance						: 3
Compliance Status	IN OUT N	A N/O COS R	Compliance St	atus	IN OUT N/A	N/O COS R
Supervision	3 - 1.7		Protection	n from Conta	mination	1
1 Person-In-Charge present,	In		15 Food separated and p	rotected	n/a	
demonstrates knowledge, and			16 Food contact surface;	cleaned	In	

Compliance Status IN OUT N/A N/O COS R		Compliance Status IN OUT N/A N/O COS F					
Supervision	2 3.7		Protection from Contam	ina	tion		
1 Person-In-Charge present,	In		15 Food separated and protected		n/a		
demonstrates knowledge, and		2 2	16 Food contact surface; cleaned				
performs duties			and sanitized			1	
2 Certified Food Protection Manager	In		17 Proper disposition of returned,	In		XX	
Employee Health	(855 T) (8		previously served, reconditioned			2	
3 Management, food employee and	In		and unsafe food				
conditional employee; Knowledge,			Time/Temperature Control	for	Safety	/	
responsibilities, and reporting			18 Proper cooking times & temperatures		n/a		
4 Proper use of restriction and exclusion	In		19 Proper reheating procedures for hot			n/o	
5 Procedures for responding to vomiting	In		holding				
and diarrheal events		1	20 Proper cooling time and temperature		n/a		
Good Hygienic Practic	ces	. X V	21 Proper hot holding temperature			n/o	
6 Proper eating, tasting, drinking, or	In	7.0	22 Proper cold holding temperature	In			
tobacco use		1	23 Proper date marking and disposition		n/a		
7 No discharges from eyes, nose and	In	7) e	24 Time as a Public Health Control		n/a		
mouth		. 3	Consumer Advisory				
Preventing Contamination by	Han	ds	25 Consumer advisory provided for raw/		n/a		
8 Hands clean and properly washed	In	20	under cooked food				
9 No bare hand contact with RTE food		n/o	Requirements for Highly Suscepth	ole l	Popula	ations	
10 Adequate handwashing sinks properly	ln		26 Pasteurized foods used; prohibited		n/a		
supplied and accessible			foods not offered				
Approved Source			Food/Color Additives and Toxic Substances				
11 Food obtained from source	ln	200	27 Food additives; approved and		n/a		
12 Food received at proper temperature		n/o	properly used				
13 Food received in good condition, safe,	In		28 Toxic substances properly identified,	In		8.4	
and unadulterated		⊗ 5. 4	stored and used			4	
14 Required records available, shellstock		n/a	Conformance with Approved F	roc	edure	S	
tags, parasite destruction			29 Compliance with variance/specialized		n/a		
OFFICIAL ORDER FOR CORRECTION:	Based	on an inspection	process/HACCP plan				
			d applicable sections of 2013 FDA Food Code. This repo				
			Board of Health. Failure to correct violations cited in this				
			food establishment operations. If you are subject to a no			nslon,	
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).							
Inspector: Inl			Person In Charg				
all			Kan Campbo				

Food Establishment Inspection Report

MoJiN Solutions, LLC

	-		
Establishment:	Edward Sisson Elementary	Date: 09/04/2019	Page 2 of 3
11.20	GOOD RETAIL PRACTICES AND MASSAC		
IN = In cor	mplaince OUT = out compliance N/O = not observed N/A = not applie	cable COS = corrected on-site R = repeat	violation

	Compliance Status	INOU	T N/A	N/O COS R	Compliance Status		IN	OUT	N/A i	NO C	COSR
	Safe food and Wate	ter		48	Warewashing facilities: installed,				#		
30	Pasteurized eggs used where		n/a		maintained, and used; test strips		(å (
	required		L		49	Non-food contact surfaces clean	ě.				
31	Water and ice from approved source		V.2			Physical Facilities		: :			Ä
32	Variance obtained for specialized		n/a		50	Hot and cold water available;	3				
	processing methods					adequate pressure			-		
**	Food temperature con	ntrol			51	Plumbing installed; proper			-	1	
33	Proper cooling methods used;			n/o		backflow devices			- 7	100	
	adequate equipment for				52	Sewage and waste water properly				÷.	
	temperature control	_				disposed			- 1		
34	Plant food properly cooked for hot			n/o	53	Toilet features; properly,		out		51	
	holding					constructed supplied, and cleaned			7		
35	Approved thawing methods used	3		n/o	54	Garbage and refuse properly	14			2,7	
36	Thermometer provided and accurate					disposed; facilities maintained	Ĺ		-3		
Gi.	Food Identification		H		55	Physical facilities installed,					
37	Food properly labeled: original					maintained, and clean	128		1		
	container				56	Adequate ventilation and lighting;			>15		
	Prevention of Food Conta	amina	tion			designated areas used			-	-	
38	Insects, rodents, and animals not	2				Massachusetts Requireme	ents	5			
	present	8			M1	Anti-choking procedures in food	ln				
39	Contamination prevented during	- 5				service establishment					
	food preparation,storage and	0			M2	Food allergen awareness	ln				
	display				МЗ	Caterer				n/o	
40	Personal cleanliness		Ι.		M4	Mobile Food Operation				n/o	
41	Wiping cloths: properly used and	3	[n]		M5	Temporary Food Establishment				n/o	
	stored	R	11		M6	Public Market; Farmers Market			_	n/o	
42	Washing fruits and vegetables			* 4	M7	Residential Kitchen; Bed-and-			1	n/o	
4.	Proper Use of Utensil	S	ì	177		Breakfast Operation			_	_	
43	In-use utensils properly stored			761	M8	Residential Kitchen: Cottage Food				n/o	
44	Utensils, equipment and linens:			, - 3		Operation			_	_	
	properly stored,dried, and handled				M9	School Kitchen; USDA Nutrition			ŀ	n/o	
45	Single-use/single-service articles:					Program					
	properly stored and used	25			M10	Leased Commercial Kitchen				n/o	
46	Gloves used properly	. F			M11	Innovation Operation				n/o	
	Utensils, Equipment and Ve	nding		- M - E	7.50	Local Requirements	33	111		2, 0	
47	Food and non-food contact surfaces	· .			L1	Local law or regulation				n/o	
	cleanable, properly designed,				L2	Other			1	n/o	
	constructed and used	, 5°									
		in the second									

Establishment: Edward	DESCRIPTION OF VIOLATION	Date: 09/04/2019 Page 3 of
ail Code		
5-501.17	OBSERVATION: No covered receptacle available in PIC to provide covered receptacle for disposal REGULATION: Toilet Room Receptacle, Womens, Cov	of sanitary napkins.
0.001	Correct Priority Item and Priority Foundation I Core Item violations within 10 days. Correct al and maintain. Train and supervise staff. Failur violations and maintain corrections may result and or fines. The text in this report is an uno state regulations. Official version of the stat at www.mass.gov/dph/fpp or by contacting the St	l violations in entirety e to correct all in administrative action fficial version of the e regulations may be found
Discussion	Kitchen serves pre-packaged meals. Establishmen dispoables, not sinks available in kitchen. PIC done in toilet room.	
Discussion	Observed milk in milk chest refrigerator at 41° thermometer.	F via infrared

THURGOOD MARSHALL MIDDLE SCHOOL



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

HACCP: Scoring Type: Subtractive Max Score: 100 Score: Item

100 Failing Score:

65

Telephone:
(781) 477-8600
Owner:
THURGOOD MARSHALL MI
PIC:
Inspector:
Monica Pancare
Date Inspected: Correct By:
4/11/2017 | 1/1/1900
Risk Level:
BHP-2016-1705
Status:
of Critical Violations:
0

Permit 3
CPFM(1)
Allergen
1000 meals 5 shifts per day avg
Hot holding Cheeseburger 151.7F
Quat 3 comp sink 200ppm verified
Refrigeration milk case 37F
Storage compliant.

2017-04-11 11:0 2017-04-11 11:3

Time OUT:

Time IN:

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

(Rev. Sep 17,2019)

Status

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

100 BROOKLINE ST



THURGOOD MARSHALL MIDDLE SCHOOL

City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

Score: 100 Max Score: Scoring Type: Subtractive HACCP: lten Ten

Status

100 Failing Score:

65

THURGOOD MARSHALL MI Correct By: 1/1/1900 # of Critical Violations: FULL COMPLY (781) 477-8600 BHP-2017-2176 Monica Pancare Permit Number. Date Inspected: 12/7/2017 Telephone: PIC: Risk Level: Inspector: Status: Owner.

Time OUT: Time IN:

2017-12-07 14:0 2017-12-07 13:3 Permit 3

CPFM

Allergy

After school program 40-75 ppl MON/ THURS Refrigeration temps compliant

Temp logs verified Food stored properly.

More emphasis and training with staff on proper thawing/ production planning.

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

Durwood Mershell Middle **100 BROOKLINE ST**

City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

BHP-2018-1899

Thursday, October 4, 2018 THURGOOD MARSHALL Date & Time Requested Date of re-Inspection MIDDLE SCHOOL Date of Inspection Monica Pancare Tracking Number FULL COMPLY Project Name Contractor Inspector Applicant Status

GENERAL COMMENT: Permit4 900-1000k meals per day

CPFM (2)

Quat 200ppm

Cold holding compliant- logs noted

Hot holding logs noted

Food stored properly, and segregated. Handsinks clean and stocked

Clean inside of Bev air unit to remove stain.

Kitchen is clean and sanitary. Discussion with PIC on cooling methods. Rapid Kool paddles will assist.

Lynn Board of Health 3 City Hall Square, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447

Food Establishment Inspection Report

	I CIIIC	all. Robin Colymina.gov	
Name: Thurgood Marshall Middle School	Inspection Date: 05/20/2019	Number of Priority and Priority	Λ
Address: 100 Brooklin Street	Time In/Out: 08:30 am / 09:16 am	Foundation Violation(s):	U
Phone: 781-477-7220	Permit No.:	Number of Repeat P and PF	\cap
Email:	Risk Category: 3 HACCP: No	Vlolation(s):	U
Owner: City of Lynn	Type of Operation: Food Service		
Person-In-charge: Lynn	Type of Inspection: Routine Previous Inspection Date:		
Inspector: C.Carlson	Date of Re-Inspection:		
FOODBORNE ILLNESS RISK FA	ACTORS AND PUBLIC HEALTH I	INTERVENTIONS	2: 1
IN = in complaince OUT = out compliance N/O = no			

			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
Compliance Status	IN OU	T N/A N/O COS R	Compliance Status	INOU	T N/A N/O COS F	
Supervision			Protection from Contamination			
1 Person-In-Charge present,	In	111	15 Food separated and protected		n/a	
demonstrates knowledge, and	In		16 Food contact surface; cleaned	In		
performs duties		4	and sanitized			
2 Certified Food Protection Manager	In		17 Proper disposition of returned,	In		
Employee Health	17	* 5 4	previously served, reconditioned			
3 Management, food employee and	In	4, 61	and unsafe food		1 1 = 1	
conditional employee; Knowledge,			Time/Temperature Control	for Sa	afety	
responsibilities, and reporting			18 Proper cooking times & temperatures		n/o	
4 Proper use of restriction and exclusion	In		19 Proper reheating procedures for hot		n/o	
5 Procedures for responding to vomiting	In	100	holding			
and diarrheal events			20 Proper cooling time and temperature		n/o	
Good Hygienic Practic	ces		21 Proper hot holding temperature	ln		
6 Proper eating, tasting, drinking, or	In		22 Proper cold holding temperature	ln		
tobacco use		S.A.	23 Proper date marking and disposition		n/o	
7 No discharges from eyes, nose and	ln		24 Time as a Public Health Control		n/a	
mouth		test.	Consumer Advisory	140		
Preventing Contamination by	Hand	ds	25 Consumer advisory provided for raw/		n/a	
8 Hands clean and properly washed	In		under cooked food		2	
9 No bare hand contact with RTE food	In		Requirements for Highly Suscept	ole Po	pulations	
10 Adequate handwashing sinks properly	ln		26 Pasteurized foods used; prohibited		n/a	
supplied and accessible			foods not offered			
Approved Source			Food/Color Additives and Toxic	Subs	tances	
11 Food obtained from source	ln		27 Food additives; approved and		n/a	
12 Food received at proper temperature		n/o	properly used			
13 Food received in good condition, safe,	ln	×	28 Toxic substances properly identified,	In		
and unadulterated			stored and used			
14 Required records available, shellstock		n/a	Conformance with Approved F	rocec	lures	
tags, parasite destruction			29 Compliance with variance/specialized		n/a	
OFFICIAL ORDER FOR CORRECTION:			process/HACCP plan			
			pplicable sections of 2013 FDA Food Code. This repo			
			ard of Health. Failure to correct violations cited in this			
· ·			nd establishment operations. If you are subject to a no			
or non-renewal pursuant to 105 CMR 590,000 you m	ay requ	est a hearing befo	re the board of health in accordance with 105 CMR 59	10.015(B	i).	
Inspector:			Person In Charge Paper Hun			
			1 1/1/0			

Food Establishment Inspection Report

MoJIN Solutions, LLC

Establishment:	Thurgood Marshall Middle School	Date: 05/20/2019	Page 2 of 3
0	GOOD RETAIL PRACTICES AND MASSAC		
IN = In cor	mplaince OUT = out compliance N/O = not observed N/A = not applic	able COS = corrected on-site R = repeat	violation

	Compliance Status	IN OUT N	A N/O COS R		Compliance Status	INO	UT N/A	N/O COS	SR
	Safe food and Wate	r	555	48 Warewashing facilities: installed,					T
30	Pasteurized eggs used where	n/	'a		maintained, and used; test strips				
	required			49	Non-food contact surfaces clean	y			
31	Water and ice from approved source				Physical Facilities	19		Jan 1	
32	Variance obtained for specialized	n/	a	50	Hot and cold water available;			39	Ī
	processing methods				adequate pressure	1			
31	Food temperature co	ntrol		51	Plumbing installed; proper		-30	8	
33	Proper cooling methods used;		n/o		backflow devices		-37	9	
	adequate equipment for			52	Sewage and waste water properly				
	temperature control				disposed				
34	Plant food properly cooked for hot	192	n/o	53	Toilet features; properly,	0.			
	holding				constructed supplied, and cleaned	3			
35	Approved thawing methods used		n/o	54	Garbage and refuse properly	:	9	103	
36	Thermometer provided and accurate	out			disposed; facilities maintained		-	32	
100	Food Identification		10	55	Physical facilities installed,			94	
37	Food properly labeled: original				maintained, and clean				
	container			56	Adequate ventilation and lighting;				
	Prevention of Food Conta	amination	1 - 1		designated areas used	28.4		(X)	
38	Insects, rodents, and animals not		8		Massachusetts Requireme	ents	1.5	1	2.0
	present			M1	Anti-choking procedures in food		1	n/o	
39	Contamination prevented during		8.5		service establishment	\perp			1
	food preparation,storage and	14		M2	Food allergen awareness			n/o	
	display			МЗ	Caterer			n/o	
40	Personal cleanliness			M4	Mobile Food Operation			n/o	
41	Wiping cloths: properly used and		E BS	M5	Temporary Food Establishment			n/o	1
	stored			M6	Public Market; Farmers Market		_	n/o	1
42	Washing fruits and vegetables	(4)		M7	Residential Kitchen; Bed-and-	1		n/o	
	Proper Use of Utensil	S			Breakfast Operation	$\perp \perp$			L
43	In-use utensils properly stored			M8	Residential Kitchen: Cottage Food			n/o	
44	Utensils, equipment and linens:				Operation	\perp			
	properly stored,dried, and handled			M9	School Kitchen; USDA Nutrition		!	n/o	
45	Single-use/single-service articles:	ă.			Program				
	properly stored and used			M10	Leased Commercial Kitchen			n/o	
46	Gloves used properly	T		M11	Innovation Operation			n/o	
777	Utensils, Equipment and Ve	nding	50 50		Local Requirements	5 %			
47	Food and non-food contact surfaces	v 24		L1	Local law or regulation			n/o	
	cleanable, properly designed,	1 1		L2	Other			n/o	
	constructed and used								
					21				

Date: 05/20/201Page 3 of 3

Establishment: Thurgood Marshall Middle School

n *9	DESCRIPTION OF VIOLATION		
all Code			
-204.112	OBSERVATION: No secondary thermometers observed in hot ho PIC to ensure all refrigeration and hot holding units hav thermometers. REGULATION: Temperature Measuring Devices-Functionality	lding cabine e secondary	ts.
.001	Correct critical violations immediately; non-criticals wi Correct all violations in entirety and maintain. Train an staff. Failure to correct all violations and maintain corresult in administrative action and or fines. The text in an unofficial version of the state regulations. Official state regulations may be found at www.mass.gov/dph/fpp or the State House Book Store.	d supervise rections may this report version of th	is he
Discussion	Pork in walk-in refrigerator observed at 39°F. Rice in ho holding steam table observed at 158°F.	t	
		×	
3			

35 WALNUT ST



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

Failing Score: 90 Score: 8 Max Score: Scoring Type: Subtractive HACCP:

Status Item

65

temperature. Thawing at room temperature overnight is not an acceptable practice for Fresh OJ (even though pasteurized), under any condition and HSP.Thaw under refrigeration several days in advance. All product was removed and place in refrigerator by Comment: Seven cases of partially frozen IQF Orange juice was sitting on table covered with a tablecloth thawing at room FAIL TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods) Hot and Cold Holding

Mike (custodian)

Lynn Public Schools

<u>인</u>

781-477-7466

Owner.

Telephone:

3/21/2017 Correct By:

Risk Level:

3/20/2017

Date Inspected:

Inspector:

Permit 3

2017-03-20 15:4

2017-03-20 15:1

Time IN:

Time OUT:

of Critical Violations:

PARTIAL COMPLY

BHP-2016-2058 Permit Number:

Stafus:

CPFM

Allergen

After school program in gym area.

No food in preparation.

Area is neat and clean.

Refrigerators at proper temps.

Clean upstairs milk cooler near the gym area and repair the broken latch/clasp.

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

Commonwealth of Massachusetts

Page 2 of 2



City of Lynn

BHP-2017-2180

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

Project Name	
Contractor	
Applicant	
Lynn Public Schools	
(781) 477-7339	
Inspector	
Monica Pancare	
Date & Time Requested	
Date of Inspection	
Friday, November 3, 2017	12 L2 12 X
Date of re-Inspection	
Tracking Number	
Status	
FULL COMPLY	

GENERAL COMMENT: Permit 3
Refrigerator logs compliant
500 meals per day
Hot holding logs unavailable for review due to emergency.
Conv to manually make a sheet for temp logs if necessary.

35 WALNUT ST



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

은 Max Score: Scoring Type: Subtractive HACCP:

Failing Score: 95

Score:

Status

65

Violations Related to Good Retail Practices (Blue Items) Physical Facility Item Lynn Public Schools 781-477-7466 Telephone: Owner: 읎

Date Inspected: Correct By: 1/1/1900 Monica Pancare Risk Level: 9/26/2018 inspector:

BHP-2018-1902 Permit Number. Status:

of Critical Violations: PARTIAL COMPLY

2018-09-26 12:0 2018-09-26 12:2 Time OUT: Time IN:

FAIL

Comment: Repair or replace missing lights in basement kitchen. Min 50 footcandles required to provide proper protection. PROVIDERepair ALL missing/ ripped screens in the cafeteria window. Screen holes were so extensive that they were blowing outside. Repair to a #16 mesh screen. PROVIDEAII outter openings must be protected to prevent insects/ vermin/ rats and mice from entering.- PROVIDE

Permit 3- updated permits not posted. Provide and post new permits Food stored properly Handsink stocked. Temp logs noted City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

Lynn Board of Health 3 City Hall Square, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447

Food Establishment Inspection Report

Food Establishment	Inspection Report Emi	ail: Itobin@lynnma.gov			
Name: Tracy Elementary	Inspection Date: 09/04/2019	Number of Priority and Priority			
Address: 35 Walnut Street	Time in/Out: 11:00 am / 11:30 am	Foundation Violation(s):			
Phone: 781-477-7466	Permit No.:	Number of Repeat P and PF			
Email:	Risk Category: 3 HACCP: No	Vlolation(s):			
Owner: City of Lynn	Type of Operation: Food Service				
Person-In-charge: Laurie	Type of inspection: Routine	Previous Inspection Date:			
Inspector: C.Carlson Date of Re-Inspection:					
	SK FACTORS AND PUBLIC HEALTH /O = not observed N/A = not applicable COS = correct				

		****	0.00		-		
Compliance Status	IN OU	N/A N/O COS R	Compliance Status	TUO NI	N/A	N/O COS	SR
Supervision	1.	5.5 Lower	Protection from Contam	inatior	i	100 g	
1 Person-In-Charge present,	In		15 Food separated and protected		n/a		T
demonstrates knowledge, and			16 Food contact surface; cleaned	In		3-4	
performs duties			and sanitized			1. 14	
Certified Food Protection Manager	In		17 Proper disposition of returned,	In			
Employee Health	12 1		previously served, reconditioned		100) c.53	
3 Management, food employee and	In		and unsafe food		ġ.		
conditional employee; Knowledge,			Time/Temperature Control	for Sa	fety	7	7
responsibilities, and reporting			18 Proper cooking times & temperatures		n/a		T
4 Proper use of restriction and exclusion	In		19 Proper reheating procedures for hot			n/o	
5 Procedures for responding to vomiting	In		holding				
and diarrheal events			20 Proper cooling time and temperature			n/o	
Good Hygienic Practic	ces	. A C	21 Proper hot holding temperature	In			T
6 Proper eating, tasting, drinking, or	In		22 Proper cold holding temperature	In			Т
tobacco use			23 Proper date marking and disposition			n/o	Τ
7 No discharges from eyes, nose and	In		24 Time as a Public Health Control		n/a		Г
mouth			Consumer Advisory	4 (1		
Preventing Contamination by	Hand	s	25 Consumer advisory provided for raw/		n/a	26	Τ
8 Hands clean and properly washed	ln		under cooked food			3,	
9 No bare hand contact with RTE food		n/o	Requirements for Highly Suscepti	ole Po	pula	tions	
10 Adequate handwashing sinks properly	In		26 Pasteurized foods used; prohibited		n/a	5	
supplied and accessible			foods not offered				1
Approved Source	åt, Ta		Food/Color Additives and Toxic	Subst	lanc	es	
11 Food obtained from source	In	1 1	27 Food additives; approved and		n/a	4	Π
12 Food received at proper temperature		n/o	properly used			17	
13 Food received in good condition, safe,	<u>In</u>		28 Toxic substances properly identified,	In			Τ
and unadulterated			stored and used				
14 Required records available, shellstock		n/a	Conformance with Approved F	roced	ure	3 1	
tags, parasite destruction			29 Compliance with variance/specialized		n/a		Τ
OFFICIAL ORDER FOR CORRECTION:	Based o	n an Inspection	process/HACCP plan				1
today, the Items marked "OUT" Indicated violations t			pplicable sections of 2013 FDA Food Code. This repo	ort, when	sign	ed	
below by a Board of Health member or its agent con-	stitutes a	n order of the Boa	ard of Health. Failure to correct violations cited in this	report m	ay re	sult In	
suspension or revocation of the food establishment p	ermit an	d cessation of foo	d establishment operations. If you are subject to a no	itice of si	usper	nsion,	
or non-renewal pursuant to 105 CMR 590.000 you m	ay reque	st a hearing befor	e the board of health in accordance with 105 CMR 59	0.015(B)).		
Inspector: ///			Person In Charg &				
Alst-			Farence led an				

Food Establishment Inspection Report

MoJIN Solutions, LLC

Establishment: Tracy Elementary

Date: 09/04/2019

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

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

	Compliance Status	TUOM	N/A	N/O COS R		Compliance Status	INC	OUT N/A	N/O C	osR
-	Safe food and Wate	r		1 7	48	Warewashing facilities: installed,			3	
30	Pasteurized eggs used where		n/a			maintained, and used; test strips		- X		
	required				49	Non-food contact surfaces clean		- 00	215	
31	Water and ice from approved source				100	Physical Facilities		E T		0 31
32	Variance obtained for specialized		n/a		50	Hot and cold water available;				
	processing methods			1 1		adequate pressure	1	1/2	1	
	Food temperature co	ntrol		N/44	51	Plumbing installed; proper		15	-0	
33	Proper cooling methods used;		n/a	i		backflow devices	130	3		
	adequate equipment for				52	Sewage and waste water properly	2.1	10	3	
	temperature control					disposed	12.			
34	Plant food properly cooked for hot	2).		n/o	53	Toilet features; properly,	1	3	ŧ.	
	holding	20 .				constructed supplied, and cleaned		3	r L	
35	Approved thawing methods used	,		n/o	54	Garbage and refuse properly		1 :	3	
36	Thermometer provided and accurate	2.29.10	ī			disposed; facilities maintained		1.4	20	
. 5	Food Identification	427	35	T	55	Physical facilities installed,	+1	- 4	#74	
37	Food properly labeled: original	野童				maintained, and clean			i in	
	container	341			56	Adequate ventilation and lighting;	10.00			
10	Prevention of Food Conta	aminatio	on	192		designated areas used	1.0		- ^	
38	Insects, rodents, and animals not	H.,		2.15	100	Massachusetts Requireme	ents	6 ° 0 ,2	1145	13
	present				M1	Anti-choking procedures in food	In			
39	Contamination prevented during					service establishment				
	food preparation,storage and		K.S.		M2	Food allergen awareness	in			
	display		1		МЗ	Caterer	\sqcup		n/o	
40	Personal cleanliness		Č.		M4	Mobile Food Operation			n/o	
41	Wiping cloths: properly used and	1 1			M5	Temporary Food Establishment	Ш		n/o	
	stored		le.		M6	Public Market; Farmers Market	\sqcup		n/o	
42	Washing fruits and vegetables	,	i.	I	M7	Residential Kitchen; Bed-and-	Н		n/o	
	Proper Use of Utensil	S				Breakfast Operation	Ш			_
43	In-use utensils properly stored				M8	Residential Kitchen: Cottage Food	1		n/o	
44	Utensils, equipment and linens:		QAG C			Operation	\sqcup		\vdash	_
	properly stored, dried, and handled		-11		M9	School Kitchen; USDA Nutrition			n/o	
45	Single-use/single-service articles:		6.	with the		Program				
	properly stored and used		35	3		Leased Commercial Kitchen	\perp		n/o	_
46	Gloves used properly		ાં		M11	Innovation Operation			n/o	
6.	Utensils, Equipment and Ve	nding	2		- 3	Local Requirements	- 14		245	
47	Food and non-food contact surfaces	3	-		L1	Local law or regulation			n/o	
	cleanable, properly designed,	4		31	L2	Other			n/o	
	constructed and used	Ş.	163	in Solo						
		3								
			_		V		-			

stablishment: Tracy I	Elementary	Date: 09/04/2019	Page 3 of
il Code	DESCRIPTION OF VIOLATION		et v.
Discussion	No violations observed.		
Discussion	Observed milk in chest refrigerator at 38°F thermometer. Observed chicken patties in hot	via infrared holding cabinet at	: 153°F.
		•	
		*	
N PM 15.7			

58 BLOSSOM ST



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

100 Failing Score: Status Score: 100 Max Score: Scoring Type: Subtractive HACCP: Item

65

Nov 23 2015 11: 11/23/2015 11:4 Lynn Public Schools Correct By: 1/1/1900 Time OUT: # of Critical Violations: PARTIAL COMPLY BHP-2015-1867 Carmelo Rizzo Permit Number: Date Inspected: 781-477-7470 11/23/2015 Telephone: Risk Level: Inspector: Status: Robin Time IN: Owner:

comments: prepacked food items heated for immediate service. hot and cold holding temps held properly. thermometers in all cooler. general facility cleanliness good.

*REQUIREMENTS FOR FOOD SAFETY + FOOD ALLERGY CERTIFICATES. info left with PIC. pending with Kevin Richardson

City of Lynn Board of Health 3 City Hali Sq. Room 401 LYNN MA 01901 (781) 598-4000

58 BLOSSOM ST



City of Lynn

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE Inspection

100 Failing Score: Status Score: 100 Max Score: Scoring Type: Subtractive HACCP:

65

tem Date Inspected: Correct By: Lynn Public Schools 1/1/1900 # of Critical Violations: BHP-2016-2066 Monica Pancare FULL COMPLY Permit Number: 781-477-7470 Telephone: Risk Level: 3/28/2017 Inspector Robin Status: Owner: PIC:

Nice to see Lot codes from food products saved. GREAT! CPFM and Allergy Training compliant. Quat 200ppm- check frequently. 400 lunch meals per day. Preferred Foods is vendor. Hot holding compliant. Permit 3 compliant

Time IN: Time OUT: 2017-03-28 11:4 2017-03-28 12:2

City of Lynn Board of Health 3 City Hall Sq. Room 401 LYNN MA 01901 (781) 598-4000

GeoTMS® 2019, an ACCELA Company



City of Lynn

BHP-2017-2183

FOOD SERVICE ESTABLISHMENT (TYPE THREE) PERMIT - ROUTINE

Project Name	
Contractor	
Applicant	
Lynn Public Schools	
(781) 477-7339	
Inspector	
Monica Pancare	
Date & Time Requested	
Date of Inspection	
Friday, November 3, 2017	
Date of re-Inspection	
Fracking Number	
Status	
FULL COMPLY	

GENERAL COMMENT: Cold holding compliant

Milk refrig clean. Sanitizer verified at 200ppm. Hot holding logs compliant- temps taken and documented at data point.

Lynn Board of Health 3 City Hall Sqrare, Lynn, MA 01901 Tel (781) 598-4000 Fax (781) 595-9447

Food Establishment Inspection Report

Email: mdesmarais@lynnma.gov

Name: Washington Elementary	Inspection	Inspection Date: 03/08/2019		Priority and Priority	2	
Address: 58 Blossom Street	Time In/O	ut: 10:40 am / 11:02	am Fou	ındation Violation(s):		
Phone: 339-883-1414	Permit No	.:	Number	of Repeat P and PF		
Email:	Risk Cate	gory: 3 HACCP: N	10	Violation(s):	U	
Owner: City of Lynn	Type of O	peration: Food Servic	е			
Person-in-charge: Robin	Type of in	spection: Routine	Previous Ins	Previous Inspection Date: 02/11/2		
Inspector: C.Carlson	Date of Re	a-Inspection: 03/18/20	19 or After			
FOODBORNE ILLNES N = In complaince OUT = out complian				110119	esti .	
Compliance Status	IN OUT N/A N/O COS R	Compliar	nce Status	IN OUT N/A N/	O COS F	
Supervision		Prof	ection from Con	tamination	35	

Compliance Status	IN	UT N/	A N/O COS R	Compliance Status	IN	OUT	N/A	NO COS F
Supervision	-		7 30	Protection from Contam	ina	tion		5.5
1 Person-In-Charge present,	In			15 Food separated and protected	In			
demonstrates knowledge, and performs duties		50		16 Food contact surface; cleaned and sanitized	ln			
2 Certified Food Protection Manager	In			17 Proper disposition of returned,	ln			
Employee Health	1			previously served, reconditioned				
3 Management, food employee and	In			and unsafe food				
conditional employee; Knowledge,		10.0		Time/Temperature Control	for	Saf	fety	92.9
responsibilities, and reporting				18 Proper cooking times & temperatures				n/o
4 Proper use of restriction and exclusion	ln	1 (10)		19 Proper reheating procedures for hot	In			
5 Procedures for responding to vomiting	In			holding				
and diarrheal events	la II.	- F		20 Proper cooling time and temperature			ı	n/o
Good Hygienic Practic	ces	-	å s	21 Proper hot holding temperature	ln			
6 Proper eating, tasting, drinking, or			n/o	22 Proper cold holding temperature		out		
tobacco use				23 Proper date marking and disposition				n/o
7 No discharges from eyes, nose and		13	n/o	24 Time as a Public Health Control				1/0
mouth				Consumer Advisory	129	VII	ting.	V
Preventing Contamination by	/ Hai	nds.		25 Consumer advisory provided for raw/			n/a	
8 Hands clean and properly washed	ln	× .		under cooked food				1
9 No bare hand contact with RTE food			n/o	Requirements for Highly Suscept	ole	Pop	ula	tions
10 Adequate handwashing sinks properly	0	ut		26 Pasteurized foods used; prohibited			n/a	3.
supplied and accessible			8 8	foods not offered				
Approved Source	#	* :		Food/Color Additives and Toxic	Sι	ıbst	anc	es
11 Food obtained from source	In	2	1	27 Food additives; approved and			n/a	
12 Food received at proper temperature			n/o	properly used				
13 Food received in good condition, safe,	In			28 Toxic substances properly identified,	ln			
and unadulterated				stored and used				
14 Required records available, shellstock		n/a	a	Conformance with Approved F	roc	cedu	ires	
tags, parasite destruction				29 Compliance with variance/specialized			n/a	2.1
OFFICIAL ORDER FOR CORRECTION:	Basec	on ar	Inspection	process/HACCP plan				
today, the Items marked "OUT" Indicated violations t	o 105	CMR :	590,000 and a	applicable sections of 2013 FDA Food Code. This repo				
				ard of Health. Failure to correct violations cited in this				
			U	- d - etablishment exercitions. If you are sublect to a pa	41	-6 -11		alan

00 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Food Establishment Inspection Report

MoJiN Solutions, LLC

Establishment: Washington Elementary

Date: 03/08/2019

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GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

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

Compliance Status	IN OUT N	MA N/O COS R		Compliance Status	IN O	JT N/A	N/O COS
Safe food and Wate	r 🔄		48	Warewashing facilities: installed,		100	3
urized eggs used where	n	ı/a		maintained, and used; test strips			
ed			49	Non-food contact surfaces clean			1
r and ice from approved source				Physical Facilities	× 5	9 ,8	170
nce obtained for specialized	r	/a	50	Hot and cold water available;		2.0	
ssing methods				adequate pressure	1		
Food temperature co	ntrol	St. 15	51	Plumbing installed; proper			
er cooling methods used;		n/o		backflow devices		- 1	
ate equipment for	11		52	Sewage and waste water properly			
erature control				disposed		an i	
food properly cooked for hot		n/o	53	Toilet features; properly,			12
ig				constructed supplied, and cleaned			3
ved thawing methods used		n/o	54	Garbage and refuse properly			
nometer provided and accurate	4/			disposed; facilities maintained	à):		
Food Identification			55	Physical facilities installed,			
properly labeled: original				maintained, and clean		2	
iner			56	Adequate ventilation and lighting;			
Prevention of Food Conta	aminatio	n		designated areas used			
s, rodents, and animals not				Massachusetts Requirem	ents	l PC	4.
nt		(A)	M1	Anti-choking procedures in food	TT	T	n/o
mination prevented during	1)			service establishment			
reparation,storage and			M2	Food allergen awareness			n/o
у		1111	МЗ	Caterer		_	n/o
nal cleanliness	Ž.		M4	Mobile Food Operation		_	n/o
g cloths: properly used and	3		M5	Temporary Food Establishment			n/o
			M6	Public Market; Farmers Market			n/o
ing fruits and vegetables	9 1		M7	Residential Kitchen; Bed-and-			n/o
Proper Use of Utensil	S	100		Breakfast Operation		1	
utensils properly stored		TIT	M8	Residential Kitchen: Cottage Food			n/o
ils, equipment and linens:	. is .	7 7		Operation	1	1 1	
ly stored, dried, and handled	en e	[2]	M9	School Kitchen; USDA Nutrition			n/o
-use/single-service articles:				Program			
ly stored and used			M10	Leased Commercial Kitchen		\Box	n/o
					\vdash		n/o
	nding	100	() () () ()		77	7.5	
			L1		ТΤ		n/o
V.			_			_	n/o
	3			2			
s i	used properly	Used properly Utensils, Equipment and Vending Idenon-food contact surfaces Iden properly designed,	Used properly Utensils, Equipment and Vending Id non-food contact surfaces Ie, properly designed, Sted and used	used properly Utensils, Equipment and Vending Id non-food contact surfaces Ie, properly designed, Sted and used M11 L1 L2	used properly Utensils, Equipment and Vending Id non-food contact surfaces Ie, properly designed, steed and used M11 Innovation Operation Local Requirements L1 Local law or regulation L2 Other	Used properly Utensils, Equipment and Vending Id non-food contact surfaces Ie, properly designed, Itensils, Equipment and Vending Id non-food contact surfaces Itensils, Equipment and Vending Itensils, Iten	Used properly Utensils, Equipment and Vending Id non-food contact surfaces Ie, properly designed, Itensils, Equipment and Vending Id non-food contact surfaces Itensils, Equipment and Vending Itensils, It

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Establishment: Washington Elementary

Fail Code	DESCRIPTION OF VIOLATION	30 Sp.	# #
	OBSERVATION: Upon arrival, observed green scrub sitting inside of kitchen's large handsink. PIC limited dishes they have are cleaned in this si compartment sink, dish machine or any other sin are to be used to for handwashing only. PIC to regards to establishing a plan to have another [Also discussed with PIC to relocate handwashind directly in front of handwashing sink]	also states that nk as there is no lks in cafeteria. contact health of sink installed in g signage by door	the 3 Handsinks fice in kitchen.
5-205.11-Pf 3-501.16(A)(2)(B)-P	REGULATION: Handwashing Sink-Operation and Main OBSERVATION: Observed container of individually sitting out on counter underneath ice packs at to keep TCS food in refrigeration until it is t school lunch. Also discussed with PIC to submit TAPHC to health office since they will be servi refrigeration/hot holding. REGULATION: Holding TCS Food, Cold	packaged side sa 51°F. Discussed with the for it to be a written procedure.	with PIC served at dure for
Discussion	PIC states non-frozen food items such as cold s salads are delivered at 6:30am from supplier an until staff arrives to put it away into their 1 (there is no walk-in refrigerator in establishm to ask supplier about putting TCS food away int log of temperature of products when staff arriv remains at a safe temperature.	d are left on con imited refrigerat ent). Discussed wo refrigeration a	ion space with PIC and keep a
Discussion	Milk in milk chest refrigerator observed at 39° burritos observed in hot holding cabinet at 146		
.001	Correct critical violations immediately; non-cr Correct all violations in entirety and maintain staff. Failure to correct all violations and ma result in administrative action and or fines. T an unofficial version of the state regulations. state regulations may be found at www.mass.gov/the State House Book Store.	. Train and super intain correction he text in this report of the contract of	rvise is may report is of the
) # (a)			
	Age Section 1		