



City of Medford

BOARD OF HEALTH
City Hall - Room 311
85 George P Hassett Drive
Medford, Massachusetts 02155
Telephone (781) 393-2560 FAX: (781) 393-2562
TDD: (781) 393-2516



Public Health
Prevent. Promote. Protect.

Food Establishment Inspection Report - FDA

Insp Date: 11/9/2017 **Business ID:** MA000015 **Inspection:** MB000178
Business: Andrews Middle School **Permit #:**
3000 Mystic Valley Parkway **Phone:**
Medford, MA 02155 **Health Director:** RS1383 Kimberly M Fowler
Reason: 01. Routine
Results: No Follow-up

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
11/09/17	11:43 AM	11:51 AM	0:08	0:00	0:08	0	
Total:			0:08	0:00	0:08	0	

Inspection Summary

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/ 2013 Federal Food Code. This report, when signed below by the Inspector constitutes an order by the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and/or fines. If aggrieved by this order, you have the right to a hearing. The request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

PIC Linda Bottari ServSafe Exp. _____ Allergy Exp. _____ Choke Exp. _____

Foodborne Illness Complaint Investigated (All) Involving More Than Two Persons

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.

Supervision

	IN	OUT	N/O	N/A	COS	REPEAT
1. PIC Present, Knowledge and Duties	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
2. Certified Food Protection Manager	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>

Employee Health / Responding to Contamination Events

	IN	OUT	N/O	N/A	COS	REPEAT
3A. Employee Health: PIC Knowledge, Responsibilities & Reporting	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
3B. Employee Reporting to PIC	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
4. Proper Use of Restriction & Exclusion	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
5. Clean-up of Vomiting and Diarrheal Events	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>

Inspector

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Food Establishment Inspection Report - FDA

Good Hygienic Practices	IN	OUT	N/O	N/A	COS	REPEAT
6A. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
6B. Preventing contamination when tasting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>

Control of Hands as a Vehicle of Contamination	IN	OUT	N/O	N/A	COS	REPEAT
8A. Hands clean & properly washed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
8B. Where to wash, hand antiseptics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
9. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10A. Adequate handwashing sinks properly supplied and accessible	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
10B. Handwashing sinks accesible with proper signage, handwashing aids	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>

Approved Sources	IN	OUT	N/O	N/A	COS	REPEAT
11A. Milk, eggs, juice, and processed food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11B. Fish and shellfish	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11C. Game animals and wild mushrooms	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12A. Food received at proper temperature	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12B. Shipping and receiving frozen food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food in good condition, honestly presented, safe, & unadulterated	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
13B. Food package integrity	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
14A. Required records available: shellstock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14B. Missing shellstock tags, destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14C. Parasite destruction- storing raw/partially cooked fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Protection from Contamination	IN	OUT	N/O	N/A	COS	REPEAT
15A. Food separated & protected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
15B. Cleaning equip/utensils/food containers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16A. Food-contact surfaces: cleaned & sanitized immersion 171° F and above	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16B. Food contact surfaces cleaned and sanitized NMT 194° F, NLT 180° F	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16C. Mechanical warewashing equipment sanitization food contact surfaces, equip., utensils	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proper disposition of returned, previously served reconditions, & unsafe food	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>

Time/Temperature Control for Safety Food (TCS Food)	IN	OUT	N/O	N/A	COS	REPEAT
18A. Proper cooking time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18B. Whole meat cooking and serving, storing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18C. Microwave cooking of raw animal foods	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Proper reheating procedures for hot holding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>





Inspector

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Time/Temperature Control for Safety Food (TCS Food)	IN	OUT	N/O	N/A	COS	REPEAT
20. Proper cooling time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper hot holding temperatures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Proper cold holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Proper Date Marking	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23B. TCS Foods Disposition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24A. Time as a public health control: procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24B. Time as a public health control: temperatures & discarding food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24C. Time as a public health control: highly susceptible population (HSP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consumer Advisory	IN	OUT	N/O	N/A	COS	REPEAT
25. Consumer advisory provided for raw or undercooked foods	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Highly Susceptible Populations (HSP)	IN	OUT	N/O	N/A	COS	REPEAT
26A. Pasteurized foods used; prohibited foods not offered	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
26B. Reservice of foods	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical	IN	OUT	N/O	N/A	COS	REPEAT
27. Food additives: approved and properly used	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28A. Toxic substances identified, stored and used	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28B. Poisonous materials, sanitizers, additives, medicines restriction, separation, storage	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28C. Conditions of Use: law	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
29A. Compliance with variance, specialized process, & HACCP plan	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29B. Treating juice- HACCP, reduced oxygen packaging w/out variance, conformance with approved procedures	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29C. When HACCP plan is required	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES


Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
30. Pasteurized eggs used where required	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
31A. Water & ice from approved source	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
31B. Sampling, alternative water supply	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31C. Sampling report	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Variance obtained for specialized processing methods	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
33A. Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
33B. Frozen food	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
34. Plant food properly cooked for hot holding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Approved thawing methods used	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36A. Thermometers provided and accurate	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
36B. Thermometers function properly	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>

Food Identification	IN	OUT	COS	REPEAT
37A. Food properly labeled; original container	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
37B. Food labels, labeling of ingredients	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prevention of Food Contamination	IN	OUT	COS	REPEAT
38A. Insects, rodents, & animals not present	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
38B. Handling prohibition, controlling pests, prohibiting animals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39A. Contamination prevented during food storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39B. Food display; ice used as an exterior coolant prohibited as an ingredient	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39C. Consumer self-service operations- utensils and monitoring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
40A. Personal cleanliness- prohibition jewelry	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
40B. Maintenance of fingernails	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Wiping cloths; properly used and stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42A. Washing Produce - following chemical manufacturers label	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42B. Washing produce	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42C. Washing produce- chemicals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proper Use of Utensils	IN	OUT	COS	REPEAT
43. In-use utensils; properly stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Utensils, equipment & linens; properly stored, dried, and handled	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
45A. Single-use/ single service articles properly stored and used, required	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
45B. Single-use/service articles use limitation, kitchenware and tableware preventing contamination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Gloves used properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Utensils, Equipment and Vending	IN	OUT	COS	REPEAT
47A. Food & non-food contact surfaces cleanable	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47B. Food contact surfaces /utensils cleanability, molluscan shellfish tanks, consumer self-service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47C. Properly designed characteristics: food and non-food contact surfaces, molluscan shellfish tanks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Utensils, Equipment and Vending	IN	OUT	COS	REPEAT
48A. Warewashing facilities: installed, maintained, & used; test strips	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48B. Operational warewashing machines	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Non-food contact surfaces clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Facilities	IN	OUT	N/A	COS	REPEAT
50. Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
51A. Plumbing installed; proper backflow devices	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
51B. Prohibiting a cross-connection, inspection and servicing system	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
51C. Approved system and cleanable fixtures, service sink	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52A. Sewage and waste water properly disposed	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
52B. Grease traps easily accessible for cleaning	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
52C. Removing mobile food establishment waste	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53A. Toilet facilities; properly constructed, supplied, & cleaned	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
53B. Toilet tissue availability	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
54. Garbage & refuse properly disposed; facilities maintained	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
55A. Physical facilities installed, maintained, & clean	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
55B. Private homes and living or sleeping quarters, use prohibition	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
56. Adequate ventilation & lighting; designated areas used	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>

MASSACHUSETTS ONLY REGULATIONS

Rules and Regulations adopted for use in Massachusetts only.

Facilities	IN	OUT	COS	REPEAT
57A. Catering	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57B. When plans are reviewed, prerequisite for operations- valid permit	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57C. Contents of plans and specifications, preoperational inspections	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Mobile Food Operations	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Temporary Food Establishments	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Residential Kitchens	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedures	IN	OUT	COS	REPEAT
61. Anti-choking Procedures	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Tobacco Products: Notice and Sale	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Food Allergy Awareness Requirements	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Narrative

Freezer compressor is leaking enough to have significant ice build up. Provide maintenance to walk in freezer.



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Fail Notes Summary

Fail Code	Fail Text
38A. Insects, rodents, & animals not present	
6-202.13	Insect Control Devices, Design and Installation
	Addl Notes: <i>[Mice are being baited inside of the kitchen. Contact pest control and obtain traps for inside of a food establishment.]</i>
6-501.111 (A, B, D)	*Controlling Pests
	Addl Notes: <i>[Pest droppings observed beneath 3 bay sink. Fill in holes with steel wool. properly clean up and remove droppings.]</i>



Inspector



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City of Medford

BOARD OF HEALTH
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85 George P Hasset Drive
Medford, Massachusetts 02155
Telephone (781) 393-2560 FAX: (781) 393-2562
TDD: (781) 393-2516



Public Health
Prevent. Promote. Protect.

Food Establishment Inspection Report

Insp Date: 5/7/2018 **Business ID:** MA000015 **Inspection:** MB000264
Business: Andrews Middle School **Permit #:**
3000 Mystic Valley Parkway **Phone:**
Medford, MA 02155 **Health Director:** 037400 Melanie Dineen
Reason: 01. Routine **Results:** Next Routine 180

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
05/07/18	12:30 PM	12:43 PM	0:13	0:00	0:13	0	
Total:			0:13	0:00	0:13	0	

Inspection Summary

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PIC Name Linda Bottari Chokesaver _____ Risk Category 2

Certified Food Protection Manager _____ CFPM Exp Date _____

Certified Allergy Trained Name _____ Allergy Exp Date _____

Permit Posted [8-304.11(A)] In Out

Inspection Report Available [8-304.11(K)] In Out

Foodborne Illness Complaint Investigated (All) Involving More Than Two Persons

Inspection Report Provided by: e-mail Hardcopy

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

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Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.

Supervision	IN	OUT	N/O	N/A	COS	REPEAT
1. PIC Present, Knowledge and Duties	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Certified Food Protection Manager	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Signature]
Inspector

[Signature]
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Food Establishment Inspection Report

Employee Health / Responding to Contamination Events

	IN	OUT	N/O	N/A	COS	REPEAT
3A. Employee Health: PIC Knowledge, Responsibilities & Reporting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
3B. Employee Reporting to PIC	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper Use of Restriction & Exclusion	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Clean-up of Vomiting and Diarrheal Events	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Good Hygienic Practices

	IN	OUT	N/O	N/A	COS	REPEAT
6A. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
6B. Preventing contamination when tasting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Control of Hands as a Vehicle of Contamination


	IN	OUT	N/O	N/A	COS	REPEAT
8A. Hands clean & properly washed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
8B. Where to wash, hand antiseptics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10A. Adequate handwashing sinks properly supplied and accessible	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10B. Handwashing sinks accesible with proper signage, handwashing aids	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approved Sources

	IN	OUT	N/O	N/A	COS	REPEAT
11A. Milk, eggs, juice, and processed food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11B. Fish and shellfish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11C. Game animals and wild mushrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12A. Food received at proper temperature	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12B. Shipping and receiving frozen food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food in good condition, honestly presented, safe, & unadulterated	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13B. Food package integrity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14A. Required records available: shellstock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14B. Missing shellstock tags, destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14C. Parasite destruction- storing raw/partially cooked fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Protection from Contamination

	IN	OUT	N/O	N/A	COS	REPEAT
15A. Food separated & protected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
15B. Cleaning equip/utensils/food containers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16A. Food-contact surfaces: cleaned & sanitized immersion 171° F and above	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16B. Food contact surfaces cleaned and sanitized NMT 194° F, NLT 180° F	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16C. Mechanical warewashing equipment sanitization food contact surfaces, equip., utensils	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proper disposition of returned, previously served reconditions, & unsafe food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Food Establishment Inspection Report

Time/Temperature Control for Safety Food (TCS Food)	IN	OUT	N/O	N/A	COS	REPEAT
18A. Proper cooking time & temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18B. Whole meat cooking and serving, storing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18C. Microwave cooking of raw animal foods	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Proper reheating procedures for hot holding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Proper cooling time & temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper hot holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Proper cold holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Proper Date Marking	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23B. TCS Foods Disposition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24A. Time as a public health control: procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24B. Time as a public health control: temperatures & discarding food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24C. Time as a public health control: highly susceptible population (HSP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consumer Advisory	IN	OUT	N/O	N/A	COS	REPEAT
25. Consumer advisory provided for raw or undercooked foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Highly Susceptible Populations (HSP)	IN	OUT	N/O	N/A	COS	REPEAT
26A. Pasteurized foods used; prohibited foods not offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
26B. Reservice of foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical	IN	OUT	N/O	N/A	COS	REPEAT
27. Food additives: approved and properly used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28A. Toxic substances identified, stored and used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28B. Poisonous materials, sanitizers, additives, medicines restriction, separation, storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28C. Conditions of Use: law	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
29A. Compliance with variance, specialized process, & HACCP plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29B. Treating juice- HACCP, reduced oxygen packaging w/out variance, conformance with approved procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29C. When HACCP plan is required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
30. Pasteurized eggs used where required	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>




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Food Establishment Inspection Report

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
31A. Water & ice from approved source	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31B. Sampling, alternative water supply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31C. Sampling report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Variance obtained for specialized processing methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
33A. Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
33B. Frozen food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Plant food properly cooked for hot holding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Approved thawing methods used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36A. Thermometers provided and accurate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36B. Thermometers function properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification	IN	OUT	COS	REPEAT		
37A. Food properly labeled; original container	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
37B. Food labels, labeling of ingredients	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Prevention of Food Contamination	IN	OUT	COS	REPEAT		
38A. Insects, rodents, & animals not present	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
38B. Handling prohibition, controlling pests, prohibiting animals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39A. Contamination prevented during food storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39B. Food display; ice used as an exterior coolant prohibited as an ingredient	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39C. Consumer self-service operations- utensils and monitoring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40A. Personal cleanliness- prohibition jewelry	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40B. Maintenance of fingernails	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
41. Wiping cloths; properly used and stored	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42A. Washing Produce - following chemical manufacturers label	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42B. Washing produce	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42C. Washing produce- chemicals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Proper Use of Utensils	IN	OUT	COS	REPEAT		
43. In-use utensils; properly stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
44. Utensils, equipment & linens; properly stored, dried, and handled	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
45A. Single-use/ single service articles properly stored and used, required	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
45B. Single-use/service articles use limitation, kitchenware and tableware preventing contamination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
46. Gloves used properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		



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Food Establishment Inspection Report

Utensils, Equipment and Vending	IN	OUT	COS	REPEAT
47A. Food & non-food contact surfaces cleanable	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47B. Food contact surfaces /utensils cleanability, molluscan shellfish tanks, consumer self-service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47C. Properly designed characteristics: food and non-food contact surfaces, molluscan shellfish tanks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48A. Warewashing facilities: installed, maintained, & used; test strips	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48B. Operational warewashing machines	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Non-food contact surfaces clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


Physical Facilities	IN	OUT	N/A	COS	REPEAT
50. Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51A. Plumbing installed; proper backflow devices	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51B. Prohibiting a cross-connection, inspection and servicing system	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51C. Approved system and cleanable fixtures, service sink	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52A. Sewage and waste water properly disposed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52B. Grease traps easily accessible for cleaning	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52C. Removing mobile food establishment waste	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53A. Toilet facilities; properly constructed, supplied, & cleaned	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53B. Toilet tissue availability	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Garbage & refuse properly disposed; facilities maintained	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55A. Physical facilities installed, maintained, & clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55B. Private homes and living or sleeping quarters, use prohibition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Adequate ventilation & lighting; designated areas used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

MASSACHUSETTS ONLY REGULATIONS


Rules and Regulations adopted for use in Massachusetts only.

Facilities	IN	OUT	COS	REPEAT
57A. Catering	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57B. When plans are reviewed, prerequisite for operations- valid permit	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57C. Contents of plans and specifications, preoperational inspections	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Mobile Food Operations	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Temporary Food Establishments	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Residential Kitchens	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedures	IN	OUT	COS	REPEAT
61. Tobacco Products: Notice and Sale	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Food Allergy Awareness Requirements	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



 Inspector



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Food Establishment Inspection Report

Discussion with Manager



Inspector



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Food Establishment Inspection Report
Fail Notes Summary

Fail Code	Fail Text
38A. Insects, rodents, & animals not present	
6-501.111 (A, B, D)	*Controlling Pests
	Addl Notes: <i>[Last invoice on premises for pest control was 02/28/18. Provide a pest control log (with details on findings) either on the premises or available electronically for reference.]</i>
41. Wiping cloths; properly used and stored	
3-304.14	Wiping Cloths, Use Limitation
	Addl Notes: <i>[Wet single use wiping cloths on counter wet. In use wiping cloths that are wet must be stored in a bucket of sanitizer solution.]</i>
44. Utensils, equipment & linens; properly stored, dried, and handled	
4-901.11	Equipment and Utensils, Air-Drying Required
	Addl Notes: <i>[Employees observed to be drying food trays (plates) with paper towels. All dishes must be air dried.]</i>
52B. Grease traps easily accessible for cleaning	
5-402.12	Grease Trap
	Addl Notes: <i>[Greast trap records need to be on location.]</i>



Inspector



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City of Medford

BOARD OF HEALTH
 City Hall - Room 311
 85 George P Hassett Drive
 Medford, Massachusetts 02155
 Telephone (781) 393-2560 FAX: (781) 393-2562
 TDD: (781) 393-2516



Public Health
 Prevent. Promote. Protect.

Food Establishment Inspection Report

Insp Date: 11/19/2018 **Business ID:** MA000015

Inspection: MB000354

Business: Andrews Middle School
 3000 Mystic Valley Parkway

Permit #:

Phone:

Medford, MA 02155

Health Director: 037400 Melanie Dineen

Reason: 01. Routine

Results: Next Routine 120

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
11/19/18	11:28 AM	11:43 AM	0:15	0:00	0:15	0	
Total:			0:15	0:00	0:15	0	

Inspection Summary

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/ 2013 Federal Food Code. This report, when signed below by the Inspector constitutes an order by the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and/or fines. If aggrieved by this order, you have the right to a hearing. The request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

PIC Name Linda Bottari Chokesaver _____ Risk Category 2

Certified Food Protection Manager _____ CFPM Exp Date _____

Certified Allergy Trained Name _____ Allergy Exp Date _____

Permit Posted [8-304.11(A)] In Out

Inspection Report Available [8-304.11(K)] In Out

Foodborne Illness Complaint Investigated (All) Involving More Than Two Persons

Inspection Report Provided by: e-mail Hardcopy

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.

Supervision

	IN	OUT	N/O	N/A	COS	REPEAT
1. PIC Present, Knowledge and Duties	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Certified Food Protection Manager	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector

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Food Establishment Inspection Report

Employee Health / Responding to Contamination Events

	IN	OUT	N/O	N/A	COS	REPEAT
3A. Employee Health: PIC Knowledge, Responsibilities & Reporting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
3B. Employee Reporting to PIC	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper Use of Restriction & Exclusion	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Clean-up of Vomiting and Diarrheal Events	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Good Hygienic Practices

	IN	OUT	N/O	N/A	COS	REPEAT
6A. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
6B. Preventing contamination when tasting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Control of Hands as a Vehicle of Contamination

	IN	OUT	N/O	N/A	COS	REPEAT
8A. Hands clean & properly washed	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
8B. Where to wash, hand antiseptics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10A. Adequate handwashing sinks properly supplied and accessible	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10B. Handwashing sinks accesible with proper signage, handwashing aids	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approved Sources

	IN	OUT	N/O	N/A	COS	REPEAT
11A. Milk, eggs, juice, and processed food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11B. Fish and shellfish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11C. Game animals and wild mushrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12A. Food received at proper temperature	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12B. Shipping and receiving frozen food	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food in good condition, honestly presented, safe, & unadulterated	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13B. Food package integrity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14A. Required records available: shellstock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14B. Missing shellstock tags, destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14C. Parasite destruction- storing raw/partially cooked fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Protection from Contamination

	IN	OUT	N/O	N/A	COS	REPEAT
15A. Food separated & protected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
15B. Cleaning equip/utensils/food containers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16A. Food-contact surfaces: cleaned & sanitized immersion 171° F and above	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16B. Food contact surfaces cleaned and sanitized NMT 194° F, NLT 180° F	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16C. Mechanical warewashing equipment sanitization food contact surfaces, equip., utensils	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proper disposition of returned, previously served reconditions, & unsafe food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>





Inspector

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Food Establishment Inspection Report

Time/Temperature Control for Safety Food (TCS Food)	IN	OUT	N/O	N/A	COS	REPEAT
18A. Proper cooking time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18B. Whole meat cooking and serving, storing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18C. Microwave cooking of raw animal foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Proper reheating procedures for hot holding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Proper cooling time & temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper hot holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Proper cold holding temperatures	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Proper Date Marking	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23B. TCS Foods Disposition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24A. Time as a public health control: procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24B. Time as a public health control: temperatures & discarding food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24C. Time as a public health control: highly susceptible population (HSP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consumer Advisory	IN	OUT	N/O	N/A	COS	REPEAT
25. Consumer advisory provided for raw or undercooked foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Highly Susceptible Populations (HSP)	IN	OUT	N/O	N/A	COS	REPEAT
26A. Pasteurized foods used; prohibited foods not offered	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
26B. Reservice of foods	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical	IN	OUT	N/O	N/A	COS	REPEAT
27. Food additives: approved and properly used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28A. Toxic substances identified, stored and used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28B. Poisonous materials, sanitizers, additives, medicines restriction, separation, storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28C. Conditions of Use: law	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
29A. Compliance with variance, specialized process, & HACCP plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29B. Treating juice- HACCP, reduced oxygen packaging w/out variance, conformance with approved procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29C. When HACCP plan is required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
30. Pasteurized eggs used where required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



 Inspector



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Food Establishment Inspection Report

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
31A. Water & ice from approved source	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31B. Sampling, alternative water supply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31C. Sampling report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Variance obtained for specialized processing methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
33A. Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
33B. Frozen food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Plant food properly cooked for hot holding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Approved thawing methods used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36A. Thermometers provided and accurate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36B. Thermometers function properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification	IN	OUT	COS	REPEAT		
37A. Food properly labeled; original container	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
37B. Food labels, labeling of ingredients	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Prevention of Food Contamination	IN	OUT	COS	REPEAT		
38A. Insects, rodents, & animals not present	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
38B. Handling prohibition, controlling pests, prohibiting animals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39A. Contamination prevented during food storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39B. Food display; ice used as an exterior coolant prohibited as an ingredient	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39C. Consumer self-service operations- utensils and monitoring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40A. Personal cleanliness- prohibition jewelry	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40B. Maintenance of fingernails	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
41. Wiping cloths; properly used and stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42A. Washing Produce - following chemical manufacturers label	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42B. Washing produce	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42C. Washing produce- chemicals	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Proper Use of Utensils	IN	OUT	COS	REPEAT		
43. In-use utensils; properly stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
44. Utensils, equipment & linens; properly stored, dried, and handled	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
45A. Single-use/ single service articles properly stored and used, required	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
45B. Single-use/service articles use limitation, kitchenware and tableware preventing contamination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
46. Gloves used properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		



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Food Establishment Inspection Report

Utensils, Equipment and Vending	IN	OUT	COS	REPEAT
47A. Food & non-food contact surfaces cleanable	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47B. Food contact surfaces /utensils cleanability, molluscan shellfish tanks, consumer self-service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47C. Properly designed characteristics: food and non-food contact surfaces, molluscan shellfish tanks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48A. Warewashing facilities: installed, maintained, & used; test strips	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48B. Operational warewashing machines	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Non-food contact surfaces clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


Physical Facilities	IN	OUT	N/A	COS	REPEAT
50. Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51A. Plumbing installed; proper backflow devices	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51B. Prohibiting a cross-connection, inspection and servicing system	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51C. Approved system and cleanable fixtures, service sink	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52A. Sewage and waste water properly disposed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52B. Grease traps easily accessible for cleaning	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52C. Removing mobile food establishment waste	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53A. Toilet facilities; properly constructed, supplied, & cleaned	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53B. Toilet tissue availability	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Garbage & refuse properly disposed; facilities maintained	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55A. Physical facilities installed, maintained, & clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55B. Private homes and living or sleeping quarters, use prohibition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Adequate ventilation & lighting; designated areas used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

MASSACHUSETTS ONLY REGULATIONS

Rules and Regulations adopted for use in Massachusetts only.

Facilities	IN	OUT	COS	REPEAT
57A. Catering	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57B. When plans are reviewed, prerequisite for operations- valid permit	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57C. Contents of plans and specifications, preoperational inspections	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Mobile Food Operations	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Temporary Food Establishments	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Residential Kitchens	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedures	IN	OUT	COS	REPEAT
61. Tobacco Products: Notice and Sale	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Food Allergy Awareness Requirements	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



 Inspector



 Acknowledged Receipt

Food Establishment Inspection Report

Discussion with Manager



Inspector



Acknowledged Receipt :

**Food Establishment Inspection Report
Fail Notes Summary**

Fail Code	Fail Text
8A. Hands clean & properly washed	
2-301.12	*Cleaning Procedure
	Addl Notes: <i>[Employee observed to wash single hand at sink while other hand was inside of hot mitt. No paper towel use for drying. No soap used. Employees must use proper hand washing procedures each and every time their hands are washed.]</i>
16A. Food-contact surfaces: cleaned & sanitized immersion 171° F and above	
4-501.111	*Manual Warewashing - Hot Water Sanitization Temperatures
	Addl Notes: <i>[HOT water sanitizer set up- Hot water at 130- not sufficient temperature]</i>
4-501.114 (A-E, F 1&2)	Chemical Sanitization - Temperature, pH, Concentration and Hardness
	Addl Notes: <i>[Sanitizer was not set up upon arrival. Sanitizer sink was set up with BOH and corrected on site.]</i>
4-702.11	*Frequency of Sanitization of Utensils and Food-Contact Surfaces of Equipment
	Addl Notes: <i>[No sanitizer in use upon arrival for food contact equipment. Provide sanitizer for all food contact equipment and surfaces.]</i>
22. Proper cold holding temperatures	
3-501.16(A2 &B)	*Cold PHFs Maintained at or Below 41oF- also pertains to untreated eggs (45F)
	Addl Notes: <i>[sandwiches at cold services at 45. Cool sandwiches to 41 in walk in before service.]</i>
23. Proper Date Marking	
3-501.17	Date marking: RTE, TCS
	Addl Notes: <i>[Items such as turkey not labeled with a use by date. Items such as apple dessert not named with a name. Provide proper date marking for all TCS, RTE foods.]</i>
38A. Insects, rodents, & animals not present	
6-501.111 (A, B, D)	*Controlling Pests
	Addl Notes: <i>[PIC does not have knowledge of pest control. Maintain up to date knowledge of pest control situation.]</i>
48A. Warewashing facilities: installed, maintained, & used; test strips	
4-204.115	Warewashing Machines, Temperature Measuring Devices
	Addl Notes: <i>[dish machine heater is not working. not in use at this time.]</i>
4-501.110	Mechanical warewashing equipment, wash solution temperature
52B. Grease traps easily accessible for cleaning	
5-402.12	Grease Trap
	Addl Notes: <i>[NO grease trap pumping record present. Maintain grease trap pumping records.]</i>



Inspector



Acknowledged Receipt :



City of Medford

BOARD OF HEALTH
City Hall - Room 311
85 George P Hasset Drive
Medford, Massachusetts 02155
Telephone (781) 393-2560 FAX: (781) 393-2562
TDD: (781) 393-2516



Public Health
Prevent. Promote. Protect.

Food Establishment Inspection Report

Insp Date: 5/20/2019 Business ID: MA000015

Business: Andrews Middle School
3000 Mystic Valley Parkway

Medford, MA 02155

Inspection: MC000385

Permit #:

Phone:

Health Director: MPH002 Sophie Antoine

Reason: 01. Routine

Results: Next Routine 180

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
05/20/19	10:15 AM	11:50 AM	1:35	0:00	1:35	0	
Total:			1:35	0:00	1:35	0	

Inspection Summary

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

PIC Name Linda Bottari

Risk Category 2

Certified Food Protection Manager _____

CFPM Exp Date _____

Certified Allergy Trained Name _____

Allergy Exp Date _____

Certified ChokeSaver Name Linda Bottari

ChokeSaver Exp Date 11/07/2019

Permit Posted [8-304.11(A)] In Out

Inspection Report Available [8-304.11(K)] In Out

Foodborne Illness Complaint Investigated (All) Involving More Than Two Persons

Inspection Report Provided by: e-mail Hardcopy

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.

Inspector

Acknowledged Receipt : Linda Bottari

Food Establishment Inspection Report

Supervision

- | | IN | OUT | N/O | N/A | COS | REPEAT |
|--|----------------------------------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|
| 1. Person-in-charge present, demonstrates knowledge, and performs duties | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Certified Food Protection Manager | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Employee Health

- | | IN | OUT | N/O | N/A | COS | REPEAT |
|--|----------------------------------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|
| 3. Management, food employee and conditional employee; knowledge, responsibilities and reporting | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Proper Use of Restriction & Exclusion | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Procedures for responding to vomiting and diarrheal events | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Good Hygienic Practices

- | | IN | OUT | N/O | N/A | COS | REPEAT |
|---|----------------------------------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|
| 6. Proper eating, tasting, drinking, or tobacco use | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. No discharge from eyes, nose, and mouth | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Preventing Contamination by Hands

- | | IN | OUT | N/O | N/A | COS | REPEAT |
|---|----------------------------------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|
| 8. Hands clean & properly washed | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. No bare hand contact with RTE food | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Adequate handwashing sinks properly supplied and accessible | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Approved Sources

- | | IN | OUT | N/O | N/A | COS | REPEAT |
|---|----------------------------------|-----------------------|----------------------------------|----------------------------------|--------------------------|--------------------------|
| 11. Food obtained from approved source | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Food received at proper temperature | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Food in good condition, honestly presented, safe, & unadulterated | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Required records available: shellstock tags, parasite destruction | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Protection from Contamination

- | | IN | OUT | N/O | N/A | COS | REPEAT |
|---|----------------------------------|----------------------------------|----------------------------------|-----------------------|-------------------------------------|--------------------------|
| 15. Food separated and protected | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Food-contact surfaces: cleaned & sanitized | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. Proper disposition of returned, previously served reconditions, & unsafe food | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Time/Temperature Control for Safety

- | | IN | OUT | N/O | N/A | COS | REPEAT |
|---|----------------------------------|-----------------------|----------------------------------|----------------------------------|--------------------------|--------------------------|
| 18. Proper cooking time & temperatures | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Proper reheating procedures for hot holding | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Proper cooling time and temperature | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Proper hot holding temperatures | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Proper cold holding temperatures | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Proper date marking and disposition | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Time as a Public Health Control | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Consumer Advisory

- | | IN | OUT | N/O | N/A | COS | REPEAT |
|--|-----------------------|-----------------------|-----------------------|----------------------------------|--------------------------|--------------------------|
| 25. Consumer advisory provided for raw / undercooked foods | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Inspector



Acknowledged Receipt : Linda Bottari

Food Establishment Inspection Report

Highly Susceptible Populations (HSP)	IN	OUT	N/O	N/A	COS	REPEAT
---	----	-----	-----	-----	-----	--------

26. Pasteurized foods used; prohibited foods not offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Food/Color Additives and Toxic Substances	IN	OUT	N/O	N/A	COS	REPEAT
--	----	-----	-----	-----	-----	--------

27. Food additives: approved and properly used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
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28. Toxic substances identified, stored, and used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
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29. Compliance with variance / specialized process / HACCP Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
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GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

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


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Food Establishment Inspection Report

Utensils, Equipment and Vending

	IN	OUT	N/O	N/A	COS	REPEAT
47. Food & non-food contact surfaces cleanable, properly designed, constructed & used	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Warewashing facilities: installed, maintained, & used; test strips	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Non-food contact surfaces clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Facilities

	IN	OUT	N/O	N/A	COS	REPEAT
50. Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Plumbing installed; proper backflow devices	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Sewage and waste water properly disposed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Toilet features: properly constructed, supplied, & cleaned	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Garbage & refuse properly disposed; facilities maintained	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Physical facilities installed, maintained, & clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Adequate ventilation & lighting; designated areas used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

MASSACHUSETTS ONLY REGULATIONS

Rules and Regulations adopted for use in Massachusetts only.

Additional Requirements listed in 105 CMR 590.011

	IN	OUT	N/O	N/A	COS	REPEAT
M1. Anti-choking procedures in food service establishment	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M2. Food allergy awareness	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Review of Retail Operations listed in 105 CMR 590.010

	IN	OUT	N/O	N/A	COS	REPEAT
M3. Caterer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M4. Mobile Food Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M5. Temporary Food Establishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M6. Public Market; Farmers Market	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M7. Residential Kitchen; Bed-and-Breakfast Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M8. Residential Kitchen: Cottage Food Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M9. School Kitchen; USDA Nutrition Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M10. Leased Commercial Kitchen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M11. Innovative Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Local Requirements

	IN	OUT	N/O	N/A	COS	REPEAT
L1. Local law or regulation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
L2. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discussion with Person-in-Charge

Discussed with PIC sanitizing methods.



Inspector



Acknowledged Receipt : Linda Bottari

Food Establishment Inspection Report
Fail Notes Summary

Fail Code	Fail Text
16. Food-contact surfaces: cleaned & sanitized	
4-703.11	<p>Priority; Hot Water and Chemical-Methods</p> <p>After being cleaned, EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be SANITIZED in:</p> <p>(A) Hot water manual operations by immersion for at least 30 seconds and as specified under § 4-501.111;</p> <p>(B) Hot water mechanical operations by being cycled through EQUIPMENT that is set up as specified under §§ 4-501.15, 4-501.112, and 4-501.113 and achieving a UTENSIL surface temperature of 71°C (160°F) as measured by an irreversible registering temperature indicator; or</p> <p>(C) Chemical manual or mechanical operations, including the application of SANITIZING chemicals by immersion, manual swabbing, brushing, or pressure spraying methods, using a solution as specified under § 4-501.114. Contact times shall be consistent with those on EPA-registered label use instructions by providing:</p> <p>(1) Except as specified under Subparagraph (C)(2) of this section, a contact time of at least 10 seconds for a chlorine solution specified under ¶ 4-501.114(A),</p> <p>(2) A contact time of at least 7 seconds for a chlorine solution of 50 MG/L that has a PH of 10 or less and a temperature of at least 38°C (100°F) or a PH of 8 or less and a temperature of at least 24°C (75°F),</p> <p>(3) A contact time of at least 30 seconds for other chemical SANITIZING solutions, or</p> <p>(4) A contact time used in relationship with a combination of temperature, concentration, and PH that, when evaluated for efficacy, yields SANITIZATION as defined in ¶ 1-201.10(B).</p>
Addl Notes:	<i>[Dishwasher disk reads surface temperature at 154.6 F and 152 F. Surface temperature must be at 160 F for proper sanitizing. PIC will submerge dishes and utensils in sanitizing solution for 60 seconds and air dry before storage.]</i>
4-501.112	<p>Priority Foundation; Mechanical Warewashing Equipment, Hot Water Sanitation Temperatures</p> <p>(A) Except as specified in ¶ (B) of this section, in a mechanical operation, the temperature of the fresh hot water SANITIZING rinse as it enters the manifold may not be more than 90oC (194oF), or less than:</p> <p>(1) For a stationary rack, single temperature machine, 74oC (165oF); or</p> <p>(2) For all other machines, 82oC (180oF).</p> <p>(B) The maximum temperature specified under ¶ (A) of this section, does not apply to the high pressure and temperature systems with wand-type, hand-held, spraying devices used for the in-place cleaning and SANITIZING of EQUIPMENT such as meat saws.</p>
47. Food & non-food contact surfaces cleanable, properly designed, constructed & used	
4-202.15	<p>Core; Can Openers</p> <p>Cutting or piercing parts of can openers shall be readily removable for cleaning and for replacement.</p>
Addl Notes:	<i>[Can opener washed once a week. Food contact surfaces must be cleaned and sanitized. PIC removed and washed/sanitized can opener.]</i>
4-501.11	<p>Core; Good Repair and Proper Adjustment-Equipment</p> <p>(A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2.</p> <p>(B) EQUIPMENT components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight, and adjusted in accordance with manufacturer's specifications.</p> <p>(C) Cutting or piercing parts of can openers shall be kept sharp to minimize the creation of metal fragments that can contaminate FOOD when the container is opened.</p>
Addl Notes:	<i>[Barrel filled with ice in freezer. Equipment must be in good repair.]</i>



Inspector



Acknowledged Receipt : Linda Bottari



City of Medford

BOARD OF HEALTH
 City Hall - Room 311
 85 George P Hassett Drive
 Medford, Massachusetts 02155
 Telephone (781) 393-2560 FAX: (781) 393-2562
 TDD: (781) 393-2516



Public Health
 Prevent. Promote. Protect.

Food Establishment Inspection Report - FDA

Insp Date: 11/14/2017 **Business ID:** MA000041

Business: Brooks School
 388 High Street

Medford, MA 02155

Inspection: MB000184

Permit #:

Phone:

Health Director: 037400 Melanie Dineen

Reason: 01. Routine

Results: No Follow-up

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
11/14/17	10:40 AM	11:20 AM	0:40	0:00	0:40	0	
Total:			0:40	0:00	0:40	0	

Inspection Summary

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/ 2013 Federal Food Code. This report, when signed below by the Inspector constitutes an order by the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and/or fines. If aggrieved by this order, you have the right to a hearing. The request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

PIC Sue Morello ServSafe Exp. _____ Allergy Exp. _____ Choke Exp. _____

Foodborne Illness Complaint Investigated (All) Involving More Than Two Persons

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.

Supervision

	IN	OUT	N/O	N/A	COS	REPEAT
1. PIC Present, Knowledge and Duties	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
2. Certified Food Protection Manager	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>

Employee Health / Responding to Contamination Events

	IN	OUT	N/O	N/A	COS	REPEAT
3A. Employee Health: PIC Knowledge, Responsibilities & Reporting	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
3B. Employee Reporting to PIC	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
4. Proper Use of Restriction & Exclusion	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
5. Clean-up of Vomiting and Diarrheal Events	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>

[Signature]


Inspector

[Signature]

Acknowledged Receipt:

Food Establishment Inspection Report - FDA

Good Hygienic Practices	IN	OUT	N/O	N/A	COS	REPEAT
6A. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
6B. Preventing contamination when tasting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination	IN	OUT	N/O	N/A	COS	REPEAT
8A. Hands clean & properly washed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
8B. Where to wash, hand antiseptics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
9. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10A. Adequate handwashing sinks properly supplied and accessible	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
10B. Handwashing sinks accesible with proper signage, handwashing aids	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
Approved Sources	IN	OUT	N/O	N/A	COS	REPEAT
11A. Milk, eggs, juice, and processed food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11B. Fish and shellfish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11C. Game animals and wild mushrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12A. Food received at proper temperature	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12B. Shipping and receiving frozen food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food in good condition, honestly presented, safe, & unadulterated	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
13B. Food package integrity	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
14A. Required records available: shellstock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14B. Missing shellstock tags, destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14C. Parasite destruction- storing raw/partially cooked fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination	IN	OUT	N/O	N/A	COS	REPEAT
15A. Food separated & protected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
15B. Cleaning equip/utensils/food containers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16A. Food-contact surfaces: cleaned & sanitized immersion 171° F and above	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16B. Food contact surfaces cleaned and sanitized NMT 194° F, NLT 180° F	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16C. Mechanical warewashing equipment sanitization food contact surfaces, equip., utensils	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proper disposition of returned, previously served reconditions, & unsafe food	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
Time/Temperature Control for Safety Food (TCS Food)	IN	OUT	N/O	N/A	COS	REPEAT
18A. Proper cooking time & temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18B. Whole meat cooking and serving, storing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18C. Microwave cooking of raw animal foods	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Proper reheating procedures for hot holding	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>


Inspector


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Food Establishment Inspection Report - FDA

Time/Temperature Control for Safety Food (TCS Food)	IN	OUT	N/O	N/A	COS	REPEAT
20. Proper cooling time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper hot holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Proper cold holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Proper Date Marking	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23B. TCS Foods Disposition	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24A. Time as a public health control: procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24B. Time as a public health control: temperatures & discarding food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24C. Time as a public health control: highly susceptible population (HSP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consumer Advisory	IN	OUT	N/O	N/A	COS	REPEAT
25. Consumer advisory provided for raw or undercooked foods	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Highly Susceptible Populations (HSP)	IN	OUT	N/O	N/A	COS	REPEAT
26A. Pasteurized foods used; prohibited foods not offered	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
26B. Reservice of foods	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical	IN	OUT	N/O	N/A	COS	REPEAT
27. Food additives: approved and properly used	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28A. Toxic substances identified, stored and used	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28B. Poisonous materials, sanitizers, additives, medicines restriction, separation, storage	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28C. Conditions of Use: law	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
29A. Compliance with variance, specialized process, & HACCP plan	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29B. Treating juice- HACCP, reduced oxygen packaging w/out variance, conformance with approved procedures	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29C. When HACCP plan is required	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
30. Pasteurized eggs used where required	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
31A. Water & ice from approved source	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
31B. Sampling, alternative water supply	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31C. Sampling report	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Variance obtained for specialized processing methods	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


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Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
33A. Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
33B. Frozen food	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
34. Plant food properly cooked for hot holding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Approved thawing methods used	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36A. Thermometers provided and accurate	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
36B. Thermometers function properly	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>

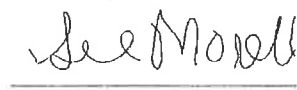
Food Identification	IN	OUT	COS	REPEAT
37A. Food properly labeled; original container	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
37B. Food labels, labeling of ingredients	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prevention of Food Contamination	IN	OUT	COS	REPEAT
38A. Insects, rodents, & animals not present	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
38B. Handling prohibition, controlling pests, prohibiting animals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39A. Contamination prevented during food storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39B. Food display; ice used as an exterior coolant prohibited as an ingredient	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39C. Consumer self-service operations- utensils and monitoring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
40A. Personal cleanliness- prohibition jewelry	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
40B. Maintenance of fingernails	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Wiping cloths; properly used and stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42A. Washing Produce - following chemical manufacturers label	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42B. Washing produce	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42C. Washing produce- chemicals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proper Use of Utensils	IN	OUT	COS	REPEAT
43. In-use utensils; properly stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Utensils, equipment & linens; properly stored, dried, and handled	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
45A. Single-use/ single service articles properly stored and used, required	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
45B. Single-use/service articles use limitation, kitchenware and tableware preventing contamination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Gloves used properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Utensils, Equipment and Vending	IN	OUT	COS	REPEAT
47A. Food & non-food contact surfaces cleanable	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47B. Food contact surfaces /utensils cleanability, molluscan shellfish tanks, consumer self-service	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47C. Properly designed characteristics: food and non-food contact surfaces, molluscan shellfish tanks	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


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Utensils, Equipment and Vending	IN	OUT	COS	REPEAT
48A. Warewashing facilities: installed, maintained, & used; test strips	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48B. Operational warewashing machines	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Non-food contact surfaces clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Facilities	IN	OUT	N/A	COS	REPEAT
50. Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
51A. Plumbing installed; proper backflow devices	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
51B. Prohibiting a cross-connection, inspection and servicing system	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
51C. Approved system and cleanable fixtures, service sink	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52A. Sewage and waste water properly disposed	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
52B. Grease traps easily accessible for cleaning	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
52C. Removing mobile food establishment waste	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53A. Toilet facilities; properly constructed, supplied, & cleaned	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
53B. Toilet tissue availability	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
54. Garbage & refuse properly disposed; facilities maintained	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
55A. Physical facilities installed, maintained, & clean	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
55B. Private homes and living or sleeping quarters, use prohibition	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
56. Adequate ventilation & lighting; designated areas used	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>


MASSACHUSETTS ONLY REGULATIONS

Rules and Regulations adopted for use in Massachusetts only.

Facilities	IN	OUT	COS	REPEAT
57A. Catering	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57B. When plans are reviewed, prerequisite for operations- valid permit	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57C. Contents of plans and specifications, preoperational inspections	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Mobile Food Operations	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Temporary Food Establishments	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Residential Kitchens	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedures	IN	OUT	COS	REPEAT
61. Anti-choking Procedures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Tobacco Products: Notice and Sale	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Food Allergy Awareness Requirements	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Narrative



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Food Establishment Inspection Report - FDA

Fail Notes Summary

Fail Code	Fail Text
19. Proper reheating procedures for hot holding	
3-403.11	*Reheating for Hot Holding
Addl Notes:	<i>[Hamburgers in buns (with and without cheese) are being rewarmed in warmer. AT 110F. TCS foods that were cooked/reheated yesterday then cooled Must be reheated to 165 within 2 hours. Hamburgers need to not be put on bun and reheated in the oven for hot holding. Discussion with PIC- solution was reached.]</i>
23B. TCS Foods Disposition	
3-501.18	RTE, TCS disposition
Addl Notes:	<i>[Chili in walk in dated 11/2/17. Provide proper disposition of foods once they have reached the 7 day use by period.]</i>
48A. Warewashing facilities: installed, maintained, & used; test strips	
4-302.14	Sanitizing Solutions, Testing Devices
Addl Notes:	<i>[Sanitizer test strips were used up today. Provide test strips for sanitizer solution.]</i>



Inspector



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City of Medford

BOARD OF HEALTH
 City Hall - Room 311
 85 George P Hasset Drive
 Medford, Massachusetts 02155
 Telephone (781) 393-2560 FAX: (781) 393-2562
 TDD: (781) 393-2516



Public Health
 Prevent. Promote. Protect.

Food Establishment Inspection Report

Insp Date: 5/2/2018 **Business ID:** MA000041 **Inspection:** MB000260
Business: Brooks School **Permit #:**
 388 High Street **Phone:**
 Medford, MA 02155 **Health Director:** 037400 Melanie Dineen
Reason: 01. Routine **Results:** Next Routine 180

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
05/02/18	11:45 AM	12:31 PM	0:46	0:00	0:46	0	
Total:			0:46	0:00	0:46	0	

Inspection Summary

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/ 2013 Federal Food Code. This report, when signed below by the Inspector constitutes an order by the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and/or fines. If aggrieved by this order, you have the right to a hearing. The request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

PIC Name diane Diprizio Chokesaver _____ Risk Category 2

Certified Food Protection Manager _____ CFPM Exp Date _____

Certified Allergy Trained Name _____ Allergy Exp Date _____

Permit Posted [8-304.11(A)] In Out

Inspection Report Available [8-304.11(K)] In Out

Foodborne Illness Complaint Investigated (All) Involving More Than Two Persons

Inspection Report Provided by: e-mail Hardcopy

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.

Supervision IN OUT N/O N/A COS REPEAT

1. PIC Present, Knowledge and Duties ⊙ ○ ○ ○ □ □

2. Certified Food Protection Manager ⊙ ○ ○ ○ □ □

Inspector

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Food Establishment Inspection Report

Employee Health / Responding to Contamination Events	IN	OUT	N/O	N/A	COS	REPEAT
3A. Employee Health: PIC Knowledge, Responsibilities & Reporting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
3B. Employee Reporting to PIC	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper Use of Restriction & Exclusion	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Clean-up of Vomiting and Diarrheal Events	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices	IN	OUT	N/O	N/A	COS	REPEAT
6A. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
6B. Preventing contamination when tasting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination	IN	OUT	N/O	N/A	COS	REPEAT
8A. Hands clean & properly washed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
8B. Where to wash, hand antiseptics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10A. Adequate handwashing sinks properly supplied and accessible	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10B. Handwashing sinks accesible with proper signage, handwashing aids	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Sources	IN	OUT	N/O	N/A	COS	REPEAT
11A. Milk, eggs, juice, and processed food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11B. Fish and shellfish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11C. Game animals and wild mushrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12A. Food received at proper temperature	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12B. Shipping and receiving frozen food	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food in good condition, honestly presented, safe, & unadulterated	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13B. Food package integrity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14A. Required records available: shellstock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14B. Missing shellstock tags, destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14C. Parasite destruction- storing raw/partially cooked fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination	IN	OUT	N/O	N/A	COS	REPEAT
15A. Food separated & protected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
15B. Cleaning equip/utensils/food containers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16A. Food-contact surfaces: cleaned & sanitized immersion 171° F and above	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16B. Food contact surfaces cleaned and sanitized NMT 194° F, NLT 180° F	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16C. Mechanical warewashing equipment sanitization food contact surfaces, equip., utensils	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proper disposition of returned, previously served reconditions, & unsafe food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


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Food Establishment Inspection Report

Time/Temperature Control for Safety Food (TCS Food)

	IN	OUT	N/O	N/A	COS	REPEAT
18A. Proper cooking time & temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18B. Whole meat cooking and serving, storing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18C. Microwave cooking of raw animal foods	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Proper reheating procedures for hot holding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Proper cooling time & temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper hot holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Proper cold holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Proper Date Marking	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23B. TCS Foods Disposition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24A. Time as a public health control: procedures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24B. Time as a public health control: temperatures & discarding food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24C. Time as a public health control: highly susceptible population (HSP)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consumer Advisory

	IN	OUT	N/O	N/A	COS	REPEAT
25. Consumer advisory provided for raw or undercooked foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Highly Susceptible Populations (HSP)

	IN	OUT	N/O	N/A	COS	REPEAT
26A. Pasteurized foods used; prohibited foods not offered	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
26B. Reservice of foods	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical

	IN	OUT	N/O	N/A	COS	REPEAT
27. Food additives: approved and properly used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28A. Toxic substances identified, stored and used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28B. Poisonous materials, sanitizers, additives, medicines restriction, separation, storage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28C. Conditions of Use: law	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conformance with Approved Procedures

	IN	OUT	N/O	N/A	COS	REPEAT
29A. Compliance with variance, specialized process, & HACCP plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29B. Treating juice- HACCP, reduced oxygen packaging w/out variance, conformance with approved procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29C. When HACCP plan is required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES


Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water

	IN	OUT	N/O	N/A	COS	REPEAT
30. Pasteurized eggs used where required	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


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Food Establishment Inspection Report

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
31A. Water & ice from approved source	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31B. Sampling, alternative water supply	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31C. Sampling report	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Variance obtained for specialized processing methods	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
33A. Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
33B. Frozen food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Plant food properly cooked for hot holding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Approved thawing methods used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36A. Thermometers provided and accurate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36B. Thermometers function properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification	IN	OUT	COS	REPEAT		
37A. Food properly labeled; original container	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
37B. Food labels, labeling of ingredients	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Prevention of Food Contamination	IN	OUT	COS	REPEAT		
38A. Insects, rodents, & animals not present	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
38B. Handling prohibition, controlling pests, prohibiting animals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39A. Contamination prevented during food storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39B. Food display; ice used as an exterior coolant prohibited as an ingredient	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39C. Consumer self-service operations- utensils and monitoring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40A. Personal cleanliness- prohibition jewelry	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40B. Maintenance of fingernails	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
41. Wiping cloths; properly used and stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42A. Washing Produce - following chemical manufacturers label	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42B. Washing produce	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42C. Washing produce- chemicals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Proper Use of Utensils	IN	OUT	COS	REPEAT		
43. In-use utensils; properly stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
44. Utensils, equipment & linens; properly stored, dried, and handled	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
45A. Single-use/ single service articles properly stored and used, required	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
45B. Single-use/service articles use limitation, kitchenware and tableware preventing contamination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
46. Gloves used properly	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		


 Inspector


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Food Establishment Inspection Report

Utensils, Equipment and Vending	IN	OUT	COS	REPEAT
47A. Food & non-food contact surfaces cleanable	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47B. Food contact surfaces /utensils cleanability, molluscan shellfish tanks, consumer self-service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47C. Properly designed characteristics: food and non-food contact surfaces, molluscan shellfish tanks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48A. Warewashing facilities: installed, maintained, & used; test strips	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48B. Operational warewashing machines	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Non-food contact surfaces clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Facilities	IN	OUT	N/A	COS	REPEAT
50. Hot & cold water available; adequate pressure	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51A. Plumbing installed; proper backflow devices	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51B. Prohibiting a cross-connection, inspection and servicing system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51C. Approved system and cleanable fixtures, service sink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52A. Sewage and waste water properly disposed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52B. Grease traps easily accessible for cleaning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52C. Removing mobile food establishment waste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53A. Toilet facilities; properly constructed, supplied, & cleaned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53B. Toilet tissue availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Garbage & refuse properly disposed; facilities maintained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55A. Physical facilities installed, maintained, & clean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55B. Private homes and living or sleeping quarters, use prohibition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Adequate ventilation & lighting; designated areas used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

MASSACHUSETTS ONLY REGULATIONS

Rules and Regulations adopted for use in Massachusetts only.

Facilities	IN	OUT	COS	REPEAT
57A. Catering	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57B. When plans are reviewed, prerequisite for operations- valid permit	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57C. Contents of plans and specifications, preoperational inspections	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Mobile Food Operations	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Temporary Food Establishments	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Residential Kitchens	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedures	IN	OUT	COS	REPEAT
61. Tobacco Products: Notice and Sale	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Food Allergy Awareness Requirements	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



 Inspector



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Food Establishment Inspection Report

Discussion with Manager


Inspector


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Food Establishment Inspection Report
Fail Notes Summary

Fail Code	Fail Text
9. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	
3-301.11 [590.004(E)]	*Preventing Contamination from Employees
	Addl Notes: <i>[Food employees are serving hot RTE foods with gloved hands. In the same process the employee is grabbing the tray, food, then container of juice and then carrots. Employees are putting on hot mits over gloved hands and then continuing to serve the food with gloved hands. No change of gloves was observed after mit use or after touching handle of hot/cold units. Employees MUST employ proper procedures when handling RTE food as to not contaminate or cross contaminate from equipment or surface such as a door handle or milk carton.]</i>
10A. Adequate handwashing sinks properly supplied and accessible	
5-202.12 (A)	Handwashing sink, installation- temperature/ mixing/ combo
	Addl Notes: <i>[Water at hand sinks is not at 100 degrees. Water remains at 77 degrees under continued running.]</i>
23. Proper Date Marking	
3-501.17	Date marking: RTE, TCS
	Addl Notes: <i>[Foods are labeled with name and date. RTE foods do not have proper use-by dates.]</i>
38A. Insects, rodents, & animals not present	
6-202.13	Insect Control Devices, Design and Installation
	Addl Notes: <i>[Pest control in place. Please provide BOH with pest control log.]</i>
46. Gloves used properly	
3-304.15 (B)-(D)	Gloves, Use Limitations
	Addl Notes: <i>[Gloves are not being changed between tasks. Such as serving hot food with gloved hand then opening doors and donning hot mits.]</i>
50. Hot & cold water available; adequate pressure	
5-103.11	*Capacity-Quantity and Availability
	Addl Notes: <i>[Hot water at hand sinks?]</i>



Inspector



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City of Medford

BOARD OF HEALTH
City Hall - Room 311
85 George P Hassett Drive
Medford, Massachusetts 02155
Telephone (781) 393-2560 FAX: (781) 393-2562
TDD: (781) 393-2516



Public Health
Prevent. Promote. Protect.

Food Establishment Inspection Report

Insp Date: 11/28/2018 **Business ID:** MA000041
Business: Brooks School
388 High Street
Medford, MA 02155

Inspection: MB000359
Permit #:
Phone:
Health Director: 037400 Melanie Dineen
Reason: 01. Routine
Results: Next Routine 180

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
11/28/18	11:09 AM	11:21 AM	0:12	0:00	0:12	0	
Total:			0:12	0:00	0:12	0	

Inspection Summary

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/ 2013 Federal Food Code. This report, when signed below by the Inspector constitutes an order by the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and/or fines. If aggrieved by this order, you have the right to a hearing. The request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

PIC Name Susan Morello Chokesaver _____ Risk Category 2

Certified Food Protection Manager _____ CFPM Exp Date _____

Certified Allergy Trained Name _____ Allergy Exp Date _____

Permit Posted [8-304.11(A)] In Out

Inspection Report Available [8-304.11(K)] In Out

Foodborne Illness Complaint Investigated (All) Involving More Than Two Persons

Inspection Report Provided by: e-mail Hardcopy

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.

Supervision	IN	OUT	N/O	N/A	COS	REPEAT
1. PIC Present, Knowledge and Duties	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Certified Food Protection Manager	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector _____

Acknowledged Receipt: _____

Food Establishment Inspection Report

Employee Health / Responding to Contamination Events

	IN	OUT	N/O	N/A	COS	REPEAT
3A. Employee Health: PIC Knowledge, Responsibilities & Reporting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
3B. Employee Reporting to PIC	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper Use of Restriction & Exclusion	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Clean-up of Vomiting and Diarrheal Events	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Good Hygienic Practices

	IN	OUT	N/O	N/A	COS	REPEAT
6A. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
6B. Preventing contamination when tasting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Control of Hands as a Vehicle of Contamination

	IN	OUT	N/O	N/A	COS	REPEAT
8A. Hands clean & properly washed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
8B. Where to wash, hand antiseptics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10A. Adequate handwashing sinks properly supplied and accessible	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10B. Handwashing sinks accessible with proper signage, handwashing aids	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approved Sources

	IN	OUT	N/O	N/A	COS	REPEAT
11A. Milk, eggs, juice, and processed food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11B. Fish and shellfish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11C. Game animals and wild mushrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12A. Food received at proper temperature	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12B. Shipping and receiving frozen food	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food in good condition, honestly presented, safe, & unadulterated	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13B. Food package integrity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14A. Required records available: shellstock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14B. Missing shellstock tags, destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14C. Parasite destruction- storing raw/partially cooked fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Protection from Contamination

	IN	OUT	N/O	N/A	COS	REPEAT
15A. Food separated & protected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
15B. Cleaning equip/utensils/food containers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16A. Food-contact surfaces: cleaned & sanitized immersion 171° F and above	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16B. Food contact surfaces cleaned and sanitized NMT 194° F, NLT 180° F	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16C. Mechanical warewashing equipment sanitization food contact surfaces, equip., utensils	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proper disposition of returned, previously served reconditions, & unsafe food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Food Establishment Inspection Report

Time/Temperature Control for Safety Food (TCS Food)	IN	OUT	N/O	N/A	COS	REPEAT
18A. Proper cooking time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18B. Whole meat cooking and serving, storing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18C. Microwave cooking of raw animal foods	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Proper reheating procedures for hot holding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Proper cooling time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper hot holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Proper cold holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Proper Date Marking	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23B. TCS Foods Disposition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24A. Time as a public health control: procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24B. Time as a public health control: temperatures & discarding food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24C. Time as a public health control: highly susceptible population (HSP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consumer Advisory	IN	OUT	N/O	N/A	COS	REPEAT
25. Consumer advisory provided for raw or undercooked foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Highly Susceptible Populations (HSP)	IN	OUT	N/O	N/A	COS	REPEAT
26A. Pasteurized foods used; prohibited foods not offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
26B. Reservice of foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical	IN	OUT	N/O	N/A	COS	REPEAT
27. Food additives: approved and properly used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28A. Toxic substances identified, stored and used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28B. Poisonous materials, sanitizers, additives, medicines restriction, separation, storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28C. Conditions of Use: law	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
29A. Compliance with variance, specialized process, & HACCP plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29B. Treating juice- HACCP, reduced oxygen packaging w/out variance, conformance with approved procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29C. When HACCP plan is required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
30. Pasteurized eggs used where required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Food Establishment Inspection Report

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
31A. Water & ice from approved source	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31B. Sampling, alternative water supply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31C. Sampling report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Variance obtained for specialized processing methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
33A. Proper cooling methods used; adequate equipment for temperature control	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
33B. Frozen food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Plant food properly cooked for hot holding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Approved thawing methods used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36A. Thermometers provided and accurate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36B. Thermometers function properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification	IN	OUT	COS	REPEAT		
37A. Food properly labeled; original container	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
37B. Food labels, labeling of ingredients	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Prevention of Food Contamination	IN	OUT	COS	REPEAT		
38A. Insects, rodents, & animals not present	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
38B. Handling prohibition, controlling pests, prohibiting animals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39A. Contamination prevented during food storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39B. Food display; ice used as an exterior coolant prohibited as an ingredient	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39C. Consumer self-service operations- utensils and monitoring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40A. Personal cleanliness- prohibition jewelry	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40B. Maintenance of fingernails	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
41. Wiping cloths; properly used and stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42A. Washing Produce - following chemical manufacturers label	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42B. Washing produce	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42C. Washing produce- chemicals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Proper Use of Utensils	IN	OUT	COS	REPEAT		
43. In-use utensils; properly stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
44. Utensils, equipment & linens; properly stored, dried, and handled	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
45A. Single-use/ single service articles properly stored and used, required	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
45B. Single-use/service articles use limitation, kitchenware and tableware preventing contamination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
46. Gloves used properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Inspector _____

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Food Establishment Inspection Report

Utensils, Equipment and Vending	IN	OUT	COS	REPEAT
47A. Food & non-food contact surfaces cleanable	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47B. Food contact surfaces /utensils cleanability, molluscan shellfish tanks, consumer self-service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47C. Properly designed characteristics: food and non-food contact surfaces, molluscan shellfish tanks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48A. Warewashing facilities: installed, maintained, & used; test strips	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48B. Operational warewashing machines	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Non-food contact surfaces clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Facilities	IN	OUT	N/A	COS	REPEAT
50. Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51A. Plumbing installed; proper backflow devices	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51B. Prohibiting a cross-connection, inspection and servicing system	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51C. Approved system and cleanable fixtures, service sink	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52A. Sewage and waste water properly disposed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52B. Grease traps easily accessible for cleaning	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52C. Removing mobile food establishment waste	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53A. Toilet facilities; properly constructed, supplied, & cleaned	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53B. Toilet tissue availability	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Garbage & refuse properly disposed; facilities maintained	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55A. Physical facilities installed, maintained, & clean	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55B. Private homes and living or sleeping quarters, use prohibition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Adequate ventilation & lighting; designated areas used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

MASSACHUSETTS ONLY REGULATIONS

Rules and Regulations adopted for use in Massachusetts only.

Facilities	IN	OUT	COS	REPEAT
57A. Catering	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57B. When plans are reviewed, prerequisite for operations- valid permit	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57C. Contents of plans and specifications, preoperational inspections	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Mobile Food Operations	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Temporary Food Establishments	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Residential Kitchens	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedures	IN	OUT	COS	REPEAT
61. Tobacco Products: Notice and Sale	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Food Allergy Awareness Requirements	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector _____

Acknowledged Receipt : _____

Food Establishment Inspection Report

Discussion with Manager

Inspector

Acknowledged Receipt :

Page 6 of 7

Food Establishment Inspection Report
Fail Notes Summary

Fail Code	Fail Text
23. Proper Date Marking	
3-501.17	Date marking: RTE, TCS
Addl Notes: <i>[Items such as sauce labeled with date prepared in the refrigerator. Label all RTE TCS foods with a name and a use by date.]</i>	
48A. Warewashing facilities: installed, maintained, & used; test strips	
4-302.13	Temperature measuring devices, manual warewashing
Addl Notes: <i>[No max registering temperature devices available. Provide max registering device for determining dish temperature when using hot water to sanitize.]</i>	
52B. Grease traps easily accessible for cleaning	
5-402.12	Grease Trap
Addl Notes: <i>[No grease trap records maintained on premises. Maintain grease trap pumping records on site.]</i>	
55A. Physical facilities installed, maintained, & clean	
6-201.16	Wall and Ceiling Coverings and Coatings
Addl Notes: <i>[ceiling in the kitchen shows signs of dust and cobwebs. Maintain facilities clean.]</i>	

Inspector _____

Acknowledged Receipt : _____



City of Medford

BOARD OF HEALTH
City Hall - Room 311
85 George P Hasset Drive
Medford, Massachusetts 02155
Telephone (781) 393-2560 FAX: (781) 393-2562
TDD: (781) 393-2516



Public Health
Prevent. Promote. Protect.

Food Establishment Inspection Report

Insp Date: 5/29/2019
Business: Brooks School
388 High Street

Business ID: MA000041

Inspection: MC000387

Permit #:

Phone:

Health Director: MPH002 Sophie Antoine

Reason: 01. Routine

Results: Next Routine 180

Medford, MA 02155

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
05/29/19	11:00 AM	12:15 PM	1:15	0:00	1:15	0	
Total:			1:15	0:00	1:15	0	

Inspection Summary

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

PIC Name Maureen Hennigan

Risk Category 2

Certified Food Protection Manager _____

CFPM Exp Date _____

Certified Allergy Trained Name _____

Allergy Exp Date _____

Certified ChokeSaver Name Peggy Brown

ChokeSaver Exp Date 11/07/2019

Permit Posted [8-304.11(A)] In Out

Inspection Report Available [8-304.11(K)] In Out

Foodborne Illness Complaint Investigated (All) Involving More Than Two Persons

Inspection Report Provided by: e-mail Hardcopy

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.


Inspector

Acknowledged Receipt:

Food Establishment Inspection Report

Supervision	IN	OUT	N/O	N/A	COS	REPEAT
1. Person-in-charge present, demonstrates knowledge, and performs duties	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Certified Food Protection Manager	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health	IN	OUT	N/O	N/A	COS	REPEAT
3. Management, food employee and conditional employee; knowledge, responsibilities and reporting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper Use of Restriction & Exclusion	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Procedures for responding to vomiting and diarrheal events	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices	IN	OUT	N/O	N/A	COS	REPEAT
6. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands	IN	OUT	N/O	N/A	COS	REPEAT
8. Hands clean & properly washed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. No bare hand contact with RTE food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Adequate handwashing sinks properly supplied and accessible	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Sources	IN	OUT	N/O	N/A	COS	REPEAT
11. Food obtained from approved source	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Food received at proper temperature	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food in good condition, honestly presented, safe, & unadulterated	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Required records available: shellstock tags, parasite destruction	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination	IN	OUT	N/O	N/A	COS	REPEAT
15. Food separated and protected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Food-contact surfaces: cleaned & sanitized	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proper disposition of returned, previously served reconditions, & unsafe food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time/Temperature Control for Safety	IN	OUT	N/O	N/A	COS	REPEAT
18. Proper cooking time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Proper reheating procedures for hot holding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Proper cooling time and temperature	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper hot holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Proper cold holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Proper date marking and disposition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Time as a Public Health Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory	IN	OUT	N/O	N/A	COS	REPEAT
25. Consumer advisory provided for raw / undercooked foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


Inspector


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Food Establishment Inspection Report

Highly Susceptible Populations (HSP)	IN	OUT	N/O	N/A	COS	REPEAT
26. Pasteurized foods used; prohibited foods not offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food/Color Additives and Toxic Substances	IN	OUT	N/O	N/A	COS	REPEAT
27. Food additives: approved and properly used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Toxic substances identified, stored, and used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
29. Compliance with variance / specialized process / HACCP Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
30. Pasteurized eggs used where required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Water & ice from approved source	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Variance obtained for specialized processing methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
33. Proper cooling methods used; adequate equipment for temperature control	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Plant food properly cooked for hot holding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Approved thawing methods used	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Thermometers provided and accurate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food Identification	IN	OUT	N/O	N/A	COS	REPEAT
37. Food properly labeled; original container	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prevention of Food Contamination	IN	OUT	N/O	N/A	COS	REPEAT
38. Insects, rodents, & animals not present	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Contamination prevented during food preparation, storage and display	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Personal cleanliness	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Wiping cloths; properly used and stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Washing fruits & vegetables	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proper Use of Utensils	IN	OUT	N/O	N/A	COS	REPEAT
43. In-use utensils properly stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Utensils, equipment & linens: properly stored, dried, & handled	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Single-use/ single service articles: properly stored and used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Gloves used properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Utensils, Equipment and Vending	IN	OUT	N/O	N/A	COS	REPEAT
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 Inspector


 Acknowledged Receipt :

Food Establishment Inspection Report

Utensils, Equipment and Vending

	IN	OUT	N/O	N/A	COS	REPEAT
47. Food & non-food contact surfaces cleanable, properly designed, constructed & used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Warewashing facilities: installed, maintained, & used; test strips	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Non-food contact surfaces clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Facilities

	IN	OUT	N/O	N/A	COS	REPEAT
50. Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Plumbing installed; proper backflow devices	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Sewage and waste water properly disposed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Toilet features: properly constructed, supplied, & cleaned	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Garbage & refuse properly disposed; facilities maintained	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Physical facilities installed, maintained, & clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Adequate ventilation & lighting; designated areas used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

MASSACHUSETTS ONLY REGULATIONS

Rules and Regulations adopted for use in Massachusetts only.

Additional Requirements listed in 105 CMR 590.011

	IN	OUT	N/O	N/A	COS	REPEAT
M1. Anti-choking procedures in food service establishment	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M2. Food allergy awareness	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Review of Retail Operations listed in 105 CMR 590.010

	IN	OUT	N/O	N/A	COS	REPEAT
M3. Caterer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M4. Mobile Food Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M5. Temporary Food Establishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M6. Public Market; Farmers Market	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M7. Residential Kitchen; Bed-and-Breakfast Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M8. Residential Kitchen: Cottage Food Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M9. School Kitchen; USDA Nutrition Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M10. Leased Commercial Kitchen	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M11. Innovative Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Local Requirements

	IN	OUT	N/O	N/A	COS	REPEAT
L1. Local law or regulation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
L2. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discussion with Person-in-Charge

No grease trap log on premises.



Inspector



Acknowledged Receipt :

City of Medford

BOARD OF HEALTH
 City Hall - Room 311
 85 George P Hassett Drive
 Medford, Massachusetts 02155
 Telephone (781) 393-2560 FAX: (781) 393-2562
 TDD: (781) 393-2516

Food Establishment Inspection Report - FDA

Insp Date: 11/13/2017 Business: Columbus School 37 Hicks Ave Medford, MA 02155	Business ID: MA000060	Inspection: MB000181 Permit #: Phone: Health Director: 037400 Melanie Dineen Reason: 01. Routine Results: No Follow-up
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Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
11/13/17	11:19 AM	11:24 AM	0:05	0:00	0:05	0	
Total:			0:05	0:00	0:05	0	

Inspection Summary

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/ 2013 Federal Food Code. This report, when signed below by the Inspector constitutes an order by the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and/or fines. If aggrieved by this order, you have the right to a hearing. The request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

PIC Rory Douglas ServSafe Exp. _____ Allergy Exp. _____ Choke Exp. _____

Foodborne Illness Complaint Investigated (All) Involving More Than Two Persons

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.

	IN	OUT	N/O	N/A	COS	REPEAT
Supervision						
1. PIC Present, Knowledge and Duties	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
2. Certified Food Protection Manager	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
Employee Health / Responding to Contamination Events						
3A. Employee Health: PIC Knowledge, Responsibilities & Reporting	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
3B. Employee Reporting to PIC	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
4. Proper Use of Restriction & Exclusion	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
5. Clean-up of Vomiting and Diarrheal Events	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>



 Inspector



 Acknowledged Receipt :

Food Establishment Inspection Report - FDA

Good Hygienic Practices

	IN	OUT	N/O	N/A	COS	REPEAT
6A. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
6B. Preventing contamination when tasting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>

Control of Hands as a Vehicle of Contamination

	IN	OUT	N/O	N/A	COS	REPEAT
8A. Hands clean & properly washed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
8B. Where to wash, hand antiseptics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
9. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10A. Adequate handwashing sinks properly supplied and accessible	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
10B. Handwashing sinks accesible with proper signage, handwashing aids	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>

Approved Sources

	IN	OUT	N/O	N/A	COS	REPEAT
11A. Milk, eggs, juice, and processed food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11B. Fish and shellfish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11C. Game animals and wild mushrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12A. Food received at proper temperature	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12B. Shipping and receiving frozen food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food in good condition, honestly presented, safe, & unadulterated	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
13B. Food package integrity	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
14A. Required records available: shellstock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14B. Missing shellstock tags, destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14C. Parasite destruction- storing raw/partially cooked fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Protection from Contamination

	IN	OUT	N/O	N/A	COS	REPEAT
15A. Food separated & protected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
15B. Cleaning equip/utensils/food containers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16A. Food-contact surfaces: cleaned & sanitized immersion 171° F and above	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16B. Food contact surfaces cleaned and sanitized NMT 194° F, NLT 180° F	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16C. Mechanical warewashing equipment sanitization food contact surfaces, equip., utensils	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proper disposition of returned, previously served reconditions, & unsafe food	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>

Time/Temperature Control for Safety Food (TCS Food)

	IN	OUT	N/O	N/A	COS	REPEAT
18A. Proper cooking time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18B. Whole meat cooking and serving, storing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18C. Microwave cooking of raw animal foods	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Proper reheating procedures for hot holding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Time/Temperature Control for Safety Food (TCS Food)	IN	OUT	N/O	N/A	COS	REPEAT
20. Proper cooling time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper hot holding temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Proper cold holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Proper Date Marking	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23B. TCS Foods Disposition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24A. Time as a public health control: procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24B. Time as a public health control: temperatures & discarding food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24C. Time as a public health control: highly susceptible population (HSP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consumer Advisory	IN	OUT	N/O	N/A	COS	REPEAT
25. Consumer advisory provided for raw or undercooked foods	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Highly Susceptible Populations (HSP)	IN	OUT	N/O	N/A	COS	REPEAT
26A. Pasteurized foods used; prohibited foods not offered	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
26B. Reservice of foods	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical	IN	OUT	N/O	N/A	COS	REPEAT
27. Food additives: approved and properly used	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28A. Toxic substances identified, stored and used	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28B. Poisonous materials, sanitizers, additives, medicines restriction, separation, storage	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28C. Conditions of Use: law	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
29A. Compliance with variance, specialized process, & HACCP plan	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29B. Treating juice- HACCP, reduced oxygen packaging w/out variance, conformance with approved procedures	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29C. When HACCP plan is required	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
30. Pasteurized eggs used where required	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
31A. Water & ice from approved source	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
31B. Sampling, alternative water supply	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31C. Sampling report	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Variance obtained for specialized processing methods	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


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Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
33A. Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
33B. Frozen food	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
34. Plant food properly cooked for hot holding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Approved thawing methods used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36A. Thermometers provided and accurate	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
36B. Thermometers function properly	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>

Food Identification	IN	OUT	COS	REPEAT
37A. Food properly labeled; original container	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
37B. Food labels, labeling of ingredients	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prevention of Food Contamination	IN	OUT	COS	REPEAT
38A. Insects, rodents, & animals not present	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
38B. Handling prohibition, controlling pests, prohibiting animals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39A. Contamination prevented during food storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39B. Food display; ice used as an exterior coolant prohibited as an ingredient	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39C. Consumer self-service operations- utensils and monitoring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
40A. Personal cleanliness- prohibition jewelry	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
40B. Maintenance of fingernails	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Wiping cloths; properly used and stored	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42A. Washing Produce - following chemical manufacturers label	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42B. Washing produce	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42C. Washing produce- chemicals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proper Use of Utensils	IN	OUT	COS	REPEAT
43. In-use utensils; properly stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Utensils, equipment & linens; properly stored, dried, and handled	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
45A. Single-use/ single service articles properly stored and used, required	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
45B. Single-use/service articles use limitation, kitchenware and tableware preventing contamination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Gloves used properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Utensils, Equipment and Vending	IN	OUT	COS	REPEAT
47A. Food & non-food contact surfaces cleanable	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47B. Food contact surfaces /utensils cleanability, molluscan shellfish tanks, consumer self-service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47C. Properly designed characteristics: food and non-food contact surfaces, molluscan shellfish tanks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


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Utensils, Equipment and Vending	IN	OUT	COS	REPEAT
48A. Warewashing facilities: installed, maintained, & used; test strips	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48B. Operational warewashing machines	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Non-food contact surfaces clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Facilities	IN	OUT	N/A	COS	REPEAT
50. Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
51A. Plumbing installed; proper backflow devices	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
51B. Prohibiting a cross-connection, inspection and servicing system	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
51C. Approved system and cleanable fixtures, service sink	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52A. Sewage and waste water properly disposed	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
52B. Grease traps easily accessible for cleaning	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
52C. Removing mobile food establishment waste	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53A. Toilet facilities; properly constructed, supplied, & cleaned	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
53B. Toilet tissue availability	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
54. Garbage & refuse properly disposed; facilities maintained	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
55A. Physical facilities installed, maintained, & clean	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
55B. Private homes and living or sleeping quarters, use prohibition	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
56. Adequate ventilation & lighting; designated areas used	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>

MASSACHUSETTS ONLY REGULATIONS

Rules and Regulations adopted for use in Massachusetts only.

Facilities	IN	OUT	COS	REPEAT
57A. Catering	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57B. When plans are reviewed, prerequisite for operations- valid permit	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57C. Contents of plans and specifications, preoperational inspections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Mobile Food Operations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Temporary Food Establishments	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Residential Kitchens	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedures	IN	OUT	COS	REPEAT
61. Anti-choking Procedures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Tobacco Products: Notice and Sale	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Food Allergy Awareness Requirements	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Narrative


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Fail Notes Summary

Fail Code	Fail Text
38A. Insects, rodents, & animals not present	
6-501.111 (A, B, D)	*Controlling Pests
	Addl Notes: <i>[Pests are being baited inside. Provide traps inside food establishments.]</i>
41. Wiping cloths; properly used and stored	
3-304.14	Wiping Cloths, Use Limitation
	Addl Notes: <i>[Wet wiping cloths must be stored in a bucket with sanitizer solution when not in use.]</i>



Inspector



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City of Medford

BOARD OF HEALTH

City Hall - Room 311
85 George P Hassett Drive
Medford, Massachusetts 02155
Telephone (781) 393-2560 FAX: (781) 393-2562
TDD: (781) 393-2516

Food Establishment Inspection Report

Insp Date: 6/6/2018 Business ID: MA000060

Business: Columbus School
37 Hicks Ave

Medford, MA 02155

Inspection: MB000272

Permit #:

Phone:

Health Director: 037400 Melanie Dineen

Reason: 01. Routine

Results: Next Routine 120

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
06/06/18	01:04 PM	01:13 PM	0:09	0:00	0:09	0	
Total:			0:09	0:00	0:09	0	

Inspection Summary

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/ 2013 Federal Food Code. This report, when signed below by the Inspector constitutes an order by the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and/or fines. If aggrieved by this order, you have the right to a hearing. The request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

PIC Name Rory Douglas Chokesaver Yes Risk Category 2

Certified Food Protection Manager _____ CFPM Exp Date _____

Certified Allergy Trained Name _____ Allergy Exp Date _____

Permit Posted [8-304.11(A)] In Out

Inspection Report Available [8-304.11(K)] In Out

Foodborne Illness Complaint Investigated (All) Involving More Than Two Persons

Inspection Report Provided by: e-mail Hardcopy

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.

Supervision	IN	OUT	N/O	N/A	COS	REPEAT
1. PIC Present, Knowledge and Duties	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Certified Food Protection Manager	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector

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Food Establishment Inspection Report

Employee Health / Responding to Contamination Events	IN	OUT	N/O	N/A	COS	REPEAT
3A. Employee Health: PIC Knowledge, Responsibilities & Reporting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
3B. Employee Reporting to PIC	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper Use of Restriction & Exclusion	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Clean-up of Vomiting and Diarrheal Events	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices	IN	OUT	N/O	N/A	COS	REPEAT
6A. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
6B. Preventing contamination when tasting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination	IN	OUT	N/O	N/A	COS	REPEAT
8A. Hands clean & properly washed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
8B. Where to wash, hand antiseptics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10A. Adequate handwashing sinks properly supplied and accessible	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10B. Handwashing sinks accesible with proper signage, handwashing aids	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Sources	IN	OUT	N/O	N/A	COS	REPEAT
11A. Milk, eggs, juice, and processed food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11B. Fish and shellfish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11C. Game animals and wild mushrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12A. Food received at proper temperature	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12B. Shipping and receiving frozen food	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food in good condition, honestly presented, safe, & unadulterated	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13B. Food package integrity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14A. Required records available: shellstock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14B. Missing shellstock tags, destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14C. Parasite destruction- storing raw/partially cooked fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination	IN	OUT	N/O	N/A	COS	REPEAT
15A. Food separated & protected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
15B. Cleaning equip/utensils/food containers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16A. Food-contact surfaces: cleaned & sanitized immersion 171° F and above	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16B. Food contact surfaces cleaned and sanitized NMT 194° F, NLT 180° F	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16C. Mechanical warewashing equipment sanitization food contact surfaces, equip., utensils	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proper disposition of returned, previously served reconditions, & unsafe food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



 Inspector



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Food Establishment Inspection Report

Time/Temperature Control for Safety Food (TCS Food)

	IN	OUT	N/O	N/A	COS	REPEAT
18A. Proper cooking time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18B. Whole meat cooking and serving, storing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18C. Microwave cooking of raw animal foods	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Proper reheating procedures for hot holding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Proper cooling time & temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper hot holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Proper cold holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Proper Date Marking	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23B. TCS Foods Disposition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24A. Time as a public health control: procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24B. Time as a public health control: temperatures & discarding food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24C. Time as a public health control: highly susceptible population (HSP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consumer Advisory

	IN	OUT	N/O	N/A	COS	REPEAT
25. Consumer advisory provided for raw or undercooked foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Highly Susceptible Populations (HSP)

	IN	OUT	N/O	N/A	COS	REPEAT
26A. Pasteurized foods used; prohibited foods not offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
26B. Reservice of foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical

	IN	OUT	N/O	N/A	COS	REPEAT
27. Food additives: approved and properly used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28A. Toxic substances identified, stored and used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28B. Poisonous materials, sanitizers, additives, medicines restriction, separation, storage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28C. Conditions of Use: law	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conformance with Approved Procedures

	IN	OUT	N/O	N/A	COS	REPEAT
29A. Compliance with variance, specialized process, & HACCP plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29B. Treating juice- HACCP, reduced oxygen packaging w/out variance, conformance with approved procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29C. When HACCP plan is required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water

	IN	OUT	N/O	N/A	COS	REPEAT
30. Pasteurized eggs used where required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Food Establishment Inspection Report

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
31A. Water & ice from approved source	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31B. Sampling, alternative water supply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31C. Sampling report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Variance obtained for specialized processing methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
33A. Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
33B. Frozen food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Plant food properly cooked for hot holding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Approved thawing methods used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36A. Thermometers provided and accurate	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36B. Thermometers function properly	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food Identification	IN	OUT	COS	REPEAT
37A. Food properly labeled; original container	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
37B. Food labels, labeling of ingredients	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prevention of Food Contamination	IN	OUT	COS	REPEAT
38A. Insects, rodents, & animals not present	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
38B. Handling prohibition, controlling pests, prohibiting animals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39A. Contamination prevented during food storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39B. Food display; ice used as an exterior coolant prohibited as an ingredient	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39C. Consumer self-service operations- utensils and monitoring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
40A. Personal cleanliness- prohibition jewelry	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
40B. Maintenance of fingernails	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Wiping cloths; properly used and stored	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42A. Washing Produce - following chemical manufacturers label	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42B. Washing produce	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42C. Washing produce- chemicals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proper Use of Utensils	IN	OUT	COS	REPEAT
43. In-use utensils; properly stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Utensils, equipment & linens; properly stored, dried, and handled	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
45A. Single-use/ single service articles properly stored and used, required	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
45B. Single-use/service articles use limitation, kitchenware and tableware preventing contamination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Gloves used properly	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Food Establishment Inspection Report

Utensils, Equipment and Vending	IN	OUT	COS	REPEAT
47A. Food & non-food contact surfaces cleanable	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47B. Food contact surfaces /utensils cleanability, molluscan shellfish tanks, consumer self-service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47C. Properly designed characteristics: food and non-food contact surfaces, molluscan shellfish tanks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48A. Warewashing facilities: installed, maintained, & used; test strips	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48B. Operational warewashing machines	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Non-food contact surfaces clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Facilities	IN	OUT	N/A	COS	REPEAT
50. Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51A. Plumbing installed; proper backflow devices	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51B. Prohibiting a cross-connection, inspection and servicing system	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51C. Approved system and cleanable fixtures, service sink	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52A. Sewage and waste water properly disposed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52B. Grease traps easily accessible for cleaning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52C. Removing mobile food establishment waste	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53A. Toilet facilities; properly constructed, supplied, & cleaned	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53B. Toilet tissue availability	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Garbage & refuse properly disposed; facilities maintained	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55A. Physical facilities installed, maintained, & clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55B. Private homes and living or sleeping quarters, use prohibition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Adequate ventilation & lighting; designated areas used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

MASSACHUSETTS ONLY REGULATIONS

Rules and Regulations adopted for use in Massachusetts only.

Facilities	IN	OUT	COS	REPEAT
57A. Catering	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57B. When plans are reviewed, prerequisite for operations- valid permit	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57C. Contents of plans and specifications, preoperational inspections	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Mobile Food Operations	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Temporary Food Establishments	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Residential Kitchens	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedures	IN	OUT	COS	REPEAT
61. Tobacco Products: Notice and Sale	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Food Allergy Awareness Requirements	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



Inspector



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Food Establishment Inspection Report

Discussion with Manager



Inspector



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**Food Establishment Inspection Report
Fail Notes Summary**

Fail Code	Fail Text
16A. Food-contact surfaces: cleaned & sanitized immersion 171° F and above	
4-501.114 (A-E, F 1&2)	Chemical Sanitization - Temperature, pH, Concentration and Hardness
	Addl Notes: <i>[Three bay sink- Quats at 100-150 ppm upon arrival. Refill of three bay showed 200ppm]</i>
16B. Food contact surfaces cleaned and sanitized NMT 194° F, NLT 180° F	
4-501.112	Mechanical Warewashing Equipment - Hot Water Sanitization Temperatures
	Addl Notes: <i>[Dish machine has a max dish temp of 156. Dish temperatures must reach 160 in order to sanitize dish surfaces.]</i>
23. Proper Date Marking	
3-501.17	Date marking: RTE, TCS
	Addl Notes: <i>[Items in walk in such as sauce, chichen nuggests and sandwich meat not labeled. Label all RTE, TCS foods with a name and a use by date.]</i>
41. Wiping cloths; properly used and stored	
3-304.14	Wiping Cloths, Use Limitation
	Addl Notes: <i>[sanitizer buckets are not in use. Utilize sanitizer buckets for wet wiping cloths.]</i>
46. Gloves used properly	
3-304.15 (B)-(D)	Gloves, Use Limitations
	Addl Notes: <i>[employee observed to remove tray of food and come back with an apple. Gloves must be changed and hands washed between changes of task.]</i>
48A. Warewashing facilities: installed, maintained, & used; test strips	
4-204.115	Warewashing Machines, Temperature Measuring Devices
	Addl Notes: <i>[Provide max registering test strips for warewashing machine.]</i>



Inspector



Acknowledged Receipt :

City of Medford

BOARD OF HEALTH

City Hall - Room 311
85 George P Hassett Drive
Medford, Massachusetts 02155
Telephone (781) 393-2560 FAX: (781) 393-2562
TDD: (781) 393-2516

Food Establishment Inspection Report

Insp Date: 11/26/2018 **Business ID:** MA000060
Business: Columbus School
37 Hicks Ave

Medford, MA 02155

Inspection: MB000356
Permit #:
Phone:
Health Director: 037400 Melanie Dineen
Reason: 01. Routine
Results: Next Routine 120

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
11/26/18	11:00 AM	11:22 AM	0:22	0:00	0:22	0	
Total:			0:22	0:00	0:22	0	

Inspection Summary

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/ 2013 Federal Food Code. This report, when signed below by the Inspector constitutes an order by the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and/or fines. If aggrieved by this order, you have the right to a hearing. The request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

PIC Name Rory Douglas Chokesaver _____ Risk Category 2

Certified Food Protection Manager _____ CFPM Exp Date _____

Certified Allergy Trained Name _____ Allergy Exp Date _____

Permit Posted [8-304.11(A)] In Out

Inspection Report Available [8-304.11(K)] In Out

Foodborne Illness Complaint Investigated (All) Involving More Than Two Persons

Inspection Report Provided by: e-mail Hardcopy


FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.

Supervision	IN	OUT	N/O	N/A	COS	REPEAT
1. PIC Present, Knowledge and Duties	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Certified Food Protection Manager	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


Inspector


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Food Establishment Inspection Report

Employee Health / Responding to Contamination Events	IN	OUT	N/O	N/A	COS	REPEAT
3A. Employee Health: PIC Knowledge, Responsibilities & Reporting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
3B. Employee Reporting to PIC	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper Use of Restriction & Exclusion	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Clean-up of Vomiting and Diarrheal Events	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices	IN	OUT	N/O	N/A	COS	REPEAT
6A. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
6B. Preventing contamination when tasting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination	IN	OUT	N/O	N/A	COS	REPEAT
8A. Hands clean & properly washed	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
8B. Where to wash, hand antiseptics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10A. Adequate handwashing sinks properly supplied and accessible	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10B. Handwashing sinks accesible with proper signage, handwashing aids	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Sources	IN	OUT	N/O	N/A	COS	REPEAT
11A. Milk, eggs, juice, and processed food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11B. Fish and shellfish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11C. Game animals and wild mushrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12A. Food received at proper temperature	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12B. Shipping and receiving frozen food	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food in good condition, honestly presented, safe, & unadulterated	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13B. Food package integrity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14A. Required records available: shellstock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14B. Missing shellstock tags, destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14C. Parasite destruction- storing raw/partially cooked fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination	IN	OUT	N/O	N/A	COS	REPEAT
15A. Food separated & protected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
15B. Cleaning equip/utensils/food containers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16A. Food-contact surfaces: cleaned & sanitized immersion 171° F and above	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16B. Food contact surfaces cleaned and sanitized NMT 194° F, NLT 180° F	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16C. Mechanical warewashing equipment sanitization food contact surfaces, equip., utensils	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proper disposition of returned, previously served reconditions, & unsafe food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Food Establishment Inspection Report

Time/Temperature Control for Safety Food (TCS Food)	IN	OUT	N/O	N/A	COS	REPEAT
18A. Proper cooking time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18B. Whole meat cooking and serving, storing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18C. Microwave cooking of raw animal foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Proper reheating procedures for hot holding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Proper cooling time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper hot holding temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Proper cold holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Proper Date Marking	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23B. TCS Foods Disposition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24A. Time as a public health control: procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24B. Time as a public health control: temperatures & discarding food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24C. Time as a public health control: highly susceptible population (HSP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consumer Advisory	IN	OUT	N/O	N/A	COS	REPEAT
25. Consumer advisory provided for raw or undercooked foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Highly Susceptible Populations (HSP)	IN	OUT	N/O	N/A	COS	REPEAT
26A. Pasteurized foods used; prohibited foods not offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
26B. Reservice of foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical	IN	OUT	N/O	N/A	COS	REPEAT
27. Food additives: approved and properly used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28A. Toxic substances identified, stored and used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28B. Poisonous materials, sanitizers, additives, medicines restriction, separation, storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28C. Conditions of Use: law	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
29A. Compliance with variance, specialized process, & HACCP plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29B. Treating juice- HACCP, reduced oxygen packaging w/out variance, conformance with approved procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29C. When HACCP plan is required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
30. Pasteurized eggs used where required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Food Establishment Inspection Report

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
31A. Water & ice from approved source	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31B. Sampling, alternative water supply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31C. Sampling report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Variance obtained for specialized processing methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
33A. Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
33B. Frozen food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Plant food properly cooked for hot holding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Approved thawing methods used	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36A. Thermometers provided and accurate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36B. Thermometers function properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification	IN	OUT	COS	REPEAT		
37A. Food properly labeled; original container	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
37B. Food labels, labeling of ingredients	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Prevention of Food Contamination	IN	OUT	COS	REPEAT		
38A. Insects, rodents, & animals not present	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
38B. Handling prohibition, controlling pests, prohibiting animals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39A. Contamination prevented during food storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39B. Food display; ice used as an exterior coolant prohibited as an ingredient	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39C. Consumer self-service operations- utensils and monitoring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40A. Personal cleanliness- prohibition jewelry	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40B. Maintenance of fingernails	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
41. Wiping cloths; properly used and stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42A. Washing Produce - following chemical manufacturers label	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42B. Washing produce	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42C. Washing produce- chemicals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Proper Use of Utensils	IN	OUT	COS	REPEAT		
43. In-use utensils; properly stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
44. Utensils, equipment & linens; properly stored, dried, and handled	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
45A. Single-use/ single service articles properly stored and used, required	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
45B. Single-use/service articles use limitation, kitchenware and tableware preventing contamination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
46. Gloves used properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		



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Food Establishment Inspection Report

Utensils, Equipment and Vending	IN	OUT	COS	REPEAT
47A. Food & non-food contact surfaces cleanable	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47B. Food contact surfaces /utensils cleanability, molluscan shellfish tanks, consumer self-service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47C. Properly designed characteristics: food and non-food contact surfaces, molluscan shellfish tanks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48A. Warewashing facilities: installed, maintained, & used; test strips	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48B. Operational warewashing machines	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Non-food contact surfaces clean	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Facilities	IN	OUT	N/A	COS	REPEAT
50. Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51A. Plumbing installed; proper backflow devices	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51B. Prohibiting a cross-connection, inspection and servicing system	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51C. Approved system and cleanable fixtures, service sink	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52A. Sewage and waste water properly disposed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52B. Grease traps easily accessible for cleaning	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52C. Removing mobile food establishment waste	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53A. Toilet facilities; properly constructed, supplied, & cleaned	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53B. Toilet tissue availability	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Garbage & refuse properly disposed; facilities maintained	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55A. Physical facilities installed, maintained, & clean	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55B. Private homes and living or sleeping quarters, use prohibition	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Adequate ventilation & lighting; designated areas used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

MASSACHUSETTS ONLY REGULATIONS

Rules and Regulations adopted for use in Massachusetts only.

Facilities	IN	OUT	COS	REPEAT
57A. Catering	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57B. When plans are reviewed, prerequisite for operations- valid permit	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57C. Contents of plans and specifications, preoperational inspections	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Mobile Food Operations	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Temporary Food Establishments	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Residential Kitchens	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedures	IN	OUT	COS	REPEAT
61. Tobacco Products: Notice and Sale	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Food Allergy Awareness Requirements	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>




Inspector



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Food Establishment Inspection Report

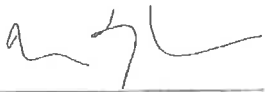
Discussion with Manager


Inspector


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Food Establishment Inspection Report
Fail Notes Summary

Fail Code	Fail Text
16C.	Mechanical warewashing equipment sanitization food contact surfaces, equip., utensils
4-501.113	Mechanical warewashing equipment, sanitization pressure
	Addl Notes: <i>[Mechanical ware washing sinks are not operational. Three bay sink is in use.]</i>
23.	Proper Date Marking
3-501.17	Date marking: RTE, TCS
	Addl Notes: <i>[Items such as sauce and jelly inside of refrigerator in hotel pans. Label all RTE foods inside of refrigerator with a name and a use by date.]</i>
49.	Non-food contact surfaces clean
4-602.13	Nonfood Contact Surfaces
	Addl Notes: <i>[Cardboard is being used to line shelves inside of walk in cooler. Cardboard is not a cleanable surface. Remove cardboard, all nonfood contact surfaces must be smooth and easily cleanable.]</i>
52B.	Grease traps easily accessible for cleaning
5-402.12	Grease Trap
	Addl Notes: <i>[Maintain logs for dates of grease trap pumping on the premiss]</i>
55A.	Physical facilities installed, maintained, & clean
6-201.11	Floors, Walls and Ceilings-Cleanability
6-201.16	Wall and Ceiling Coverings and Coatings
	Addl Notes: <i>[ceiling inside of storage room is missing three tiles. Replace tiles.]</i>



Inspector



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City of Medford

BOARD OF HEALTH

City Hall - Room 311
85 George P Hassett Drive
Medford, Massachusetts 02155
Telephone (781) 393-2560 FAX: (781) 393-2562
TDD: (781) 393-2516

Food Establishment Inspection Report

Insp Date: 4/9/2019 Business ID: MA000060

Business: Columbus School
37 Hicks Ave

Medford, MA 02155

Inspection: MB000416

Permit #:

Phone:

Health Director: 037400 Melanie Dineen

Reason: 01. Routine

Results: Next Routine 180

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
04/09/19	12:15 PM	01:05 PM	0:50	0:00	0:50	0	
Total:			0:50	0:00	0:50	0	

Inspection Summary

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

PIC Name Rory Douglas

Risk Category 2

Certified Food Protection Manager _____

CFPM Exp Date _____

Certified Allergy Trained Name _____

Allergy Exp Date _____

Certified ChokeSaver Name _____

ChokeSaver Exp Date _____

Permit Posted [8-304.11(A)] In Out

Inspection Report Available [8-304.11(K)] In Out

Foodborne Illness Complaint Investigated (All)

Involving More Than Two Persons

Inspection Report Provided by: e-mail

Hardcopy

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.

Inspector _____


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Food Establishment Inspection Report

	IN	OUT	N/O	N/A	COS	REPEAT
Supervision						
1. Person-in-charge present, demonstrates knowledge, and performs duties	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Certified Food Protection Manager	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health						
3. Management, food employee and conditional employee; knowledge, responsibilities and reporting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper Use of Restriction & Exclusion	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Procedures for responding to vomiting and diarrheal events	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices						
6. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands						
8. Hands clean & properly washed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. No bare hand contact with RTE food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Adequate handwashing sinks properly supplied and accessible	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Sources						
11. Food obtained from approved source	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Food received at proper temperature	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food in good condition, honestly presented, safe, & unadulterated	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Required records available: shellstock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination						
15. Food separated and protected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Food-contact surfaces: cleaned & sanitized	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proper disposition of returned, previously served reconditions, & unsafe food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time/Temperature Control for Safety						
18. Proper cooking time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Proper reheating procedures for hot holding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Proper cooling time and temperature	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper hot holding temperatures	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Proper cold holding temperatures	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Proper date marking and disposition	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Time as a Public Health Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory						
25. Consumer advisory provided for raw / undercooked foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector _____


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Food Establishment Inspection Report

Highly Susceptible Populations (HSP)	IN	OUT	N/O	N/A	COS	REPEAT
26. Pasteurized foods used; prohibited foods not offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food/Color Additives and Toxic Substances	IN	OUT	N/O	N/A	COS	REPEAT
27. Food additives: approved and properly used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Toxic substances identified, stored, and used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
29. Compliance with variance / specialized process / HACCP Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
30. Pasteurized eggs used where required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Water & ice from approved source	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Variance obtained for specialized processing methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
33. Proper cooling methods used; adequate equipment for temperature control	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Plant food properly cooked for hot holding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Approved thawing methods used	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Thermometers provided and accurate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food Identification	IN	OUT	N/O	N/A	COS	REPEAT
37. Food properly labeled; original container	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prevention of Food Contamination	IN	OUT	N/O	N/A	COS	REPEAT
38. Insects, rodents, & animals not present	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Contamination prevented during food preparation, storage and display	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Personal cleanliness	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Wiping cloths; properly used and stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Washing fruits & vegetables	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proper Use of Utensils	IN	OUT	N/O	N/A	COS	REPEAT
43. In-use utensils properly stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Utensils, equipment & linens: properly stored, dried, & handled	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Single-use/ single service articles: properly stored and used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Gloves used properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Utensils, Equipment and Vending	IN	OUT	N/O	N/A	COS	REPEAT
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Acknowledged Receipt :

Inspector _____

Food Establishment Inspection Report

Utensils, Equipment and Vending	IN	OUT	N/O	N/A	COS	REPEAT
47. Food & non-food contact surfaces cleanable, properly designed, constructed & used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Warewashing facilities: installed, maintained, & used; test strips	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Non-food contact surfaces clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Facilities	IN	OUT	N/O	N/A	COS	REPEAT
50. Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Plumbing installed; proper backflow devices	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Sewage and waste water properly disposed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Toilet features: properly constructed, supplied, & cleaned	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Garbage & refuse properly disposed; facilities maintained	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Physical facilities installed, maintained, & clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Adequate ventilation & lighting; designated areas used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

MASSACHUSETTS ONLY REGULATIONS

Rules and Regulations adopted for use in Massachusetts only.

Additional Requirements listed in 105 CMR 590.011	IN	OUT	N/O	N/A	COS	REPEAT
M1. Anti-choking procedures in food service establishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M2. Food allergy awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Review of Retail Operations listed in 105 CMR 590.010	IN	OUT	N/O	N/A	COS	REPEAT
M3. Caterer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M4. Mobile Food Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M5. Temporary Food Establishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M6. Public Market; Farmers Market	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M7. Residential Kitchen; Bed-and-Breakfast Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M8. Residential Kitchen: Cottage Food Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M9. School Kitchen; USDA Nutrition Program	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M10. Leased Commercial Kitchen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M11. Innovative Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Local Requirements	IN	OUT	N/O	N/A	COS	REPEAT
L1. Local law or regulation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
L2. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discussion with Person-in-Charge

No grease trap pumping record at the establishment. Maintain grease trap pumping record.
Dish machine tested 153, 160 and 167.

Inspector _____


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Food Establishment Inspection Report
Fail Notes Summary

Fail Code	Fail Text
21. Proper hot holding temperatures	
3-501.16(A)(1)	<p>Priority; Time / Temperature Control for Safety Food, Hot and Cold Holding (A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under §3-501.19, and except as specified under ¶ (B) and in ¶ (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (1) At 57°C (135°F) or above, except that roasts cooked to a temperature and for a time specified in ¶ 3-401.11(B) or reheated as specified in ¶ 3-403.11(E) may be held at a temperature of 54°C (130°F) or above;</p>
	<p>Addl Notes: <i>[Salsa at 110 and 115 on top of hot wells. Maintain all hot foods in hot holding at 135F or greater.]</i></p>
22. Proper cold holding temperatures	
3-501.16(A)(2) and (B)	<p>Priority; Time / Temperature Control for Safety Food, Hot and Cold Holding (A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under §3-501.19, and except as specified under ¶ (B) and in ¶ (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (2) At 5°C (41°F) or less.</p> <p>(B) EGGS that have not been treated to destroy all viable Salmonellae shall be stored in refrigerated EQUIPMENT that maintains an ambient air temperature of 7°C (45°F) or less.</p>
	<p>Addl Notes: <i>[Cups of fruit cocktail on the counter at 65F. Discussion with the PIC regarding how these are dispensed. PIC to put cans in the cooler the night before.]</i></p>
23. Proper date marking and disposition	

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Food Establishment Inspection Report

Fail Code	Fail Text
3-501.17(D)-(G)	<p>Core; Ready-To-Eat Time/Temperature Control for Safety Food, Date Marking</p> <p>(D) A date marking system that meets the criteria stated in ¶¶ (A) and (B) of this section may include:</p> <p>(1) Using a method APPROVED by the REGULATORY AUTHORITY for refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD that is frequently rewrapped, such as lunchmeat or a roast, or for which date marking is impractical, such as soft serve mix or milk in a dispensing machine;</p> <p>(2) Marking the date or day of preparation, with a procedure to discard the FOOD on or before the last date or day by which the FOOD must be consumed on the premises, sold, or discarded as specified under ¶ (A) of this section;</p> <p>(3) Marking the date or day the original container is opened in a FOOD ESTABLISHMENT, with a procedure to discard the FOOD on or before the last date or day by which the FOOD must be consumed on the premises, sold, or discarded as specified under ¶ (B) of this section;</p> <p>or</p> <p>(4) Using calendar dates, days of the week, color-coded marks, or other effective marking methods, provided that the marking system is disclosed to the REGULATORY AUTHORITY upon request.</p> <p>(E) Paragraphs (A) and (B) of this section do not apply to individual meal portions served or rePACKAGED for sale from a bulk container upon a consumer's request.</p> <p>(F) Paragraphs (A) and (B) of this section do not apply to SHELLSTOCK.</p> <p>(G) Paragraph (B) of this section does not apply to the following FOODS prepared and PACKAGED by a FOOD PROCESSING PLANT inspected by a REGULATORY AUTHORITY:</p> <p>(1) Deli salads, such as ham salad, seafood salad, chicken salad, egg salad, pasta salad, potato salad, and macaroni salad, manufactured in accordance with 21 CFR 110 Current good manufacturing practice in manufacturing, packing, or holding human food;</p> <p>(2) Hard cheeses containing not more than 39% moisture as defined in 21 CFR 133 Cheeses and related cheese products, such as cheddar, gruyere, parmesan and reggiano, and romano;</p> <p>(3) Semi-soft cheeses containing more than 39% moisture, but not more than 50% moisture, as defined in 21 CFR 133 Cheeses and related cheese products, such as blue, edam, gorgonzola, gouda, and monterey jack;</p> <p>(4) Cultured dairy products as defined in 21 CFR 131 Milk and cream, such as yogurt, sour cream, and buttermilk;</p> <p>(5) Preserved FISH products, such as pickled herring and dried or salted cod, and other acidified FISH products defined in 21 CFR 114 Acidified foods;</p> <p>(6) Shelf stable, dry fermented sausages, such as pepperoni and Genoa; and</p> <p>(7) Shelf stable salt-cured products such as prosciutto and Parma (ham).</p> <p>Addl Notes: <i>[Ham in walk in labeled with today's date. Use proper date marking on all Ready to Eat foods.]</i></p>
44. Utensils, equipment & linens: properly stored, dried, & handled	
4-901.11	<p>Core; Equipment and Utensils, Air-Drying Required</p> <p>After cleaning and SANITIZING, EQUIPMENT and UTENSILS:</p> <p>(A) Shall be air-dried or used after adequate draining as specified in the first paragraph of 40 CFR 180.940 Tolerance exemptions for active and inert ingredients for use in antimicrobial formulations (food-contact surface SANITIZING solutions), before contact with FOOD; and</p> <p>(B) May not be cloth dried except that UTENSILS that have been air-dried may be polished with cloths that are maintained clean and dry.</p>



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Food Establishment Inspection Report

Fail Code	Fail Text
	Addl Notes: <i>[Observed food employee towel dry a hotel pan. All items must air dry.]</i>

Inspector



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City of Medford

BOARD OF HEALTH
City Hall - Room 311
85 George P Hasset Drive
Medford, Massachusetts 02155
Telephone (781) 393-2560 FAX: (781) 393-2562
TDD: (781) 393-2516



Public Health
Prevent. Promote. Protect.

Food Establishment Inspection Report - FDA

Insp Date: 11/9/2017 **Business ID:** MA000156
Business: McGlynn School
3002 Mystic Valley Parkway

Medford, MA 02155

Inspection: MB000179
Permit #:
Phone:
Health Director: RS1383 Kimberly M Fowler
Reason: 01. Routine
Results: No Follow-up

Inspection Summary

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/ 2013 Federal Food Code. This report, when signed below by the Inspector constitutes an order by the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and/or fines. If aggrieved by this order, you have the right to a hearing. The request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

PIC Angela Siciliano ServSafe Exp. _____ Allergy Exp. _____ Choke Exp. _____

Foodborne Illness Complaint Investigated (All) Involving More Than Two Persons

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.

Supervision	IN	OUT	N/O	N/A	COS	REPEAT
1. PIC Present, Knowledge and Duties	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
2. Certified Food Protection Manager	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>

Employee Health / Responding to Contamination Events	IN	OUT	N/O	N/A	COS	REPEAT
3A. Employee Health: PIC Knowledge, Responsibilities & Reporting	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
3B. Employee Reporting to PIC	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
4. Proper Use of Restriction & Exclusion	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
5. Clean-up of Vomiting and Diarrheal Events	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>

Good Hygienic Practices	IN	OUT	N/O	N/A	COS	REPEAT
6A. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
6B. Preventing contamination when tasting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>

Angela Siciliano
Inspector

Angela Siciliano
Acknowledged Receipt :

Food Establishment Inspection Report - FDA

Control of Hands as a Vehicle of Contamination	IN	OUT	N/O	N/A	COS	REPEAT
8A. Hands clean & properly washed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
8B. Where to wash, hand antiseptics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
9. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10A. Adequate handwashing sinks properly supplied and accessible	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
10B. Handwashing sinks accesible with proper signage, handwashing aids	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>

Approved Sources	IN	OUT	N/O	N/A	COS	REPEAT
11A. Milk, eggs, juice, and processed food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11B. Fish and shellfish	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11C. Game animals and wild mushrooms	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12A. Food received at proper temperature	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12B. Shipping and receiving frozen food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food in good condition, honestly presented, safe, & unadulterated	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
13B. Food package integrity	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
14A. Required records available: shellstock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14B. Missing shellstock tags, destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14C. Parasite destruction- storing raw/partially cooked fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Protection from Contamination	IN	OUT	N/O	N/A	COS	REPEAT
15A. Food separated & protected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
15B. Cleaning equip/utensils/food containers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16A. Food-contact surfaces: cleaned & sanitized immersion 171° F and above	<input type="radio"/>	<input checked="" type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16B. Food contact surfaces cleaned and sanitized NMT 194° F, NLT 180° F	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16C. Mechanical warewashing equipment sanitization food contact surfaces, equip., utensils	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proper disposition of returned, previously served reconditions, & unsafe food	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>

Time/Temperature Control for Safety Food (TCS Food)	IN	OUT	N/O	N/A	COS	REPEAT
18A. Proper cooking time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18B. Whole meat cooking and serving, storing	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18C. Microwave cooking of raw animal foods	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Proper reheating procedures for hot holding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Proper cooling time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper hot holding temperatures	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Proper cold holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Proper Date Marking	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Time/Temperature Control for Safety Food (TCS Food)	IN	OUT	N/O	N/A	COS	REPEAT
23B. TCS Foods Disposition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24A. Time as a public health control: procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24B. Time as a public health control: temperatures & discarding food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24C. Time as a public health control: highly susceptible population (HSP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consumer Advisory	IN	OUT	N/O	N/A	COS	REPEAT
25. Consumer advisory provided for raw or undercooked foods	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Highly Susceptible Populations (HSP)	IN	OUT	N/O	N/A	COS	REPEAT
26A. Pasteurized foods used; prohibited foods not offered	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
26B. Reservice of foods	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical	IN	OUT	N/O	N/A	COS	REPEAT
27. Food additives: approved and properly used	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28A. Toxic substances identified, stored and used	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28B. Poisonous materials, sanitizers, additives, medicines restriction, separation, storage	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28C. Conditions of Use: law	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
29A. Compliance with variance, specialized process, & HACCP plan	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29B. Treating juice- HACCP, reduced oxygen packaging w/out variance, conformance with approved procedures	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29C. When HACCP plan is required	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.


IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
30. Pasteurized eggs used where required	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
31A. Water & ice from approved source	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
31B. Sampling, alternative water supply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
31C. Sampling report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
32. Variance obtained for specialized processing methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>

Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
33A. Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
33B. Frozen food	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
34. Plant food properly cooked for hot holding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
35. Approved thawing methods used	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36A. Thermometers provided and accurate	<input type="radio"/>	<input checked="" type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
36B. Thermometers function properly	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>

Food Identification	IN	OUT	COS	REPEAT
37A. Food properly labeled; original container	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
37B. Food labels, labeling of ingredients	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prevention of Food Contamination	IN	OUT	COS	REPEAT
38A. Insects, rodents, & animals not present	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
38B. Handling prohibition, controlling pests, prohibiting animals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39A. Contamination prevented during food storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39B. Food display; ice used as an exterior coolant prohibited as an ingredient	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39C. Consumer self-service operations- utensils and monitoring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
40A. Personal cleanliness- prohibition jewelry	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
40B. Maintenance of fingernails	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Wiping cloths; properly used and stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42A. Washing Produce - following chemical manufacturers label	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42B. Washing produce	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42C. Washing produce- chemicals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proper Use of Utensils	IN	OUT	COS	REPEAT
43. In-use utensils; properly stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Utensils, equipment & linens; properly stored, dried, and handled	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
45A. Single-use/ single service articles properly stored and used, required	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
45B. Single-use/service articles use limitation, kitchenware and tableware preventing contamination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Gloves used properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Utensils, Equipment and Vending	IN	OUT	COS	REPEAT
47A. Food & non-food contact surfaces cleanable	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47B. Food contact surfaces /utensils cleanability, molluscan shellfish tanks, consumer self-service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47C. Properly designed characteristics: food and non-food contact surfaces, molluscan shellfish tanks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48A. Warewashing facilities: installed, maintained, & used; test strips	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48B. Operational warewashing machines	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Non-food contact surfaces clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



 Inspector



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Food Establishment Inspection Report - FDA

Physical Facilities	IN	OUT	N/A	COS	REPEAT
50. Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
51A. Plumbing installed; proper backflow devices	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
51B. Prohibiting a cross-connection, inspection and servicing system	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
51C. Approved system and cleanable fixtures, service sink	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52A. Sewage and waste water properly disposed	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
52B. Grease traps easily accessible for cleaning	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
52C. Removing mobile food establishment waste	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53A. Toilet facilities; properly constructed, supplied, & cleaned	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
53B. Toilet tissue availability	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
54. Garbage & refuse properly disposed; facilities maintained	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
55A. Physical facilities installed, maintained, & clean	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
55B. Private homes and living or sleeping quarters, use prohibition	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
56. Adequate ventilation & lighting; designated areas used	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>


MASSACHUSETTS ONLY REGULATIONS

Rules and Regulations adopted for use in Massachusetts only.

Facilities	IN	OUT	COS	REPEAT
57A. Catering	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57B. When plans are reviewed, prerequisite for operations- valid permit	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57C. Contents of plans and specifications, preoperational inspections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Mobile Food Operations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Temporary Food Establishments	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Residential Kitchens	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedures	IN	OUT	COS	REPEAT
61. Anti-choking Procedures	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Tobacco Products: Notice and Sale	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Food Allergy Awareness Requirements	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Narrative




 Inspector



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Food Establishment Inspection Report - FDA
Fail Notes Summary

Fail Code	Fail Text
16A.	Food-contact surfaces: cleaned & sanitized immersion 171° F and above
4-703.11	*Methods of Sanitization - Hot Water and Chemical
	Addl Notes: <i>[Dish machine is working make sure to send 2-3 racks ahead of any washed dishes. It took three times for plate to get to temperature.]</i>
21.	Proper hot holding temperatures
3-501.16 (A)	*Hot TCS foods Maintained at or Above 135oF, Also for whole meat roasts (130F and above)
	Addl Notes: <i>[Hot holding in new hot box is at 133, 134 and 135. Maintain all TCS hot held foods at 135 or above.]</i>
36A.	Thermometers provided and accurate
4-203.12	Temperature measuring devices, ambient air and water (increments)
	Addl Notes: <i>[Provide a thermometer for the inside of the hot box- monitor hot holdiding temperatures.]</i>



Inspector



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City of Medford

BOARD OF HEALTH
City Hall - Room 311
85 George P Hassett Drive
Medford, Massachusetts 02155
Telephone (781) 393-2560 FAX: (781) 393-2562
TDD: (781) 393-2516



Public Health
Prevent. Promote. Protect.

Food Establishment Inspection Report

Insp Date: 5/30/2018 **Business ID:** MA000156
Business: McGlynn School
3002 Mystic Valley Parkway

Medford, MA 02155

Inspection: MB000269
Permit #:
Phone:
Health Director: 037400 Melanie Dineen
Reason: 01. Routine
Results: Next Routine 180

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
05/30/18	12:19 PM	12:23 PM	0:04	0:00	0:04	0	
Total:			0:04	0:00	0:04	0	

Inspection Summary

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/ 2013 Federal Food Code. This report, when signed below by the Inspector constitutes an order by the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and/or fines. If aggrieved by this order, you have the right to a hearing. The request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

PIC Name Diane Cabral Chokesaver No Risk Category 2

Certified Food Protection Manager _____ CFPM Exp Date _____

Certified Allergy Trained Name _____ Allergy Exp Date _____

Permit Posted [8-304.11(A)] In Out

Inspection Report Available [8-304.11(K)] In Out

Foodborne Illness Complaint Investigated (All) Involving More Than Two Persons

Inspection Report Provided by: e-mail Hardcopy

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.

Supervision	IN	OUT	N/O	N/A	COS	REPEAT
1. PIC Present, Knowledge and Duties	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Certified Food Protection Manager	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector

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Food Establishment Inspection Report

Employee Health / Responding to Contamination Events

	IN	OUT	N/O	N/A	COS	REPEAT
3A. Employee Health: PIC Knowledge, Responsibilities & Reporting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
3B. Employee Reporting to PIC	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper Use of Restriction & Exclusion	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Clean-up of Vomiting and Diarrheal Events	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Good Hygienic Practices

	IN	OUT	N/O	N/A	COS	REPEAT
6A. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
6B. Preventing contamination when tasting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Control of Hands as a Vehicle of Contamination


	IN	OUT	N/O	N/A	COS	REPEAT
8A. Hands clean & properly washed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
8B. Where to wash, hand antiseptics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10A. Adequate handwashing sinks properly supplied and accessible	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10B. Handwashing sinks accesible with proper signage, handwashing aids	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approved Sources


	IN	OUT	N/O	N/A	COS	REPEAT
11A. Milk, eggs, juice, and processed food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11B. Fish and shellfish	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11C. Game animals and wild mushrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12A. Food received at proper temperature	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12B. Shipping and receiving frozen food	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food in good condition, honestly presented, safe, & unadulterated	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13B. Food package integrity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14A. Required records available: shellstock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14B. Missing shellstock tags, destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14C. Parasite destruction- storing raw/partially cooked fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Protection from Contamination

	IN	OUT	N/O	N/A	COS	REPEAT
15A. Food separated & protected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
15B. Cleaning equip/utensils/food containers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16A. Food-contact surfaces: cleaned & sanitized immersion 171° F and above	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16B. Food contact surfaces cleaned and sanitized NMT 194° F, NLT 180° F	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16C. Mechanical warewashing equipment sanitization food contact surfaces, equip., utensils	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proper disposition of returned, previously served reconditions, & unsafe food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Food Establishment Inspection Report

Time/Temperature Control for Safety Food (TCS Food)	IN	OUT	N/O	N/A	COS	REPEAT
18A. Proper cooking time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18B. Whole meat cooking and serving, storing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18C. Microwave cooking of raw animal foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Proper reheating procedures for hot holding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Proper cooling time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper hot holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Proper cold holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Proper Date Marking	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23B. TCS Foods Disposition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24A. Time as a public health control: procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24B. Time as a public health control: temperatures & discarding food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24C. Time as a public health control: highly susceptible population (HSP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consumer Advisory	IN	OUT	N/O	N/A	COS	REPEAT
25. Consumer advisory provided for raw or undercooked foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Highly Susceptible Populations (HSP)	IN	OUT	N/O	N/A	COS	REPEAT
26A. Pasteurized foods used; prohibited foods not offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
26B. Reservice of foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical	IN	OUT	N/O	N/A	COS	REPEAT
27. Food additives: approved and properly used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28A. Toxic substances identified, stored and used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28B. Poisonous materials, sanitizers, additives, medicines restriction, separation, storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28C. Conditions of Use: law	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
29A. Compliance with variance, specialized process, & HACCP plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29B. Treating juice- HACCP, reduced oxygen packaging w/out variance, conformance with approved procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29C. When HACCP plan is required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
30. Pasteurized eggs used where required	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Food Establishment Inspection Report


Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
31A. Water & ice from approved source	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31B. Sampling, alternative water supply	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31C. Sampling report	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Variance obtained for specialized processing methods	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
33A. Proper cooling methods used; adequate equipment for temperature control	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
33B. Frozen food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Plant food properly cooked for hot holding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Approved thawing methods used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36A. Thermometers provided and accurate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36B. Thermometers function properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food Identification	IN	OUT	COS	REPEAT
37A. Food properly labeled; original container	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
37B. Food labels, labeling of ingredients	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prevention of Food Contamination	IN	OUT	COS	REPEAT
38A. Insects, rodents, & animals not present	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
38B. Handling prohibition, controlling pests, prohibiting animals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39A. Contamination prevented during food storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39B. Food display; ice used as an exterior coolant prohibited as an ingredient	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39C. Consumer self-service operations- utensils and monitoring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
40A. Personal cleanliness- prohibition jewelry	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
40B. Maintenance of fingernails	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Wiping cloths; properly used and stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42A. Washing Produce - following chemical manufacturers label	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42B. Washing produce	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42C. Washing produce- chemicals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proper Use of Utensils	IN	OUT	COS	REPEAT
43. In-use utensils; properly stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Utensils, equipment & linens; properly stored, dried, and handled	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
45A. Single-use/ single service articles properly stored and used, required	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
45B. Single-use/service articles use limitation, kitchenware and tableware preventing contamination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Gloves used properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



 Inspector



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Food Establishment Inspection Report

Utensils, Equipment and Vending	IN	OUT	COS	REPEAT
47A. Food & non-food contact surfaces cleanable	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47B. Food contact surfaces /utensils cleanability, molluscan shellfish tanks, consumer self-service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47C. Properly designed characteristics: food and non-food contact surfaces, molluscan shellfish tanks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48A. Warewashing facilities: installed, maintained, & used; test strips	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48B. Operational warewashing machines	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Non-food contact surfaces clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Facilities	IN	OUT	N/A	COS	REPEAT
50. Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51A. Plumbing installed; proper backflow devices	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51B. Prohibiting a cross-connection, inspection and servicing system	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51C. Approved system and cleanable fixtures, service sink	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52A. Sewage and waste water properly disposed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52B. Grease traps easily accessible for cleaning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52C. Removing mobile food establishment waste	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53A. Toilet facilities; properly constructed, supplied, & cleaned	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53B. Toilet tissue availability	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Garbage & refuse properly disposed; facilities maintained	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55A. Physical facilities installed, maintained, & clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55B. Private homes and living or sleeping quarters, use prohibition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Adequate ventilation & lighting; designated areas used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

MASSACHUSETTS ONLY REGULATIONS

Rules and Regulations adopted for use in Massachusetts only.

Facilities	IN	OUT	COS	REPEAT
57A. Catering	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57B. When plans are reviewed, prerequisite for operations- valid permit	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57C. Contents of plans and specifications, preoperational inspections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Mobile Food Operations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Temporary Food Establishments	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Residential Kitchens	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedures	IN	OUT	COS	REPEAT
61. Tobacco Products: Notice and Sale	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Food Allergy Awareness Requirements	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



Inspector



Acknowledged Receipt:

Food Establishment Inspection Report

Discussion with Manager




Inspector



Acknowledged Receipt :

Food Establishment Inspection Report
Fail Notes Summary

Fail Code	Fail Text
62. Food Allergy Awareness Requirements	
[590.009(G)]	Food Allergy Awareness Requirements
Addl Notes: <i>[No allergen training posted.]</i>	



Inspector



Acknowledged Receipt :



City of Medford

BOARD OF HEALTH
City Hall - Room 311
85 George P Hassett Drive
Medford, Massachusetts 02155
Telephone (781) 393-2560 FAX: (781) 393-2562
TDD: (781) 393-2516



Public Health
Prevent. Promote. Protect.

Food Establishment Inspection Report

Insp Date: 11/19/2018 **Business ID:** MA000156
Business: McGlynn School
3002 Mystic Valley Parkway
Medford, MA 02155

Inspection: MB000355
Permit #:
Phone:
Health Director: 037400 Melanie Dineen
Reason: 01. Routine
Results: Next Routine 120

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
11/19/18	12:53 PM	01:00 PM	0:07	0:00	0:07	0	
Total:			0:07	0:00	0:07	0	

Inspection Summary

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/ 2013 Federal Food Code. This report, when signed below by the Inspector constitutes an order by the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and/or fines. If aggrieved by this order, you have the right to a hearing. The request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

PIC Name Angela Siciliano Chokesaver _____ Risk Category 2

Certified Food Protection Manager _____ CFPM Exp Date _____

Certified Allergy Trained Name _____ Allergy Exp Date _____

Permit Posted [8-304.11(A)] In Out

Inspection Report Available [8-304.11(K)] In Out

Foodborne Illness Complaint Investigated (All) Involving More Than Two Persons

Inspection Report Provided by: e-mail Hardcopy

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.

Supervision	IN	OUT	N/O	N/A	COS	REPEAT
1. PIC Present, Knowledge and Duties	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Certified Food Protection Manager	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector

Acknowledged Receipt :

Food Establishment Inspection Report

Employee Health / Responding to Contamination Events	IN	OUT	N/O	N/A	COS	REPEAT
3A. Employee Health: PIC Knowledge, Responsibilities & Reporting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
3B. Employee Reporting to PIC	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper Use of Restriction & Exclusion	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Clean-up of Vomiting and Diarrheal Events	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices	IN	OUT	N/O	N/A	COS	REPEAT
6A. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
6B. Preventing contamination when tasting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination	IN	OUT	N/O	N/A	COS	REPEAT
8A. Hands clean & properly washed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
8B. Where to wash, hand antiseptics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10A. Adequate handwashing sinks properly supplied and accessible	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10B. Handwashing sinks accessible with proper signage, handwashing aids	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Sources	IN	OUT	N/O	N/A	COS	REPEAT
11A. Milk, eggs, juice, and processed food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11B. Fish and shellfish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11C. Game animals and wild mushrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12A. Food received at proper temperature	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12B. Shipping and receiving frozen food	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food in good condition, honestly presented, safe, & unadulterated	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13B. Food package integrity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14A. Required records available: shellstock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14B. Missing shellstock tags, destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14C. Parasite destruction- storing raw/partially cooked fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination	IN	OUT	N/O	N/A	COS	REPEAT
15A. Food separated & protected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
15B. Cleaning equip/utensils/food containers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16A. Food-contact surfaces: cleaned & sanitized immersion 171° F and above	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16B. Food contact surfaces cleaned and sanitized NMT 194° F, NLT 180° F	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16C. Mechanical warewashing equipment sanitization food contact surfaces, equip., utensils	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proper disposition of returned, previously served reconditions, & unsafe food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



Inspector



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Food Establishment Inspection Report

Time/Temperature Control for Safety Food (TCS Food)	IN	OUT	N/O	N/A	COS	REPEAT
18A. Proper cooking time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18B. Whole meat cooking and serving, storing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18C. Microwave cooking of raw animal foods	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Proper reheating procedures for hot holding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Proper cooling time & temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper hot holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Proper cold holding temperatures	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23. Proper Date Marking	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23B. TCS Foods Disposition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24A. Time as a public health control: procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24B. Time as a public health control: temperatures & discarding food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24C. Time as a public health control: highly susceptible population (HSP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consumer Advisory	IN	OUT	N/O	N/A	COS	REPEAT
25. Consumer advisory provided for raw or undercooked foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Highly Susceptible Populations (HSP)	IN	OUT	N/O	N/A	COS	REPEAT
26A. Pasteurized foods used; prohibited foods not offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
26B. Reservice of foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical	IN	OUT	N/O	N/A	COS	REPEAT
27. Food additives: approved and properly used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28A. Toxic substances identified, stored and used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28B. Poisonous materials, sanitizers, additives, medicines restriction, separation, storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28C. Conditions of Use: law	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
29A. Compliance with variance, specialized process, & HACCP plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29B. Treating juice- HACCP, reduced oxygen packaging w/out variance, conformance with approved procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29C. When HACCP plan is required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
30. Pasteurized eggs used where required	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



 Inspector



 Acknowledged Receipt :

Food Establishment Inspection Report

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
31A. Water & ice from approved source	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31B. Sampling, alternative water supply	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31C. Sampling report	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Variance obtained for specialized processing methods	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
33A. Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
33B. Frozen food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Plant food properly cooked for hot holding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Approved thawing methods used	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36A. Thermometers provided and accurate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36B. Thermometers function properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification	IN	OUT	COS	REPEAT		
37A. Food properly labeled; original container	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
37B. Food labels, labeling of ingredients	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Prevention of Food Contamination	IN	OUT	COS	REPEAT		
38A. Insects, rodents, & animals not present	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
38B. Handling prohibition, controlling pests, prohibiting animals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39A. Contamination prevented during food storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39B. Food display; ice used as an exterior coolant prohibited as an ingredient	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39C. Consumer self-service operations- utensils and monitoring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40A. Personal cleanliness- prohibition jewelry	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40B. Maintenance of fingernails	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
41. Wiping cloths; properly used and stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42A. Washing Produce - following chemical manufacturers label	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42B. Washing produce	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42C. Washing produce- chemicals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Proper Use of Utensils	IN	OUT	COS	REPEAT		
43. In-use utensils; properly stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
44. Utensils, equipment & linens; properly stored, dried, and handled	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
45A. Single-use/ single service articles properly stored and used, required	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
45B. Single-use/service articles use limitation, kitchenware and tableware preventing contamination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
46. Gloves used properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		



Inspector



Acknowledged Receipt :

Food Establishment Inspection Report

Utensils, Equipment and Vending	IN	OUT	COS	REPEAT
47A. Food & non-food contact surfaces cleanable	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47B. Food contact surfaces /utensils cleanability, molluscan shellfish tanks, consumer self-service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47C. Properly designed characteristics: food and non-food contact surfaces, molluscan shellfish tanks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48A. Warewashing facilities: installed, maintained, & used; test strips	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48B. Operational warewashing machines	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Non-food contact surfaces clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Facilities	IN	OUT	N/A	COS	REPEAT
50. Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51A. Plumbing installed; proper backflow devices	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51B. Prohibiting a cross-connection, inspection and servicing system	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51C. Approved system and cleanable fixtures, service sink	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52A. Sewage and waste water properly disposed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52B. Grease traps easily accessible for cleaning	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52C. Removing mobile food establishment waste	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53A. Toilet facilities; properly constructed, supplied, & cleaned	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53B. Toilet tissue availability	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Garbage & refuse properly disposed; facilities maintained	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55A. Physical facilities installed, maintained, & clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55B. Private homes and living or sleeping quarters, use prohibition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Adequate ventilation & lighting; designated areas used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

MASSACHUSETTS ONLY REGULATIONS

Rules and Regulations adopted for use in Massachusetts only.

Facilities	IN	OUT	COS	REPEAT
57A. Catering	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57B. When plans are reviewed, prerequisite for operations- valid permit	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57C. Contents of plans and specifications, preoperational inspections	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Mobile Food Operations	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Temporary Food Establishments	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Residential Kitchens	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedures	IN	OUT	COS	REPEAT
61. Tobacco Products: Notice and Sale	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Food Allergy Awareness Requirements	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



Inspector



Acknowledged Receipt :

Food Establishment Inspection Report

Discussion with Manager



Inspector



Acknowledged Receipt :

Food Establishment Inspection Report
Fail Notes Summary

Fail Code	Fail Text
22. Proper cold holding temperatures	
3-501.16(A2 &B)	*Cold PHFs Maintained at or Below 41oF- also pertains to untreated eggs (45F)
	Addl Notes: <i>[Lettuce at 70F. Coolers are not operational. Maintain all TCS foods at 41F. - time as a public health control in use for lettuce. Throw out any lettuce not used in the 4 hour window.]</i>
23. Proper Date Marking	
3-501.17	Date marking: RTE, TCS
	Addl Notes: <i>[Items such as chicken nuggerts in the refrigerator. Label all TCS, RTE foods with a name and a use by date.]</i>
48B. Operational warewashing machines	
4-203.13	Pressure measuring devices, mechanical warewashing equipment- increments
	Addl Notes: <i>[Ware washing machine is not operational. Three bay sink in use.]</i>
52B. Grease traps easily accessible for cleaning	
5-402.12	Grease Trap
	Addl Notes: <i>[Maintain grease trap pumping records on premises.]</i>



Inspector



Acknowledged Receipt :



City of Medford

BOARD OF HEALTH
City Hall - Room 311
85 George P Hassett Drive
Medford, Massachusetts 02155
Telephone (781) 393-2560 FAX: (781) 393-2562
TDD: (781) 393-2516



Public Health
Prevent. Promote. Protect.

Food Establishment Inspection Report

Insp Date: 5/20/2019 **Business ID:** MA000156
Business: McGlynn School
3002 Mystic Valley Parkway
Medford, MA 02155

Inspection: MC000386
Permit #:
Phone:
Health Director: MPH002 Sophie Antoine
Reason: 01. Routine
Results: Next Routine 90

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
05/20/19	11:30 AM	11:30 PM	12:00	0:00	12:00	0	
Total:			12:00	0:00	12:00	0	

Inspection Summary

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

PIC Name Angela Siciliano Risk Category 2

Certified Food Protection Manager _____ CFPM Exp Date _____

Certified Allergy Trained Name _____ Allergy Exp Date _____

Certified ChokeSaver Name _____ ChokeSaver Exp Date _____

Permit Posted [8-304.11(A)] In Out

Inspection Report Available [8-304.11(K)] In Out

Foodborne Illness Complaint Investigated (All) Involving More Than Two Persons

Inspection Report Provided by: e-mail Hardcopy

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.

Inspector

Acknowledged Receipt:

Food Establishment Inspection Report

Supervision

1. Person-in-charge present, demonstrates knowledge, and performs duties
2. Certified Food Protection Manager

IN OUT N/O N/A COS REPEAT

Employee Health

3. Management, food employee and conditional employee; knowledge, responsibilities and reporting
4. Proper Use of Restriction & Exclusion
5. Procedures for responding to vomiting and diarrheal events

IN OUT N/O N/A COS REPEAT

Good Hygienic Practices

6. Proper eating, tasting, drinking, or tobacco use
7. No discharge from eyes, nose, and mouth

IN OUT N/O N/A COS REPEAT

Preventing Contamination by Hands

8. Hands clean & properly washed
9. No bare hand contact with RTE food
10. Adequate handwashing sinks properly supplied and accessible

IN OUT N/O N/A COS REPEAT

Approved Sources

11. Food obtained from approved source
12. Food received at proper temperature
13. Food in good condition, honestly presented, safe, & unadulterated
14. Required records available: shellstock tags, parasite destruction

IN OUT N/O N/A COS REPEAT

Protection from Contamination

15. Food separated and protected
16. Food-contact surfaces: cleaned & sanitized
17. Proper disposition of returned, previously served reconditions, & unsafe food

IN OUT N/O N/A COS REPEAT

Time/Temperature Control for Safety


18. Proper cooking time & temperatures
19. Proper reheating procedures for hot holding
20. Proper cooling time and temperature
21. Proper hot holding temperatures
22. Proper cold holding temperatures
23. Proper date marking and disposition
24. Time as a Public Health Control

IN OUT N/O N/A COS REPEAT

Consumer Advisory

25. Consumer advisory provided for raw / undercooked foods

IN OUT N/O N/A COS REPEAT


 Inspector


 Acknowledged Receipt :

Food Establishment Inspection Report

Highly Susceptible Populations (HSP)	IN	OUT	N/O	N/A	COS	REPEAT
---	----	-----	-----	-----	-----	--------

26. Pasteurized foods used; prohibited foods not offered	○	○	○	⊙	□	□
--	---	---	---	---	---	---

Food/Color Additives and Toxic Substances	IN	OUT	N/O	N/A	COS	REPEAT
--	----	-----	-----	-----	-----	--------

27. Food additives: approved and properly used	⊙	○	○	○	□	□
--	---	---	---	---	---	---

28. Toxic substances identified, stored, and used	⊙	○	○	○	□	□
---	---	---	---	---	---	---

Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
---	----	-----	-----	-----	-----	--------

29. Compliance with variance / specialized process / HACCP Plan	○	○	○	⊙	□	□
---	---	---	---	---	---	---

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
----------------------------	----	-----	-----	-----	-----	--------

30. Pasteurized eggs used where required	○	○	○	⊙	□	□
--	---	---	---	---	---	---

31. Water & ice from approved source	⊙	○	○	○	□	□
--------------------------------------	---	---	---	---	---	---

32. Variance obtained for specialized processing methods	○	○	○	⊙	□	□
--	---	---	---	---	---	---

Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
---------------------------------	----	-----	-----	-----	-----	--------

33. Proper cooling methods used; adequate equipment for temperature control	○	○	⊙	○	□	□
---	---	---	---	---	---	---

34. Plant food properly cooked for hot holding	○	○	⊙	○	□	□
--	---	---	---	---	---	---

35. Approved thawing methods used	⊙	○	○	○	□	□
-----------------------------------	---	---	---	---	---	---

36. Thermometers provided and accurate	⊙	○	○	○	□	□
--	---	---	---	---	---	---

Food Identification	IN	OUT	N/O	N/A	COS	REPEAT
----------------------------	----	-----	-----	-----	-----	--------

37. Food properly labeled; original container	⊙	○	○	○	□	□
---	---	---	---	---	---	---

Prevention of Food Contamination	IN	OUT	N/O	N/A	COS	REPEAT
---	----	-----	-----	-----	-----	--------

38. Insects, rodents, & animals not present	⊙	○	○	○	□	□
---	---	---	---	---	---	---

39. Contamination prevented during food preparation, storage and display	⊙	○	○	○	□	□
--	---	---	---	---	---	---

40. Personal cleanliness	⊙	○	○	○	□	□
--------------------------	---	---	---	---	---	---

41. Wiping cloths; properly used and stored	○	○	⊙	○	□	□
---	---	---	---	---	---	---

42. Washing fruits & vegetables	○	○	⊙	○	□	□
---------------------------------	---	---	---	---	---	---

Proper Use of Utensils	IN	OUT	N/O	N/A	COS	REPEAT
-------------------------------	----	-----	-----	-----	-----	--------

43. In-use utensils properly stored	⊙	○	○	○	□	□
-------------------------------------	---	---	---	---	---	---


44. Utensils, equipment & linens: properly stored, dried, & handled	⊙	○	○	○	□	□
---	---	---	---	---	---	---

45. Single-use/ single service articles: properly stored and used	⊙	○	○	○	□	□
---	---	---	---	---	---	---

46. Gloves used properly	○	⊙	○	○	☑	□
--------------------------	---	---	---	---	---	---

Utensils, Equipment and Vending	IN	OUT	N/O	N/A	COS	REPEAT
--	----	-----	-----	-----	-----	--------


Inspector


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Food Establishment Inspection Report

Utensils, Equipment and Vending

	IN	OUT	N/O	N/A	COS	REPEAT
47. Food & non-food contact surfaces cleanable, properly designed, constructed & used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Warewashing facilities: installed, maintained, & used; test strips	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Non-food contact surfaces clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Facilities

	IN	OUT	N/O	N/A	COS	REPEAT
50. Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Plumbing installed; proper backflow devices	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Sewage and waste water properly disposed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Toilet features: properly constructed, supplied, & cleaned	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Garbage & refuse properly disposed; facilities maintained	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Physical facilities installed, maintained, & clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Adequate ventilation & lighting; designated areas used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

MASSACHUSETTS ONLY REGULATIONS

Rules and Regulations adopted for use in Massachusetts only.

Additional Requirements listed in 105 CMR 590.011

	IN	OUT	N/O	N/A	COS	REPEAT
M1. Anti-choking procedures in food service establishment	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M2. Food allergy awareness	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Review of Retail Operations listed in 105 CMR 590.010

	IN	OUT	N/O	N/A	COS	REPEAT
M3. Caterer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M4. Mobile Food Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M5. Temporary Food Establishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M6. Public Market; Farmers Market	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M7. Residential Kitchen; Bed-and-Breakfast Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M8. Residential Kitchen: Cottage Food Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M9. School Kitchen; USDA Nutrition Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M10. Leased Commercial Kitchen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M11. Innovative Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


Local Requirements

	IN	OUT	N/O	N/A	COS	REPEAT
L1. Local law or regulation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
L2. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discussion with Person-in-Charge

No grease trap log at establishment.



Inspector


Acknowledged Receipt :

Food Establishment Inspection Report
Fail Notes Summary


Fail Code	Fail Text
3. Management, food employee and conditional employee; knowledge, responsibilities and reporting 2-201.11(A),(C)	<p>Priority; Responsibility of Permit Holder, Person in Charge, and Conditional Employees</p> <p>(A) The PERMIT HOLDER shall require FOOD EMPLOYEES and CONDITIONAL EMPLOYEES to report to the PERSON IN CHARGE information about their health and activities as they relate to diseases that are transmissible through FOOD. A FOOD EMPLOYEE or CONDITIONAL EMPLOYEE shall report the information in a manner that allows the PERSON IN CHARGE to reduce the RISK of foodborne disease transmission, including providing necessary additional information, such as the date of onset of symptoms and an illness, or of a diagnosis without symptoms, if the FOOD EMPLOYEE or CONDITIONAL EMPLOYEE:</p> <p>(1) Has any of the following symptoms:</p> <ul style="list-style-type: none"> (a) Vomiting, (b) Diarrhea, (c) Jaundice, (d) Sore throat with fever, or (e) A lesion containing pus such as a boil or infected wound that is open or draining and is: (i) On the hands or wrists, unless an impermeable cover such as a finger cot or stall protects the lesion and a SINGLE-USE glove is worn over the impermeable cover (ii) On exposed portions of the arms, unless the lesion is protected by an impermeable cover, or (iii) On other parts of the body, unless the lesion is covered by a dry, durable, tight-fitting bandage; <p>(2) Has an illness diagnosed by a HEALTH PRACTITIONER due to:</p> <ul style="list-style-type: none"> (a) Norovirus, (b) Hepatitis A virus, (c) Shigella spp., (d) SHIGA TOXIN-PRODUCING ESCHERICHIA COLI, (e) Typhoid fever (caused by Salmonella Typhi); or (f) Salmonella (nontyphoidal); (g) Any other disease transmissible through food so designated in 105 CMR 300.000: Reportable Diseases, Surveillance, and Isolation and Quarantine Requirements. <p>(3) Had Typhoid fever, diagnosed by a HEALTH PRACTITIONER, within the past 3 months, without having received antibiotic therapy, as determined by a HEALTH PRACTITIONER;</p> <p>(4) Has been exposed to, or is the suspected source of, a CONFIRMED DISEASE OUTBREAK, because the FOOD EMPLOYEE or CONDITIONAL EMPLOYEE consumed or prepared FOOD implicated in the outbreak, or consumed FOOD at an event prepared by a PERSON who is infected or ill with:</p> <ul style="list-style-type: none"> (a) Norovirus within the past 48 hours of the last exposure, (b) SHIGA TOXIN-PRODUCING ESCHERICHIA COLI or Shigella spp. within the past 3 days of the last exposure, (c) Typhoid fever within the past 14 days of the last exposure, or (d) Hepatitis A virus within the past 30 days of the last exposure; or <p>(5) Has been exposed by attending or working in a setting where there is a CONFIRMED DISEASE OUTBREAK, or living in the same household as, and has knowledge about, an individual who works or attends a setting where there is a CONFIRMED DISEASE OUTBREAK, or living in the same household as, and has knowledge about, an individual diagnosed with an illness caused by:</p> <ul style="list-style-type: none"> (a) Norovirus within the past 48 hours of the last exposure, (b) SHIGA TOXIN-PRODUCING ESCHERICHIA COLI or Shigella spp. within the past 3 days of the last exposure, (c) Typhoid fever (caused by Salmonella Typhi) within the past 14 days of the last exposure, or (d) Hepatitis A virus within the past 30 days of the last exposure.


Inspector


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Food Establishment Inspection Report

Fail Code	Fail Text
	<p>(C) The PERSON IN CHARGE shall ensure that a CONDITIONAL EMPLOYEE:</p> <p>(1) Who exhibits or reports a symptom, or who reports a diagnosed illness as specified under Subparagraphs (A)(1) - (3) of this section, is prohibited from becoming a FOOD EMPLOYEE until the CONDITIONAL EMPLOYEE meets the criteria for the specific symptoms or diagnosed illness as specified under § 2-201.13; and</p> <p>(2) Who will work as a FOOD EMPLOYEE in a FOOD ESTABLISHMENT that serves as a HIGHLY SUSCEPTIBLE POPULATION and reports a history of exposure as specified under Subparagraphs (A)(4) – (5), is prohibited from becoming a FOOD EMPLOYEE until the CONDITIONAL EMPLOYEE meets the criteria as specified under ¶ 2-201.13(J).</p>
	<p>Addl Notes: <i>[Employee illness not available, form provided by BOH, inspector discussed with PIC to have all employees read and sign the employee illness reporting form.]</i></p>
19. Proper reheating procedures for hot holding	
3-403.11	<p>Priority; Reheating for Hot Holding</p> <p>(A) Except as specified under ¶¶ (B) and (C) and in ¶ (E) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD that is cooked, cooled, and reheated for hot holding shall be reheated so that all parts of the FOOD reach a temperature of at least 74°C (165°F) for 15 seconds.</p> <p>(B) Except as specified under ¶ (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD reheated in a microwave oven for hot holding shall be reheated so that all parts of the FOOD reach a temperature of at least 74°C (165°F) and the FOOD is rotated or stirred, covered, and allowed to stand covered for 2 minutes after reheating.</p> <p>(C) READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD that has been commercially processed and PACKAGED in a FOOD PROCESSING PLANT that is inspected by the REGULATORY AUTHORITY that has jurisdiction over the plant, shall be heated to a temperature of at least 57°C (135°F) when being reheated for hot holding.</p> <p>(D) Reheating for hot holding as specified under ¶¶ (A) - (C) of this section shall be done rapidly and the time the FOOD is between 5°C (41°F) and the temperatures specified under ¶¶ (A) - (C) of this section may not exceed 2 hours.</p> <p>(E) Remaining unsliced portions of MEAT roasts that are cooked as specified under ¶ 3-401.11(B) may be reheated for hot holding using the oven parameters and minimum time and temperature conditions specified under ¶ 3-401.11(B).</p>
	<p>Addl Notes: <i>[Reheated french toast from oven were at 113 F and 117 F. Commercially processed and packaged food must be reheated to 135 F. French toast were put back in oven for proper reheating.]</i></p>
22. Proper cold holding temperatures	
3-501.16(A)(2) and (B)	<p>Priority; Time / Temperature Control for Safety Food, Hot and Cold Holding</p> <p>(A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under §3-501.19, and except as specified under ¶ (B) and in ¶ (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained:</p> <p>(2) At 5°C (41°F) or less.</p> <p>(B) EGGS that have not been treated to destroy all viable Salmonellae shall be stored in refrigerated EQUIPMENT that maintains an ambient air temperature of 7°C (45°F) or less.</p>


Inspector


Acknowledged Receipt :

Food Establishment Inspection Report

Fail Code	Fail Text
	Addl Notes: <i>[Pork in walkin cooler at 49 F and 46 F. Discussed with PIC to put pork in shallow pans for proper cold holding.]</i>
46. Gloves used properly	
3-304.15(B)-(D)	<p>Core; Gloves, Use Limitations</p> <p>(B) Except as specified in ¶ (C) of this section, slash-resistant gloves that are used to protect the hands during operations requiring cutting shall be used in direct contact only with FOOD that is subsequently cooked as specified under Part 3-4 such as frozen FOOD or a PRIMAL CUT of MEAT.</p> <p>(C) Slash-resistant gloves may be used with READY-TO-EAT FOOD that will not be subsequently cooked if the slash-resistant gloves have a SMOOTH, durable, and nonabsorbent outer surface; or if the slash-resistant gloves are covered with a SMOOTH, durable, nonabsorbent glove, or a SINGLE-USE glove.</p> <p>(D) Cloth gloves may not be used in direct contact with FOOD unless the FOOD is subsequently cooked as required under Part 3-4 such as frozen FOOD or a PRIMAL CUT of MEAT.</p>
	Addl Notes: <i>[Employee did not change gloves between tasks. Employee served french toast, open oven to grab pizza. Discussed with employee proper use of gloves. Employee was instructed to use utensil to grab french toast]</i>
54. Garbage & refuse properly disposed; facilities maintained	
5-501.113	<p>Core; Covering Receptacles</p> <p>Receptacles and waste handling units for REFUSE, recyclables, and returnables shall be kept covered:</p> <p>(A) Inside the FOOD ESTABLISHMENT if the receptacles and units:</p> <p>(1) Contain FOOD residue and are not in continuous use; or</p> <p>(2) After they are filled; and</p> <p>(B) With tight-fitting lids or doors if kept outside the FOOD ESTABLISHMENT.</p>
	Addl Notes: <i>[Dumpster was open. Dumpsters must be kept closed.]</i>



Inspector



Acknowledged Receipt :

City of Medford

BOARD OF HEALTH
 City Hall - Room 311
 85 George P Hasset Drive
 Medford, Massachusetts 02155
 Telephone (781) 393-2560 FAX: (781) 393-2562
 TDD: (781) 393-2516

Food Establishment Inspection Report - FDA

Insp Date: 11/15/2017 **Business ID:** MA000161

Business: Medford High School
 475 Winthrop Street

Medford, MA 02155

Inspection: MB000187

Permit #:

Phone:

Health Director: RS1383 Kimberly M Fowler

Reason: 01. Routine

Results: No Follow-up

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
11/15/17	11:19 PM	11:19 PM	0:00	0:00	0:00	0	
Total:			0:00	0:00	0:00	0	

Inspection Summary

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/ 2013 Federal Food Code. This report, when signed below by the Inspector constitutes an order by the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and/or fines. If aggrieved by this order, you have the right to a hearing. The request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

PIC Tom Dixey ServSafe Exp. _____ Allergy Exp. _____ Choke Exp. _____

Foodborne Illness Complaint Investigated (All) Involving More Than Two Persons

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.

Supervision

	IN	OUT	N/O	N/A	COS	REPEAT
1. PIC Present, Knowledge and Duties	⊙	○			□	□
2. Certified Food Protection Manager	⊙	○	○		□	□

Employee Health / Responding to Contamination Events

	IN	OUT	N/O	N/A	COS	REPEAT
3A. Employee Health: PIC Knowledge, Responsibilities & Reporting	⊙	○			□	□
3B. Employee Reporting to PIC	○	⊙			□	□
4. Proper Use of Restriction & Exclusion	⊙	○			□	□
5. Clean-up of Vomiting and Diarrheal Events	○	⊙			□	□



Inspector



Acknowledged Receipt:

Food Establishment Inspection Report - FDA

Good Hygienic Practices	IN	OUT	N/O	N/A	COS	REPEAT
6A. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
6B. Preventing contamination when tasting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination	IN	OUT	N/O	N/A	COS	REPEAT
8A. Hands clean & properly washed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
8B. Where to wash, hand antiseptics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
9. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10A. Adequate handwashing sinks properly supplied and accessible	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
10B. Handwashing sinks accesible with proper signage, handwashing aids	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
Approved Sources	IN	OUT	N/O	N/A	COS	REPEAT
11A. Milk, eggs, juice, and processed food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11B. Fish and shellfish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11C. Game animals and wild mushrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12A. Food received at proper temperature	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12B. Shipping and receiving frozen food	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food in good condition, honestly presented, safe, & unadulterated	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
13B. Food package integrity	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
14A. Required records available: shellstock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14B. Missing shellstock tags, destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14C. Parasite destruction- storing raw/partially cooked fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination	IN	OUT	N/O	N/A	COS	REPEAT
15A. Food separated & protected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
15B. Cleaning equip/utensils/food containers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16A. Food-contact surfaces: cleaned & sanitized immersion 171° F and above	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16B. Food contact surfaces cleaned and sanitized NMT 194° F, NLT 180° F	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16C. Mechanical warewashing equipment sanitization food contact surfaces, equip., utensils	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proper disposition of returned, previously served reconditions, & unsafe food	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
Time/Temperature Control for Safety Food (TCS Food)	IN	OUT	N/O	N/A	COS	REPEAT
18A. Proper cooking time & temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18B. Whole meat cooking and serving, storing	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18C. Microwave cooking of raw animal foods	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Proper reheating procedures for hot holding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Time/Temperature Control for Safety Food (TCS Food)	IN	OUT	N/O	N/A	COS	REPEAT
20. Proper cooling time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper hot holding temperatures	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Proper cold holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Proper Date Marking	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23B. TCS Foods Disposition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24A. Time as a public health control: procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24B. Time as a public health control: temperatures & discarding food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24C. Time as a public health control: highly susceptible population (HSP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consumer Advisory	IN	OUT	N/O	N/A	COS	REPEAT
25. Consumer advisory provided for raw or undercooked foods	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Highly Susceptible Populations (HSP)	IN	OUT	N/O	N/A	COS	REPEAT
26A. Pasteurized foods used; prohibited foods not offered	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
26B. Reservice of foods	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical	IN	OUT	N/O	N/A	COS	REPEAT
27. Food additives: approved and properly used	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28A. Toxic substances identified, stored and used	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28B. Poisonous materials, sanitizers, additives, medicines restriction, separation, storage	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28C. Conditions of Use: law	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
29A. Compliance with variance, specialized process, & HACCP plan	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29B. Treating juice- HACCP, reduced oxygen packaging w/out variance, conformance with approved procedures	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29C. When HACCP plan is required	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
30. Pasteurized eggs used where required	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
31A. Water & ice from approved source	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
31B. Sampling, alternative water supply	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31C. Sampling report	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Variance obtained for specialized processing methods	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


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Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
33A. Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
33B. Frozen food	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
34. Plant food properly cooked for hot holding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Approved thawing methods used	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36A. Thermometers provided and accurate	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
36B. Thermometers function properly	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>

Food Identification	IN	OUT	COS	REPEAT
37A. Food properly labeled; original container	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
37B. Food labels, labeling of ingredients	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prevention of Food Contamination	IN	OUT	COS	REPEAT
38A. Insects, rodents, & animals not present	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
38B. Handling prohibition, controlling pests, prohibiting animals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39A. Contamination prevented during food storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39B. Food display; ice used as an exterior coolant prohibited as an ingredient	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39C. Consumer self-service operations- utensils and monitoring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
40A. Personal cleanliness- prohibition jewelry	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
40B. Maintenance of fingernails	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Wiping cloths; properly used and stored	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42A. Washing Produce - following chemical manufacturers label	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42B. Washing produce	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42C. Washing produce- chemicals	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proper Use of Utensils	IN	OUT	COS	REPEAT
43. In-use utensils; properly stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Utensils, equipment & linens; properly stored, dried, and handled	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
45A. Single-use/ single service articles properly stored and used, required	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
45B. Single-use/service articles use limitation, kitchenware and tableware preventing contamination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Gloves used properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Utensils, Equipment and Vending	IN	OUT	COS	REPEAT
47A. Food & non-food contact surfaces cleanable	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47B. Food contact surfaces /utensils cleanability, molluscan shellfish tanks, consumer self-service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47C. Properly designed characteristics: food and non-food contact surfaces, molluscan shellfish tanks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>





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Utensils, Equipment and Vending	IN	OUT	COS	REPEAT
48A. Warewashing facilities: installed, maintained, & used; test strips	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48B. Operational warewashing machines	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Non-food contact surfaces clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Facilities	IN	OUT	N/A	COS	REPEAT
50. Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
51A. Plumbing installed; proper backflow devices	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
51B. Prohibiting a cross-connection, inspection and servicing system	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
51C. Approved system and cleanable fixtures, service sink	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52A. Sewage and waste water properly disposed	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
52B. Grease traps easily accessible for cleaning	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
52C. Removing mobile food establishment waste	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53A. Toilet facilities; properly constructed, supplied, & cleaned	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
53B. Toilet tissue availability	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
54. Garbage & refuse properly disposed; facilities maintained	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
55A. Physical facilities installed, maintained, & clean	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
55B. Private homes and living or sleeping quarters, use prohibition	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
56. Adequate ventilation & lighting; designated areas used	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>

MASSACHUSETTS ONLY REGULATIONS

Rules and Regulations adopted for use in Massachusetts only.

Facilities	IN	OUT	COS	REPEAT
57A. Catering	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57B. When plans are reviewed, prerequisite for operations- valid permit	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57C. Contents of plans and specifications, preoperational inspections	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Mobile Food Operations	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Temporary Food Establishments	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Residential Kitchens	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedures	IN	OUT	COS	REPEAT
61. Anti-choking Procedures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Tobacco Products: Notice and Sale	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Food Allergy Awareness Requirements	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Narrative





Inspector

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Fail Notes Summary

Fail Code	Fail Text
3B. Employee Reporting to PIC	
590.0003 (C)	*Responsibility of Permit Holder, Person in Charge, and Conditional Employees-Responsibility of the PIC to Exclude or Restrict
	Addl Notes: <i>[No verifiable evidence of employee illness reporting on file. Have employee illness documentation on file for each food employee.]</i>
5. Clean-up of Vomiting and Diarrheal Events	
2-501.11	Procedures involving clean-up of vomit and diarrhea
	Addl Notes: <i>[Provide a vomit and fecal incident policy- Have on hand in case of any incident.]</i>
21. Proper hot holding temperatures	
3-501.16 (A)	*Hot TCS foods Maintained at or Above 135oF, Also for whole meat roasts (130F and above)
	Addl Notes: <i>[Broccoli at third floor hot line is at 80F. Maintain all foods in hot holding at 135 or above.]</i>
23. Proper Date Marking	
3-501.17	Date marking: RTE, TCS
	Addl Notes: <i>[Items in walk in are not labeled with a name and a use by date. Provide a name and a use by date for all RTE, TCS foods.]</i>
38A. Insects, rodents, & animals not present	
6-501.111 (A, B, D)	*Controlling Pests
	Addl Notes: <i>[No pest control log info on file. Keep pest control info on file.]</i>
41. Wiping cloths; properly used and stored	
3-304.14	Wiping Cloths, Use Limitation
	Addl Notes: <i>[In use wiping cloths are wet on the counter. Store all in use wet wiping cloths in sanitizer solution when not being used.]</i>



Inspector



Acknowledged Receipt :

City of Medford

BOARD OF HEALTH

City Hall - Room 311
85 George P Hassett Drive
Medford, Massachusetts 02155
Telephone (781) 393-2560 FAX: (781) 393-2562
TDD: (781) 393-2516

Food Establishment Inspection Report

Insp Date: 6/8/2018 Business ID: MA000161

Business: Medford High School
475 Winthrop Street

Medford, MA 02155

Inspection: MB000275

Permit #:

Phone:

Health Director: 037400 Melanie Dineen

Reason: 01. Routine

Results: Next Routine 120

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
06/08/18	11:32 AM	11:48 AM	0:16	0:00	0:16	0	
Total:			0:16	0:00	0:16	0	

Inspection Summary

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/ 2013 Federal Food Code. This report, when signed below by the Inspector constitutes an order by the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and/or fines. If aggrieved by this order, you have the right to a hearing. The request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

PIC Name Thomas Dixey Chokesaver _____ Risk Category 2

Certified Food Protection Manager _____ CFPM Exp Date _____

Certified Allergy Trained Name _____ Allergy Exp Date _____

Permit Posted [8-304.11(A)] In Out

Inspection Report Available [8-304.11(K)] In Out

Foodborne Illness Complaint Investigated (All) Involving More Than Two Persons

Inspection Report Provided by: e-mail Hardcopy

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.

Supervision

1. PIC Present, Knowledge and Duties

IN OUT N/O N/A COS REPEAT

2. Certified Food Protection Manager




Inspector _____

Acknowledged Receipt: _____

Food Establishment Inspection Report

Employee Health / Responding to Contamination Events	IN	OUT	N/O	N/A	COS	REPEAT
3A. Employee Health: PIC Knowledge, Responsibilities & Reporting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
3B. Employee Reporting to PIC	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper Use of Restriction & Exclusion	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Clean-up of Vomiting and Diarrheal Events	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices	IN	OUT	N/O	N/A	COS	REPEAT
6A. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
6B. Preventing contamination when tasting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination	IN	OUT	N/O	N/A	COS	REPEAT
8A. Hands clean & properly washed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
8B. Where to wash, hand antiseptics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10A. Adequate handwashing sinks properly supplied and accessible	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10B. Handwashing sinks accesible with proper signage, handwashing aids	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Sources	IN	OUT	N/O	N/A	COS	REPEAT
11A. Milk, eggs, juice, and processed food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11B. Fish and shellfish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11C. Game animals and wild mushrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12A. Food received at proper temperature	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12B. Shipping and receiving frozen food	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food in good condition, honestly presented, safe, & unadulterated	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13B. Food package integrity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14A. Required records available: shellstock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14B. Missing shellstock tags, destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14C. Parasite destruction- storing raw/partially cooked fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination	IN	OUT	N/O	N/A	COS	REPEAT
15A. Food separated & protected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
15B. Cleaning equip/utensils/food containers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16A. Food-contact surfaces: cleaned & sanitized immersion 171° F and above	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16B. Food contact surfaces cleaned and sanitized NMT 194° F, NLT 180° F	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16C. Mechanical warewashing equipment sanitization food contact surfaces, equip., utensils	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proper disposition of returned, previously served reconditions, & unsafe food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



Acknowledged Receipt :

Inspector _____

Food Establishment Inspection Report

Time/Temperature Control for Safety Food (TCS Food)	IN	OUT	N/O	N/A	COS	REPEAT
18A. Proper cooking time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18B. Whole meat cooking and serving, storing	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18C. Microwave cooking of raw animal foods	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Proper reheating procedures for hot holding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Proper cooling time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper hot holding temperatures	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22. Proper cold holding temperatures	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Proper Date Marking	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23B. TCS Foods Disposition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24A. Time as a public health control: procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24B. Time as a public health control: temperatures & discarding food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24C. Time as a public health control: highly susceptible population (HSP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consumer Advisory	IN	OUT	N/O	N/A	COS	REPEAT
25. Consumer advisory provided for raw or undercooked foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Highly Susceptible Populations (HSP)	IN	OUT	N/O	N/A	COS	REPEAT
26A. Pasteurized foods used; prohibited foods not offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
26B. Reservice of foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical	IN	OUT	N/O	N/A	COS	REPEAT
27. Food additives: approved and properly used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28A. Toxic substances identified, stored and used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28B. Poisonous materials, sanitizers, additives, medicines restriction, separation, storage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28C. Conditions of Use: law	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
29A. Compliance with variance, specialized process, & HACCP plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29B. Treating juice- HACCP, reduced oxygen packaging w/out variance, conformance with approved procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29C. When HACCP plan is required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
30. Pasteurized eggs used where required	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Food Establishment Inspection Report

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
31A. Water & ice from approved source	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31B. Sampling, alternative water supply	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31C. Sampling report	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Variance obtained for specialized processing methods	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
33A. Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
33B. Frozen food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Plant food properly cooked for hot holding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Approved thawing methods used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36A. Thermometers provided and accurate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36B. Thermometers function properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification	IN	OUT	COS	REPEAT		
37A. Food properly labeled; original container	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
37B. Food labels, labeling of ingredients	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Prevention of Food Contamination	IN	OUT	COS	REPEAT		
38A. Insects, rodents, & animals not present	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
38B. Handling prohibition, controlling pests, prohibiting animals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39A. Contamination prevented during food storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39B. Food display; ice used as an exterior coolant prohibited as an ingredient	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39C. Consumer self-service operations- utensils and monitoring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40A. Personal cleanliness- prohibition jewelry	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40B. Maintenance of fingernails	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
41. Wiping cloths; properly used and stored	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42A. Washing Produce - following chemical manufacturers label	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42B. Washing produce	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42C. Washing produce- chemicals	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Proper Use of Utensils	IN	OUT	COS	REPEAT		
43. In-use utensils; properly stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
44. Utensils, equipment & linens; properly stored, dried, and handled	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
45A. Single-use/ single service articles properly stored and used, required	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
45B. Single-use/service articles use limitation, kitchenware and tableware preventing contamination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
46. Gloves used properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		



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Food Establishment Inspection Report

Utensils, Equipment and Vending	IN	OUT	COS	REPEAT
47A. Food & non-food contact surfaces cleanable	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47B. Food contact surfaces /utensils cleanability, molluscan shellfish tanks, consumer self-service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47C. Properly designed characteristics: food and non-food contact surfaces, molluscan shellfish tanks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48A. Warewashing facilities: installed, maintained, & used; test strips	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48B. Operational warewashing machines	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Non-food contact surfaces clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Facilities	IN	OUT	N/A	COS	REPEAT
50. Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51A. Plumbing installed; proper backflow devices	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51B. Prohibiting a cross-connection, inspection and servicing system	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51C. Approved system and cleanable fixtures, service sink	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52A. Sewage and waste water properly disposed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52B. Grease traps easily accessible for cleaning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52C. Removing mobile food establishment waste	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53A. Toilet facilities; properly constructed, supplied, & cleaned	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53B. Toilet tissue availability	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Garbage & refuse properly disposed; facilities maintained	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55A. Physical facilities installed, maintained, & clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55B. Private homes and living or sleeping quarters, use prohibition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Adequate ventilation & lighting; designated areas used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

MASSACHUSETTS ONLY REGULATIONS

Rules and Regulations adopted for use in Massachusetts only.

Facilities	IN	OUT	COS	REPEAT
57A. Catering	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57B. When plans are reviewed, prerequisite for operations- valid permit	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57C. Contents of plans and specifications, preoperational inspections	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Mobile Food Operations	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Temporary Food Establishments	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Residential Kitchens	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedures	IN	OUT	COS	REPEAT
61. Tobacco Products: Notice and Sale	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Food Allergy Awareness Requirements	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Food Establishment Inspection Report

Discussion with Manager



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Food Establishment Inspection Report
Fail Notes Summary

Fail Code	Fail Text
21. Proper hot holding temperatures	
3-501.16 (A)	*Hot TCS foods Maintained at or Above 135oF, Also for whole meat roasts (130F and above)
	Addl Notes: <i>[Items such as french toast, hash browns and mozzarella sticks at 130. Temperatures below 135 in upstairs and downstairs kitchen. Maintain all TCS foods in hot holding at 135 or greater.]</i>
22. Proper cold holding temperatures	
3-501.16(A2 &B)	*Cold PHFs Maintained at or Below 41oF- also pertains to untreated eggs (45F)
	Addl Notes: <i>[Milk in reach in upstairs by deli bar at 45, milk chest milk at 43. Maintain all all TCS foods at 41F or less.]</i>
23. Proper Date Marking	
3-501.17	Date marking: RTE, TCS
	Addl Notes: <i>[Items in refrigerator such as sauce and cut up fruit not labeled. Label all RTE, TCS foods with a name and a use by date.]</i>
38A. Insects, rodents, & animals not present	
6-501.111 (A, B, D)	*Controlling Pests
	Addl Notes: <i>[Pest control in place, but PIC does not have reports. Maintain knowledge of pest control reports.]</i>
41. Wiping cloths; properly used and stored	
3-304.14	Wiping Cloths, Use Limitation
	Addl Notes: <i>[Wet in use wiping cloths on counter. Maintain wet- in use wiping cloths in santizer buckets.]</i>

Inspector _____


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City of Medford

BOARD OF HEALTH

City Hall - Room 311
 85 George P Hassett Drive
 Medford, Massachusetts 02155
 Telephone (781) 393-2560 FAX: (781) 393-2562
 TDD: (781) 393-2516

Food Establishment Inspection Report

Insp Date: 11/29/2018 Business ID: MA000161

Inspection: MB000361

Business: Medford High School
 475 Winthrop Street

Permit #:

Phone:

Medford, MA 02155

Health Director: 037400 Melanie Dineen

Reason: 02. Re-inspection

Results: Next Routine 180

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
11/29/18	11:22 AM	11:57 AM	0:35	0:00	0:35	0	
Total:			0:35	0:00	0:35	0	

Inspection Summary

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/ 2013 Federal Food Code. This report, when signed below by the Inspector constitutes an order by the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and/or fines. If aggrieved by this order, you have the right to a hearing. The request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

PIC Name Thomas Dixey Chokesaver _____ Risk Category 2

Certified Food Protection Manager _____ CFPM Exp Date _____

Certified Allergy Trained Name _____ Allergy Exp Date _____

Permit Posted [8-304.11(A)] In Out

Inspection Report Available [8-304.11(K)] In Out

Foodborne Illness Complaint Investigated (All) Involving More Than Two Persons

Inspection Report Provided by: e-mail Hardcopy

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.

Supervision IN OUT N/O N/A COS REPEAT

1. PIC Present, Knowledge and Duties

2. Certified Food Protection Manager



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Food Establishment Inspection Report

Employee Health / Responding to Contamination Events	IN	OUT	N/O	N/A	COS	REPEAT
3A. Employee Health: PIC Knowledge, Responsibilities & Reporting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
3B. Employee Reporting to PIC	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper Use of Restriction & Exclusion	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Clean-up of Vomiting and Diarrheal Events	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices	IN	OUT	N/O	N/A	COS	REPEAT
6A. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
6B. Preventing contamination when tasting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination	IN	OUT	N/O	N/A	COS	REPEAT
8A. Hands clean & properly washed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
8B. Where to wash, hand antiseptics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10A. Adequate handwashing sinks properly supplied and accessible	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10B. Handwashing sinks accessible with proper signage, handwashing aids	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Sources	IN	OUT	N/O	N/A	COS	REPEAT
11A. Milk, eggs, juice, and processed food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11B. Fish and shellfish	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11C. Game animals and wild mushrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12A. Food received at proper temperature	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12B. Shipping and receiving frozen food	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food in good condition, honestly presented, safe, & unadulterated	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13B. Food package integrity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14A. Required records available: shellstock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14B. Missing shellstock tags, destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14C. Parasite destruction- storing raw/partially cooked fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination	IN	OUT	N/O	N/A	COS	REPEAT
15A. Food separated & protected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
15B. Cleaning equip/utensils/food containers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16A. Food-contact surfaces: cleaned & sanitized immersion 171° F and above	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16B. Food contact surfaces cleaned and sanitized NMT 194° F, NLT 180° F	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16C. Mechanical warewashing equipment sanitization food contact surfaces, equip., utensils	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proper disposition of returned, previously served reconditions, & unsafe food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


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Food Establishment Inspection Report

Time/Temperature Control for Safety Food (TCS Food)	IN	OUT	N/O	N/A	COS	REPEAT
18A. Proper cooking time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18B. Whole meat cooking and serving, storing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18C. Microwave cooking of raw animal foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Proper reheating procedures for hot holding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Proper cooling time & temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper hot holding temperatures	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Proper cold holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Proper Date Marking	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23B. TCS Foods Disposition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24A. Time as a public health control: procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24B. Time as a public health control: temperatures & discarding food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24C. Time as a public health control: highly susceptible population (HSP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consumer Advisory	IN	OUT	N/O	N/A	COS	REPEAT
25. Consumer advisory provided for raw or undercooked foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Highly Susceptible Populations (HSP)	IN	OUT	N/O	N/A	COS	REPEAT
26A. Pasteurized foods used; prohibited foods not offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
26B. Reservice of foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical	IN	OUT	N/O	N/A	COS	REPEAT
27. Food additives: approved and properly used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28A. Toxic substances identified, stored and used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28B. Poisonous materials, sanitizers, additives, medicines restriction, separation, storage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28C. Conditions of Use: law	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
29A. Compliance with variance, specialized process, & HACCP plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29B. Treating juice- HACCP, reduced oxygen packaging w/out variance, conformance with approved procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29C. When HACCP plan is required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
30. Pasteurized eggs used where required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


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Food Establishment Inspection Report

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
31A. Water & ice from approved source	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31B. Sampling, alternative water supply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31C. Sampling report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Variance obtained for specialized processing methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
33A. Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
33B. Frozen food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Plant food properly cooked for hot holding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Approved thawing methods used	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36A. Thermometers provided and accurate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36B. Thermometers function properly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification	IN	OUT	COS	REPEAT		
37A. Food properly labeled; original container	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
37B. Food labels, labeling of ingredients	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Prevention of Food Contamination	IN	OUT	COS	REPEAT		
38A. Insects, rodents, & animals not present	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
38B. Handling prohibition, controlling pests, prohibiting animals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39A. Contamination prevented during food storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39B. Food display; ice used as an exterior coolant prohibited as an ingredient	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39C. Consumer self-service operations- utensils and monitoring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40A. Personal cleanliness- prohibition jewelry	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40B. Maintenance of fingernails	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
41. Wiping cloths; properly used and stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42A. Washing Produce - following chemical manufacturers label	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42B. Washing produce	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42C. Washing produce- chemicals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Proper Use of Utensils	IN	OUT	COS	REPEAT		
43. In-use utensils; properly stored	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
44. Utensils, equipment & linens; properly stored, dried, and handled	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
45A. Single-use/ single service articles properly stored and used, required	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
45B. Single-use/service articles use limitation, kitchenware and tableware preventing contamination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
46. Gloves used properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		



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Food Establishment Inspection Report

Utensils, Equipment and Vending

	IN	OUT	COS	REPEAT
47A. Food & non-food contact surfaces cleanable	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47B. Food contact surfaces /utensils cleanability, molluscan shellfish tanks, consumer self-service	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47C. Properly designed characteristics: food and non-food contact surfaces, molluscan shellfish tanks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48A. Warewashing facilities: installed, maintained, & used; test strips	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48B. Operational warewashing machines	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Non-food contact surfaces clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Facilities

	IN	OUT	N/A	COS	REPEAT
50. Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51A. Plumbing installed; proper backflow devices	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51B. Prohibiting a cross-connection, inspection and servicing system	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51C. Approved system and cleanable fixtures, service sink	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52A. Sewage and waste water properly disposed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52B. Grease traps easily accessible for cleaning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52C. Removing mobile food establishment waste	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53A. Toilet facilities; properly constructed, supplied, & cleaned	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53B. Toilet tissue availability	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Garbage & refuse properly disposed; facilities maintained	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55A. Physical facilities installed, maintained, & clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55B. Private homes and living or sleeping quarters, use prohibition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Adequate ventilation & lighting; designated areas used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Facilities

	IN	OUT	COS	REPEAT
57A. Catering	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57B. When plans are reviewed, prerequisite for operations- valid permit	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57C. Contents of plans and specifications, preoperational inspections	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Mobile Food Operations	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Temporary Food Establishments	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Residential Kitchens	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedures

	IN	OUT	COS	REPEAT
61. Tobacco Products: Notice and Sale	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Food Allergy Awareness Requirements	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Food Establishment Inspection Report

Discussion with Manager




Acknowledged Receipt :

Inspector

Food Establishment Inspection Report
Fail Notes Summary

Fail Code	Fail Text
10A. Adequate handwashing sinks properly supplied and accessible	
5-203.11	*Numbers and Capacities
	Addl Notes: <i>[Second hand sink in second floor kitchen is not working. This makes a shortage of hand sinks in that kitchen as there is only one other. Maintain hand sinks.]</i>
21. Proper hot holding temperatures	
3-501.16 (A)	*Hot TCS foods Maintained at or Above 135oF, Also for whole meat roasts (130F and above)
	Addl Notes: <i>[Pizza at 128 in basement hot holding. Second floor hot holding cabinet at 110. Second floor pizza display, pizza at 128. Hamburgers in all hot holding units below 135. Maintain all hot holding at 135F or greater.]</i>
43. In-use utensils; properly stored	
3-304.12	In-Use Utensils, Between-Use Storage
	Addl Notes: <i>[Can opener in second floor kitchen is dirty. Maintain all in use utensils cleaned every four hours.]</i>
48A. Warewashing facilities: installed, maintained, & used; test strips	
4-501.19	Manual warewashing equipment, wash solution temperature
	Addl Notes: <i>[Wash solution observed to be at 98 F after just being filled. Maintain manual ware washing water at not less than 110F.]</i>

Inspector _____


 Acknowledged Receipt :

City of Medford

BOARD OF HEALTH

City Hall - Room 311
85 George P Hasset Drive
Medford, Massachusetts 02155
Telephone (781) 393-2560 FAX: (781) 393-2562
TDD: (781) 393-2516

Food Establishment Inspection Report

Insp Date: 5/29/2019 Business ID: MA000161

Business: Medford High School
475 Winthrop Street

Medford, MA 02155

Inspection: MB000422

Permit #:

Phone:

Health Director: 037400 Melanie Dineen

Reason: 01. Routine

Results: Next Routine 180

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
05/29/19	11:00 AM	11:55 AM	0:55	0:00	0:55	0	
Total:			0:55	0:00	0:55	0	

Inspection Summary

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

PIC Name Thomas Dixey

Risk Category 2

Certified Food Protection Manager _____

CFPM Exp Date _____

Certified Allergy Trained Name _____

Allergy Exp Date _____

Certified ChokeSaver Name _____

ChokeSaver Exp Date _____

Permit Posted [8-304.11(A)] In Out

Inspection Report Available [8-304.11(K)] In Out

Foodborne Illness Complaint Investigated (All)

Involving More Than Two Persons

Inspection Report Provided by: e-mail

Hardcopy

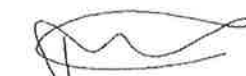
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation


Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.


Inspector

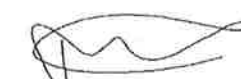

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Food Establishment Inspection Report

	IN	OUT	N/O	N/A	COS	REPEAT
Supervision						
1. Person-in-charge present, demonstrates knowledge, and performs duties	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Certified Food Protection Manager	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health						
3. Management, food employee and conditional employee; knowledge, responsibilities and reporting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper Use of Restriction & Exclusion	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Procedures for responding to vomiting and diarrheal events	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices						
6. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands						
8. Hands clean & properly washed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. No bare hand contact with RTE food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Adequate handwashing sinks properly supplied and accessible	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Sources						
11. Food obtained from approved source	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Food received at proper temperature	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food in good condition, honestly presented, safe, & unadulterated	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Required records available: shellstock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination						
15. Food separated and protected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Food-contact surfaces: cleaned & sanitized	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proper disposition of returned, previously served reconditions, & unsafe food	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time/Temperature Control for Safety						
18. Proper cooking time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Proper reheating procedures for hot holding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Proper cooling time and temperature	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper hot holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Proper cold holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Proper date marking and disposition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Time as a Public Health Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory						
25. Consumer advisory provided for raw / undercooked foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Food Establishment Inspection Report

Highly Susceptible Populations (HSP)	IN	OUT	N/O	N/A	COS	REPEAT
26. Pasteurized foods used; prohibited foods not offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food/Color Additives and Toxic Substances	IN	OUT	N/O	N/A	COS	REPEAT
27. Food additives: approved and properly used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Toxic substances identified, stored, and used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
29. Compliance with variance / specialized process / HACCP Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
30. Pasteurized eggs used where required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Water & ice from approved source	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Variance obtained for specialized processing methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
33. Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Plant food properly cooked for hot holding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Approved thawing methods used	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Thermometers provided and accurate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food Identification	IN	OUT	N/O	N/A	COS	REPEAT
37. Food properly labeled; original container	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prevention of Food Contamination	IN	OUT	N/O	N/A	COS	REPEAT
38. Insects, rodents, & animals not present	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Contamination prevented during food preparation, storage and display	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Personal cleanliness	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Wiping cloths; properly used and stored	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Washing fruits & vegetables	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proper Use of Utensils	IN	OUT	N/O	N/A	COS	REPEAT
43. In-use utensils properly stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Utensils, equipment & linens: properly stored, dried, & handled	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Single-use/ single service articles: properly stored and used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Gloves used properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Utensils, Equipment and Vending	IN	OUT	N/O	N/A	COS	REPEAT
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Food Establishment Inspection Report

Utensils, Equipment and Vending

	IN	OUT	N/O	N/A	COS	REPEAT
47. Food & non-food contact surfaces cleanable, properly designed, constructed & used	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Warewashing facilities: installed, maintained, & used; test strips	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Non-food contact surfaces clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Facilities

	IN	OUT	N/O	N/A	COS	REPEAT
50. Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Plumbing installed; proper backflow devices	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Sewage and waste water properly disposed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Toilet features: properly constructed, supplied, & cleaned	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Garbage & refuse properly disposed; facilities maintained	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Physical facilities installed, maintained, & clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Adequate ventilation & lighting; designated areas used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

MASSACHUSETTS ONLY REGULATIONS

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Additional Requirements listed in 105 CMR 590.011

	IN	OUT	N/O	N/A	COS	REPEAT
M1. Anti-choking procedures in food service establishment	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M2. Food allergy awareness	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Review of Retail Operations listed in 105 CMR 590.010

	IN	OUT	N/O	N/A	COS	REPEAT
M3. Caterer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M4. Mobile Food Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M5. Temporary Food Establishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M6. Public Market; Farmers Market	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M7. Residential Kitchen; Bed-and-Breakfast Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M8. Residential Kitchen: Cottage Food Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M9. School Kitchen; USDA Nutrition Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M10. Leased Commercial Kitchen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M11. Innovative Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Local Requirements

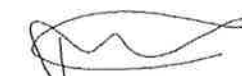
	IN	OUT	N/O	N/A	COS	REPEAT
L1. Local law or regulation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
L2. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discussion with Person-in-Charge

Spoke to PIC about excessive amounts of food inside of storage room. Grease trap to be pumped quarterly- will follow up with the food service director. Serv Safe to expire in 4 days.



 Inspector



 Acknowledged Receipt : Tom Dixey


Food Establishment Inspection Report

Fail Notes Summary

Fail Code	Fail Text
41. Wiping cloths; properly used and stored	
3-304.14	<p>Core; Wiping Cloths, Use Limitations</p> <p>(A) Cloths in-use for wiping FOOD spills from TABLEWARE and carryout containers that occur as FOOD is being served shall be:</p> <p>(1) Maintained dry; and</p> <p>(2) Used for no other purpose.</p> <p>(B) Cloths in-use for wiping counters and other EQUIPMENT surfaces shall be:</p> <p>(1) Held between uses in a chemical sanitizer solution at a concentration specified under § 4-501.114; and</p> <p>(2) Laundered daily as specified under ¶ 4-802.11(D).</p> <p>(C) Cloths in-use for wiping surfaces in contact with raw animal FOODS shall be kept separate from cloths used for other purposes.</p> <p>(D) Dry wiping cloths and the chemical sanitizing solutions specified in Subparagraph (B)(1) of this section in which wet wiping cloths are held between uses shall be free of FOOD debris and visible soil.</p> <p>(E) Containers of chemical sanitizing solutions specified in Subparagraph (B)(1) of this section in which wet wiping cloths are held between uses shall be stored off the floor and used in a manner that prevents contamination of FOOD, EQUIPMENT, UTENSILS, LINENS, SINGLE-SERVICE, or SINGLE-USE ARTICLES.</p> <p>(F) SINGLE-USE disposable sanitizer wipes shall be used in accordance with EPA-approved manufacturer's label use instructions.</p>
<p>Addl Notes: <i>[In use wiping cloths not in bucket on first floor. Third floor bucket was in the sink and was a low concentration. Maintain wet, in use wiping cloths properly. Left training information with PIC]</i></p>	
47. Food & non-food contact surfaces cleanable, properly designed, constructed & used	
4-501.11	<p>Core; Good Repair and Proper Adjustment-Equipment</p> <p>(A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2.</p> <p>(B) EQUIPMENT components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight, and adjusted in accordance with manufacturer's specifications.</p> <p>(C) Cutting or piercing parts of can openers shall be kept sharp to minimize the creation of metal fragments that can contaminate FOOD when the container is opened.</p>
<p>Addl Notes: <i>[Door seal on Freezer #2 is not working properly. Tape in use and the door does not shut well.]</i></p>	
M2. Food allergy awareness	



Inspector



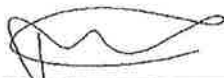
Acknowledged Receipt : Tom Dixey

Food Establishment Inspection Report

Fail Code	Fail Text
[590.011(C)]	<p>MA; Food Allergy Awareness Requirements</p> <p>Pursuant to M.G.L. c. 140, § 6B, food establishments that cook, prepare, or serve food intended for immediate consumption either on or off the premises shall comply with the following requirements.</p> <p>(1) Poster. Such food establishments shall prominently display in the employee work area a poster approved by the Department, no smaller than 8.5 by 11 inches, relating to major food allergens. The poster shall include the following information:</p> <ul style="list-style-type: none"> (a) Major food allergens; (b) Health risks of food allergies; (c) Procedure to follow when a customer states that he or she has a food allergy; and (d) Emergency procedure to follow if a customer has an allergic reaction to a food. <p>(2) Notice on printed menus and menu boards. Such food establishments shall include on all printed menus and menu boards a clear and conspicuous notice requesting a customer to inform the server before placing an order, about the customer's allergy to a major food allergen. The notice shall state: Before placing your order, please inform your server if a person in your party has a food allergy.</p> <ul style="list-style-type: none"> (a) Location. The notice must be included on printed menus and on indoor and outdoor menu boards, including drive-through menu boards. (b) Menu Boards. <ul style="list-style-type: none"> 1. All notices on menu boards must be easily readable from the point of service at which food is ordered. On the menu board itself, the font size of the notice must be equal to or greater than the font size of the smallest menu item listed on the menu board. 2. In lieu of placing the notice directly on the indoor or outdoor menu board itself, the food establishment may post the notice adjacent to the menu board or at each point of service where food is ordered. Such notice must be securely posted in a manner so that it may be easily seen and read from a distance of five feet by a person standing at or approaching the point of service, shall directly face the purchaser, and shall not be obstructed from view. (3) Food Allergen Awareness Training <ul style="list-style-type: none"> (a) Such food establishments shall have on staff a certified food protection manager who has been issued a Massachusetts certificate of allergen awareness training by an allergen awareness training verification program recognized by the Department. The certificate will be valid for 5 years. (b) The certified food protection manager shall: <ul style="list-style-type: none"> 1. Demonstrate knowledge of major food allergens by posting the Massachusetts food allergen awareness training certificate; and 2. Ensure that employees are properly trained in food allergy awareness as it relates to their assigned duties. (4) Exemptions <ul style="list-style-type: none"> (a) Public and private schools, educational institutions, summer camps, childcare facilities, and other child care programs approved to participate in USDA Child Nutrition Programs are exempt from 105 CMR 590.011(C), with the exception of 105 CMR 590.011(C)(3)(b)2, provided that they have: <ul style="list-style-type: none"> 1. Written policies and procedures for identifying, documenting, and accommodating students with food allergies, and 2. Documentation verifying participation in food allergen training recognized by the Massachusetts Department of Elementary and Secondary Education and the Department. (b) Food service operations in institutional settings in which food is prepared and/or served to a specific population (for example, hospitals, non-profit organizations, Older American Act Elderly Nutrition programs, and charitable food facilities) that have written procedures for identifying, documenting, and accommodating their clients with food allergies are exempt from 105 CMR 590.011(C)(2). (c) Temporary food establishments operated by non-profit organizations are exempt from 105 CMR 590.011(C).
<p>Addl Notes: <i>[PIC allergen training has expired. Maintain allergen training.]</i></p>	



Inspector



Acknowledged Receipt : Tom Dixey

City of Medford

BOARD OF HEALTH

City Hall - Room 311
85 George P Hassett Drive
Medford, Massachusetts 02155
Telephone (781) 393-2560 FAX: (781) 393-2562
TDD: (781) 393-2516

Food Establishment Inspection Report - FDA

Insp Date: 11/13/2017 **Business ID:** MA000223
Business: Roberts Elementary
35 Court Street

Medford, MA 02155

Inspection: MB000182
Permit #:
Phone:
Health Director: 037400 Melanie Dineen
Reason: 01. Routine
Results: No Follow-up

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
11/13/17	12:30 PM	12:36 PM	0:06	0:00	0:06	0	
Total:			0:06	0:00	0:06	0	

Inspection Summary

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/ 2013 Federal Food Code. This report, when signed below by the Inspector constitutes an order by the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and/or fines. If aggrieved by this order, you have the right to a hearing. The request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

PIC Sandra Iandocsa ServSafe Exp. _____ Allergy Exp. _____ Choke Exp. _____

Foodborne Illness Complaint Investigated (All) Involving More Than Two Persons

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.

Supervision

	IN	OUT	N/O	N/A	COS	REPEAT
1. PIC Present, Knowledge and Duties	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
2. Certified Food Protection Manager	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>

Employee Health / Responding to Contamination Events

	IN	OUT	N/O	N/A	COS	REPEAT
3A. Employee Health: PIC Knowledge, Responsibilities & Reporting	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
3B. Employee Reporting to PIC	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
4. Proper Use of Restriction & Exclusion	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
5. Clean-up of Vomiting and Diarrheal Events	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>



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Food Establishment Inspection Report - FDA

Good Hygienic Practices	IN	OUT	N/O	N/A	COS	REPEAT
6A. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
6B. Preventing contamination when tasting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination	IN	OUT	N/O	N/A	COS	REPEAT
8A. Hands clean & properly washed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
8B. Where to wash, hand antiseptics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
9. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10A. Adequate handwashing sinks properly supplied and accessible	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
10B. Handwashing sinks accesible with proper signage, handwashing aids	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
Approved Sources	IN	OUT	N/O	N/A	COS	REPEAT
11A. Milk, eggs, juice, and processed food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11B. Fish and shellfish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11C. Game animals and wild mushrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12A. Food received at proper temperature	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12B. Shipping and receiving frozen food	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food in good condition, honestly presented, safe, & unadulterated	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
13B. Food package integrity	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
14A. Required records available: shellstock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14B. Missing shellstock tags, destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14C. Parasite destruction- storing raw/partially cooked fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination	IN	OUT	N/O	N/A	COS	REPEAT
15A. Food separated & protected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
15B. Cleaning equip/utensils/food containers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16A. Food-contact surfaces: cleaned & sanitized immersion 171° F and above	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16B. Food contact surfaces cleaned and sanitized NMT 194° F, NLT 180° F	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16C. Mechanical warewashing equipment sanitization food contact surfaces, equip., utensils	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proper disposition of returned, previously served reconditions, & unsafe food	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
Time/Temperature Control for Safety Food (TCS Food)	IN	OUT	N/O	N/A	COS	REPEAT
18A. Proper cooking time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18B. Whole meat cooking and serving, storing	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18C. Microwave cooking of raw animal foods	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Proper reheating procedures for hot holding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Melvin H

Inspector

Suzanne Qandoh

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Time/Temperature Control for Safety Food (TCS Food)	IN	OUT	N/O	N/A	COS	REPEAT
20. Proper cooling time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper hot holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Proper cold holding temperatures	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Proper Date Marking	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23B. TCS Foods Disposition	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24A. Time as a public health control: procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24B. Time as a public health control: temperatures & discarding food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24C. Time as a public health control: highly susceptible population (HSP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consumer Advisory	IN	OUT	N/O	N/A	COS	REPEAT
25. Consumer advisory provided for raw or undercooked foods	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Highly Susceptible Populations (HSP)	IN	OUT	N/O	N/A	COS	REPEAT
26A. Pasteurized foods used; prohibited foods not offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
26B. Reservice of foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical	IN	OUT	N/O	N/A	COS	REPEAT
27. Food additives: approved and properly used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28A. Toxic substances identified, stored and used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28B. Poisonous materials, sanitizers, additives, medicines restriction, separation, storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28C. Conditions of Use: law	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
29A. Compliance with variance, specialized process, & HACCP plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29B. Treating juice- HACCP, reduced oxygen packaging w/out variance, conformance with approved procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29C. When HACCP plan is required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
30. Pasteurized eggs used where required	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31A. Water & ice from approved source	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31B. Sampling, alternative water supply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31C. Sampling report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Variance obtained for specialized processing methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Melish
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Bonnie Gendron
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Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
33A. Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
33B. Frozen food	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
34. Plant food properly cooked for hot holding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Approved thawing methods used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36A. Thermometers provided and accurate	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
36B. Thermometers function properly	<input checked="" type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>

Food Identification	IN	OUT	COS	REPEAT
37A. Food properly labeled; original container	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
37B. Food labels, labeling of ingredients	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prevention of Food Contamination	IN	OUT	COS	REPEAT
38A. Insects, rodents, & animals not present	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
38B. Handling prohibition, controlling pests, prohibiting animals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39A. Contamination prevented during food storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39B. Food display; ice used as an exterior coolant prohibited as an ingredient	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39C. Consumer self-service operations- utensils and monitoring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
40A. Personal cleanliness- prohibition jewelry	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
40B. Maintenance of fingernails	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Wiping cloths; properly used and stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42A. Washing Produce - following chemical manufacturers label	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42B. Washing produce	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42C. Washing produce- chemicals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proper Use of Utensils	IN	OUT	COS	REPEAT
43. In-use utensils; properly stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Utensils, equipment & linens; properly stored, dried, and handled	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
45A. Single-use/ single service articles properly stored and used, required	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
45B. Single-use/service articles use limitation, kitchenware and tableware preventing contamination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Gloves used properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Utensils, Equipment and Vending	IN	OUT	COS	REPEAT
47A. Food & non-food contact surfaces cleanable	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47B. Food contact surfaces /utensils cleanability, molluscan shellfish tanks, consumer self-service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47C. Properly designed characteristics: food and non-food contact surfaces, molluscan shellfish tanks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Melvin H
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	IN	OUT	COS	REPEAT
Utensils, Equipment and Vending				
48A. Warewashing facilities: installed, maintained, & used; test strips	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48B. Operational warewashing machines	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Non-food contact surfaces clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

	IN	OUT	N/A	COS	REPEAT
Physical Facilities					
50. Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
51A. Plumbing installed; proper backflow devices	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
51B. Prohibiting a cross-connection, inspection and servicing system	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
51C. Approved system and cleanable fixtures, service sink	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52A. Sewage and waste water properly disposed	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
52B. Grease traps easily accessible for cleaning	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
52C. Removing mobile food establishment waste	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53A. Toilet facilities; properly constructed, supplied, & cleaned	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
53B. Toilet tissue availability	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
54. Garbage & refuse properly disposed; facilities maintained	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
55A. Physical facilities installed, maintained, & clean	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
55B. Private homes and living or sleeping quarters, use prohibition	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>
56. Adequate ventilation & lighting; designated areas used	<input checked="" type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>

MASSACHUSETTS ONLY REGULATIONS

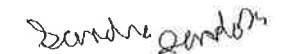
Rules and Regulations adopted for use in Massachusetts only.

	IN	OUT	COS	REPEAT
Facilities				
57A. Catering	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57B. When plans are reviewed, prerequisite for operations- valid permit	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57C. Contents of plans and specifications, preoperational inspections	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Mobile Food Operations	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Temporary Food Establishments	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Residential Kitchens	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

	IN	OUT	COS	REPEAT
Procedures				
61. Anti-choking Procedures	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Tobacco Products: Notice and Sale	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Food Allergy Awareness Requirements	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Narrative


Inspector


Acknowledged Receipt :

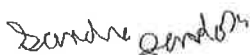
Food Establishment Inspection Report - FDA

Fail Notes Summary

Fail Code	Fail Text
22. Proper cold holding temperatures	
3-501.16(A2 &B)	*Cold PHFs Maintained at or Below 41oF- also pertains to untreated eggs (45F)
	Addl Notes: <i>[Milk in walk in at 44-43 degrees. Maintain all TCS foods at 41 or less. Items in reach in cooler closest to the walk in cooler are also at 44 degrees. Maintain all tcs foods at 41F or less.]</i>



Inspector



Acknowledged Receipt :

City of Medford

BOARD OF HEALTH

City Hall - Room 311
85 George P Hassett Drive
Medford, Massachusetts 02155
Telephone (781) 393-2560 FAX: (781) 393-2562
TDD: (781) 393-2516

Food Establishment Inspection Report

Insp Date: 6/6/2018 **Business ID:** MA000223 **Inspection:** MB000271
Business: Roberts Elementary **Permit #:**
35 Court Street **Phone:**
Medford, MA 02155 **Health Director:** 037400 Melanie Dineen
Reason: 01. Routine
Results: Next Routine 120

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
06/06/18	10:51 AM	11:06 AM	0:15	0:00	0:15	0	
Total:			0:15	0:00	0:15	0	

Inspection Summary

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/ 2013 Federal Food Code. This report, when signed below by the Inspector constitutes an order by the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and/or fines. If aggrieved by this order, you have the right to a hearing. The request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

PIC Name Sandra Iandosca Chokesaver Yes Risk Category 2

Certified Food Protection Manager _____ CFPM Exp Date _____

Certified Allergy Trained Name _____ Allergy Exp Date _____

Permit Posted [8-304.11(A)] In Out

Inspection Report Available [8-304.11(K)] In Out

Foodborne Illness Complaint Investigated (All) Involving More Than Two Persons

Inspection Report Provided by: e-mail Hardcopy


FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.

Supervision	IN	OUT	N/O	N/A	COS	REPEAT
1. PIC Present, Knowledge and Duties	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Certified Food Protection Manager	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


Inspector

Sandra Iandosca
Acknowledged Receipt:

Food Establishment Inspection Report

Employee Health / Responding to Contamination Events	IN	OUT	N/O	N/A	COS	REPEAT
3A. Employee Health: PIC Knowledge, Responsibilities & Reporting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
3B. Employee Reporting to PIC	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper Use of Restriction & Exclusion	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Clean-up of Vomiting and Diarrheal Events	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices	IN	OUT	N/O	N/A	COS	REPEAT
6A. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
6B. Preventing contamination when tasting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination	IN	OUT	N/O	N/A	COS	REPEAT
8A. Hands clean & properly washed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
8B. Where to wash, hand antiseptics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10A. Adequate handwashing sinks properly supplied and accessible	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10B. Handwashing sinks accesible with proper signage, handwashing aids	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Sources	IN	OUT	N/O	N/A	COS	REPEAT
11A. Milk, eggs, juice, and processed food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11B. Fish and shellfish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11C. Game animals and wild mushrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12A. Food received at proper temperature	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12B. Shipping and receiving frozen food	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food in good condition, honestly presented, safe, & unadulterated	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13B. Food package integrity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14A. Required records available: shellstock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14B. Missing shellstock tags, destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14C. Parasite destruction- storing raw/partially cooked fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination	IN	OUT	N/O	N/A	COS	REPEAT
15A. Food separated & protected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
15B. Cleaning equip/utensils/food containers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16A. Food-contact surfaces: cleaned & sanitized immersion 171° F and above	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16B. Food contact surfaces cleaned and sanitized NMT 194° F, NLT 180° F	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16C. Mechanical warewashing equipment sanitization food contact surfaces, equip., utensils	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proper disposition of returned, previously served reconditions, & unsafe food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



 Inspector

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Food Establishment Inspection Report

Time/Temperature Control for Safety Food (TCS Food)	IN	OUT	N/O	N/A	COS	REPEAT
18A. Proper cooking time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18B. Whole meat cooking and serving, storing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18C. Microwave cooking of raw animal foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Proper reheating procedures for hot holding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Proper cooling time & temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper hot holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Proper cold holding temperatures	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Proper Date Marking	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23B. TCS Foods Disposition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24A. Time as a public health control: procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24B. Time as a public health control: temperatures & discarding food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24C. Time as a public health control: highly susceptible population (HSP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consumer Advisory	IN	OUT	N/O	N/A	COS	REPEAT
25. Consumer advisory provided for raw or undercooked foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Highly Susceptible Populations (HSP)	IN	OUT	N/O	N/A	COS	REPEAT
26A. Pasteurized foods used; prohibited foods not offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
26B. Reservice of foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical	IN	OUT	N/O	N/A	COS	REPEAT
27. Food additives: approved and properly used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28A. Toxic substances identified, stored and used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28B. Poisonous materials, sanitizers, additives, medicines restriction, separation, storage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28C. Conditions of Use: law	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
29A. Compliance with variance, specialized process, & HACCP plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29B. Treating juice- HACCP, reduced oxygen packaging w/out variance, conformance with approved procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29C. When HACCP plan is required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
30. Pasteurized eggs used where required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


Inspector

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Food Establishment Inspection Report

Safe Food and Water

- | | IN | OUT | N/O | N/A | COS | REPEAT |
|--|-----------------------|-----------------------|-----------------------|----------------------------------|--------------------------|--------------------------|
| 31A. Water & ice from approved source | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31B. Sampling, alternative water supply | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31C. Sampling report | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Variance obtained for specialized processing methods | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Food Temperature Control

- | | IN | OUT | N/O | N/A | COS | REPEAT |
|--|----------------------------------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|
| 33A. Proper cooling methods used; adequate equipment for temperature control | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33B. Frozen food | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Plant food properly cooked for hot holding | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Approved thawing methods used | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36A. Thermometers provided and accurate | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36B. Thermometers function properly | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Food Identification

- | | IN | OUT | COS | REPEAT |
|--|----------------------------------|-----------------------|--------------------------|--------------------------|
| 37A. Food properly labeled; original container | <input checked="" type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37B. Food labels, labeling of ingredients | <input checked="" type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Prevention of Food Contamination

- | | IN | OUT | COS | REPEAT |
|--|----------------------------------|----------------------------------|--------------------------|--------------------------|
| 38A. Insects, rodents, & animals not present | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38B. Handling prohibition, controlling pests, prohibiting animals | <input checked="" type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39A. Contamination prevented during food storage | <input checked="" type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39B. Food display; ice used as an exterior coolant prohibited as an ingredient | <input checked="" type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39C. Consumer self-service operations- utensils and monitoring | <input checked="" type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40A. Personal cleanliness- prohibition jewelry | <input checked="" type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40B. Maintenance of fingernails | <input checked="" type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Wiping cloths; properly used and stored | <input type="radio"/> | <input checked="" type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42A. Washing Produce - following chemical manufacturers label | <input checked="" type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42B. Washing produce | <input checked="" type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42C. Washing produce- chemicals | <input checked="" type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Proper Use of Utensils

- | | IN | OUT | COS | REPEAT |
|---|----------------------------------|-----------------------|--------------------------|--------------------------|
| 43. In-use utensils; properly stored | <input checked="" type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Utensils, equipment & linens; properly stored, dried, and handled | <input checked="" type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45A. Single-use/ single service articles properly stored and used, required | <input checked="" type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45B. Single-use/service articles use limitation, kitchenware and tableware preventing contamination | <input checked="" type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Gloves used properly | <input checked="" type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |



 Inspector

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Food Establishment Inspection Report

Utensils, Equipment and Vending	IN	OUT	COS	REPEAT
47A. Food & non-food contact surfaces cleanable	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47B. Food contact surfaces /utensils cleanability, molluscan shellfish tanks, consumer self-service	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47C. Properly designed characteristics: food and non-food contact surfaces, molluscan shellfish tanks	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48A. Warewashing facilities: installed, maintained, & used; test strips	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
48B. Operational warewashing machines	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Non-food contact surfaces clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


Physical Facilities	IN	OUT	N/A	COS	REPEAT
50. Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51A. Plumbing installed; proper backflow devices	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51B. Prohibiting a cross-connection, inspection and servicing system	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51C. Approved system and cleanable fixtures, service sink	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52A. Sewage and waste water properly disposed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52B. Grease traps easily accessible for cleaning	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52C. Removing mobile food establishment waste	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53A. Toilet facilities; properly constructed, supplied, & cleaned	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53B. Toilet tissue availability	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Garbage & refuse properly disposed; facilities maintained	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55A. Physical facilities installed, maintained, & clean	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55B. Private homes and living or sleeping quarters, use prohibition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Adequate ventilation & lighting; designated areas used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

MASSACHUSETTS ONLY REGULATIONS

Rules and Regulations adopted for use in Massachusetts only.

Facilities	IN	OUT	COS	REPEAT
57A. Catering	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57B. When plans are reviewed, prerequisite for operations- valid permit	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57C. Contents of plans and specifications, preoperational inspections	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Mobile Food Operations	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Temporary Food Establishments	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Residential Kitchens	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedures	IN	OUT	COS	REPEAT
61. Tobacco Products: Notice and Sale	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Food Allergy Awareness Requirements	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>




 Inspector

Sandra Fandosca

 Acknowledged Receipt :

Food Establishment Inspection Report

Discussion with Manager



Inspector

Sandra
I. JARDOSA

Acknowledged Receipt :

Food Establishment Inspection Report
Fail Notes Summary

Fail Code	Fail Text
2. Certified Food Protection Manager	
2-102.12 (A)	Certified food protection manager
	Addl Notes: <i>[Food safety manager certificate has expired. At least one person at the establishment must have a valid food safety manager certificate.]</i>
10A. Adequate handwashing sinks properly supplied and accessible	
5-205.11	Accessibility, Operation and Maintenance
	Addl Notes: <i>[Hand sink is blocked by a rolling rack. Keep hand sinks accessible at all times.]</i>
16A. Food-contact surfaces: cleaned & sanitized immersion 171° F and above	
4-501.114 (A-E, F 1&2)	Chemical Sanitization - Temperature, pH, Concentration and Hardness
	Addl Notes: <i>[Three bay sink sanitizer at 100-150 ppm. Maintain at 200ppm]</i>
22. Proper cold holding temperatures	
3-501.16(A2 &B)	*Cold PHFs Maintained at or Below 41oF- also pertains to untreated eggs (45F)
	Addl Notes: <i>[REach in had juice at 45 from overnight. Maintain TCS foods at 41F or less.]</i>
23. Proper Date Marking	
3-501.17	Date marking: RTE, TCS
	Addl Notes: <i>[Items inside of the walk in such as salsa in storage bins, sandwiches, cheese, sauce, etc do not have a label containing name and use by date. Provide proper date marking on all ready to eat, TCS foods.]</i>
41. Wiping cloths; properly used and stored	
3-304.14	Wiping Cloths, Use Limitation
	Addl Notes: <i>[Wet in use wiping cloths on counter. Sanitizer solution at 100 ppm. Store all wet in use wiping cloths in sanitizer solution when not in use.]</i>
48A. Warewashing facilities: installed, maintained, & used; test strips	
4-204.115	Warewashing Machines, Temperature Measuring Devices
	Addl Notes: <i>[Warewashing machine is broken. Not in use. Three bay sink is in use.]</i>
52B. Grease traps easily accessible for cleaning	
5-402.12	Grease Trap
	Addl Notes: <i>[Grease trap pumping records need to be maintained on premissis.]</i>
55A. Physical facilities installed, maintained, & clean	
6-501.113	Storing maintenance tools; brooms and mops
	Addl Notes: <i>[Wet mop in a bucket. Store all mops by hanging them to dry]</i>
62. Food Allergy Awareness Requirements	
[590.009(G)]	Food Allergy Awareness Requirements
	Addl Notes: <i>[Food allergy training expired]</i>


Inspector

Sandra
Iandosa
Acknowledged Receipt :

City of Medford

BOARD OF HEALTH
 City Hall - Room 311
 85 George P Hassett Drive
 Medford, Massachusetts 02155
 Telephone (781) 393-2560 FAX: (781) 393-2562
 TDD: (781) 393-2516

Food Establishment Inspection Report

Insp Date: 11/26/2018 **Business ID:** MA000223

Inspection: MB000357

Business: Roberts Elementary
 35 Court Street

Permit #:

Phone:

Medford, MA 02155

Health Director: 037400 Melanie Dineen

Reason: 01. Routine

Results: Next Routine 120

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
11/26/18	12:27 PM	12:41 PM	0:14	0:00	0:14	0	
Total:			0:14	0:00	0:14	0	

Inspection Summary

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/ 2013 Federal Food Code. This report, when signed below by the Inspector constitutes an order by the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and/or fines. If aggrieved by this order, you have the right to a hearing. The request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

PIC Name Sandra langosca Chokesaver _____ Risk Category 2

Certified Food Protection Manager _____ CFPM Exp Date _____

Certified Allergy Trained Name _____ Allergy Exp Date _____

Permit Posted [8-304.11(A)] In Out

Inspection Report Available [8-304.11(K)] In Out

Foodborne Illness Complaint Investigated (All) Involving More Than Two Persons

Inspection Report Provided by: e-mail Hardcopy


FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.

Supervision	IN	OUT	N/O	N/A	COS	REPEAT
1. PIC Present, Knowledge and Duties	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Certified Food Protection Manager	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



 Inspector



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Food Establishment Inspection Report

Employee Health / Responding to Contamination Events	IN	OUT	N/O	N/A	COS	REPEAT
3A. Employee Health: PIC Knowledge, Responsibilities & Reporting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
3B. Employee Reporting to PIC	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper Use of Restriction & Exclusion	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Clean-up of Vomiting and Diarrheal Events	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices	IN	OUT	N/O	N/A	COS	REPEAT
6A. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
6B. Preventing contamination when tasting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination	IN	OUT	N/O	N/A	COS	REPEAT
8A. Hands clean & properly washed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
8B. Where to wash, hand antiseptics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10A. Adequate handwashing sinks properly supplied and accessible	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10B. Handwashing sinks accesible with proper signage, handwashing aids	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Sources	IN	OUT	N/O	N/A	COS	REPEAT
11A. Milk, eggs, juice, and processed food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11B. Fish and shellfish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11C. Game animals and wild mushrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12A. Food received at proper temperature	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12B. Shipping and receiving frozen food	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food in good condition, honestly presented, safe, & unadulterated	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13B. Food package integrity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14A. Required records available: shellstock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14B. Missing shellstock tags, destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14C. Parasite destruction- storing raw/partially cooked fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination	IN	OUT	N/O	N/A	COS	REPEAT
15A. Food separated & protected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
15B. Cleaning equip/utensils/food containers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16A. Food-contact surfaces: cleaned & sanitized immersion 171° F and above	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16B. Food contact surfaces cleaned and sanitized NMT 194° F, NLT 180° F	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16C. Mechanical warewashing equipment sanitization food contact surfaces, equip., utensils	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proper disposition of returned, previously served reconditions, & unsafe food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Food Establishment Inspection Report

Time/Temperature Control for Safety Food (TCS Food)	IN	OUT	N/O	N/A	COS	REPEAT
18A. Proper cooking time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18B. Whole meat cooking and serving, storing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18C. Microwave cooking of raw animal foods	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Proper reheating procedures for hot holding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Proper cooling time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper hot holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Proper cold holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Proper Date Marking	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23B. TCS Foods Disposition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24A. Time as a public health control: procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24B. Time as a public health control: temperatures & discarding food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24C. Time as a public health control: highly susceptible population (HSP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consumer Advisory	IN	OUT	N/O	N/A	COS	REPEAT
25. Consumer advisory provided for raw or undercooked foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Highly Susceptible Populations (HSP)	IN	OUT	N/O	N/A	COS	REPEAT
26A. Pasteurized foods used; prohibited foods not offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
26B. Reservice of foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical	IN	OUT	N/O	N/A	COS	REPEAT
27. Food additives: approved and properly used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28A. Toxic substances identified, stored and used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28B. Poisonous materials, sanitizers, additives, medicines restriction, separation, storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28C. Conditions of Use: law	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
29A. Compliance with variance, specialized process, & HACCP plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29B. Treating juice- HACCP, reduced oxygen packaging w/out variance, conformance with approved procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29C. When HACCP plan is required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
30. Pasteurized eggs used where required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



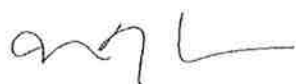
 Inspector



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Food Establishment Inspection Report

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
31A. Water & ice from approved source	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31B. Sampling, alternative water supply	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31C. Sampling report	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Variance obtained for specialized processing methods	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
33A. Proper cooling methods used; adequate equipment for temperature control	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
33B. Frozen food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Plant food properly cooked for hot holding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Approved thawing methods used	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36A. Thermometers provided and accurate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36B. Thermometers function properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification	IN	OUT	COS	REPEAT		
37A. Food properly labeled; original container		<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37B. Food labels, labeling of ingredients		<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prevention of Food Contamination	IN	OUT	COS	REPEAT		
38A. Insects, rodents, & animals not present	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
38B. Handling prohibition, controlling pests, prohibiting animals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39A. Contamination prevented during food storage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39B. Food display; ice used as an exterior coolant prohibited as an ingredient	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39C. Consumer self-service operations- utensils and monitoring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40A. Personal cleanliness- prohibition jewelry	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40B. Maintenance of fingernails	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
41. Wiping cloths; properly used and stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42A. Washing Produce - following chemical manufacturers label	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42B. Washing produce	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42C. Washing produce- chemicals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Proper Use of Utensils	IN	OUT	COS	REPEAT		
43. In-use utensils; properly stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
44. Utensils, equipment & linens; properly stored, dried, and handled	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
45A. Single-use/ single service articles properly stored and used, required	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
45B. Single-use/service articles use limitation, kitchenware and tableware preventing contamination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
46. Gloves used properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		





Inspector

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Food Establishment Inspection Report

Utensils, Equipment and Vending	IN	OUT	COS	REPEAT
47A. Food & non-food contact surfaces cleanable	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47B. Food contact surfaces /utensils cleanability, molluscan shellfish tanks, consumer self-service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47C. Properly designed characteristics: food and non-food contact surfaces, molluscan shellfish tanks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48A. Warewashing facilities: installed, maintained, & used; test strips	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48B. Operational warewashing machines	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Non-food contact surfaces clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


Physical Facilities	IN	OUT	N/A	COS	REPEAT
50. Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51A. Plumbing installed; proper backflow devices	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51B. Prohibiting a cross-connection, inspection and servicing system	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51C. Approved system and cleanable fixtures, service sink	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52A. Sewage and waste water properly disposed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52B. Grease traps easily accessible for cleaning	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52C. Removing mobile food establishment waste	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53A. Toilet facilities; properly constructed, supplied, & cleaned	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53B. Toilet tissue availability	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Garbage & refuse properly disposed; facilities maintained	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55A. Physical facilities installed, maintained, & clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55B. Private homes and living or sleeping quarters, use prohibition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Adequate ventilation & lighting; designated areas used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

MASSACHUSETTS ONLY REGULATIONS

Rules and Regulations adopted for use in Massachusetts only.

Facilities	IN	OUT	COS	REPEAT
57A. Catering	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57B. When plans are reviewed, prerequisite for operations- valid permit	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57C. Contents of plans and specifications, preoperational inspections	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Mobile Food Operations	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Temporary Food Establishments	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Residential Kitchens	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedures	IN	OUT	COS	REPEAT
61. Tobacco Products: Notice and Sale	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Food Allergy Awareness Requirements	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>



 Inspector



 Acknowledged Receipt :

Food Establishment Inspection Report

Discussion with Manager



Inspector



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Food Establishment Inspection Report
Fail Notes Summary

Fail Code	Fail Text
3B. Employee Reporting to PIC	
590.0003 (C)	*Responsibility of Permit Holder, Person in Charge, and Conditional Employees-Responsibility of the PIC to Exclude or Restrict
	Addl Notes: <i>[PIC did not know about verifiable evidence of employee illness reporting. Provide verifiable evidence of employee illness reporting.]</i>
16A. Food-contact surfaces: cleaned & sanitized immersion 171° F and above	
4-501.114 (A-E, F 1&2)	Chemical Sanitization - Temperature, pH, Concentration and Hardness
	Addl Notes: <i>[Dish tester came out at 148 and 150 F. Surfaces of dishes must get to 160 for adequate sanitization. Switch to three bay until fixed.]</i>
16B. Food contact surfaces cleaned and sanitized NMT 194° F, NLT 180° F	
4-601.11 (A)	*Equipment, Food-Contact Surfaces, and Utensils Clean
	Addl Notes: <i>[Can opener visibly dirty. Maintain all food contact surfaces clean. In use utensils must be cleaned every four hours.]</i>
23. Proper Date Marking	
3-501.17	Date marking: RTE, TCS
	Addl Notes: <i>[Items in refrigerator such as sauce labeled 11/21. Today's date is 11/26. Label all RTE foods in refrigerator with a name and a use by date. Use by dates must reflect time out of the freezer.]</i>
48A. Warewashing facilities: installed, maintained, & used; test strips	
4-302.14	Sanitizing Solutions, Testing Devices
	Addl Notes: <i>[provide max registering test strips for dish machine.]</i>
52B. Grease traps easily accessible for cleaning	
5-402.12	Grease Trap
	Addl Notes: <i>[PIC is uncertain of grease trap. There appears to be one in the floor, but it is not opened to the PIC;s knowledge.]</i>



Inspector



Acknowledged Receipt :

City of Medford

BOARD OF HEALTH
City Hall - Room 311
85 George P Hassett Drive
Medford, Massachusetts 02155
Telephone (781) 393-2560 FAX: (781) 393-2562
TDD: (781) 393-2516

Food Establishment Inspection Report

Insp Date: 5/30/2019 Business ID: MA000223

Inspection: MC000388

Business: Roberts Elementary
35 Court Street

Permit #:

Phone:

Medford, MA 02155

Health Director: MPH002 Sophie Antoine

Reason: 01. Routine

Results: Next Routine 120

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
05/30/19	10:40 AM	11:43 AM	1:03	0:00	1:03	0	
Total:			1:03	0:00	1:03	0	

Inspection Summary

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

PIC Name Sandra landasca

Risk Category 2

Certified Food Protection Manager _____

CFPM Exp Date _____

Certified Allergy Trained Name _____

Allergy Exp Date _____

Certified ChokeSaver Name Sandra landasca

ChokeSaver Exp Date 11/07/2019

Permit Posted [8-304.11(A)] In Out

Inspection Report Available [8-304.11(K)] In Out

Foodborne Illness Complaint Investigated (All)

Involving More Than Two Persons

Inspection Report Provided by: e-mail

Hardcopy

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.

Inspector

Acknowledged Receipt: Sandra landasco

Page 1 of 7

Food Establishment Inspection Report

	IN	OUT	N/O	N/A	COS	REPEAT
Supervision						
1. Person-in-charge present, demonstrates knowledge, and performs duties	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Certified Food Protection Manager	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health						
3. Management, food employee and conditional employee; knowledge, responsibilities and reporting	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Proper Use of Restriction & Exclusion	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Procedures for responding to vomiting and diarrheal events	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices						
6. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands						
8. Hands clean & properly washed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. No bare hand contact with RTE food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Adequate handwashing sinks properly supplied and accessible	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Sources						
11. Food obtained from approved source	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Food received at proper temperature	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food in good condition, honestly presented, safe, & unadulterated	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Required records available: shellstock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination						
15. Food separated and protected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Food-contact surfaces: cleaned & sanitized	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Proper disposition of returned, previously served reconditions, & unsafe food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time/Temperature Control for Safety						
18. Proper cooking time & temperatures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Proper reheating procedures for hot holding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Proper cooling time and temperature	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper hot holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Proper cold holding temperatures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Proper date marking and disposition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Time as a Public Health Control	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory						
25. Consumer advisory provided for raw / undercooked foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Handwritten Signature]

Inspector

[Handwritten Signature]

Acknowledged Receipt: Sandra landasco

Food Establishment Inspection Report

Highly Susceptible Populations (HSP)	IN	OUT	N/O	N/A	COS	REPEAT
26. Pasteurized foods used; prohibited foods not offered	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food/Color Additives and Toxic Substances	IN	OUT	N/O	N/A	COS	REPEAT
27. Food additives: approved and properly used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Toxic substances identified, stored, and used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
29. Compliance with variance / specialized process / HACCP Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
30. Pasteurized eggs used where required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Water & ice from approved source	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Variance obtained for specialized processing methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
33. Proper cooling methods used; adequate equipment for temperature control	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Plant food properly cooked for hot holding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Approved thawing methods used	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Thermometers provided and accurate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food Identification	IN	OUT	N/O	N/A	COS	REPEAT
37. Food properly labeled; original container	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prevention of Food Contamination	IN	OUT	N/O	N/A	COS	REPEAT
38. Insects, rodents, & animals not present	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Contamination prevented during food preparation, storage and display	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Personal cleanliness	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Wiping cloths; properly used and stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Washing fruits & vegetables	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proper Use of Utensils	IN	OUT	N/O	N/A	COS	REPEAT
43. In-use utensils properly stored	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Utensils, equipment & linens: properly stored, dried, & handled	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Single-use/ single service articles: properly stored and used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Gloves used properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Utensils, Equipment and Vending	IN	OUT	N/O	N/A	COS	REPEAT
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Inspector


Acknowledged Receipt : Sandra landasco

Food Establishment Inspection Report

Utensils, Equipment and Vending	IN	OUT	N/O	N/A	COS	REPEAT
47. Food & non-food contact surfaces cleanable, properly designed, constructed & used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Warewashing facilities: installed, maintained, & used; test strips	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Non-food contact surfaces clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Facilities	IN	OUT	N/O	N/A	COS	REPEAT
50. Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Plumbing installed; proper backflow devices	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Sewage and waste water properly disposed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Toilet features: properly constructed, supplied, & cleaned	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Garbage & refuse properly disposed; facilities maintained	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Physical facilities installed, maintained, & clean	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Adequate ventilation & lighting; designated areas used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

MASSACHUSETTS ONLY REGULATIONS

Rules and Regulations adopted for use in Massachusetts only.

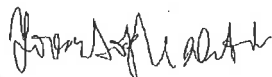
Additional Requirements listed in 105 CMR 590.011	IN	OUT	N/O	N/A	COS	REPEAT
M1. Anti-choking procedures in food service establishment	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
M2. Food allergy awareness	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Review of Retail Operations listed in 105 CMR 590.010	IN	OUT	N/O	N/A	COS	REPEAT
M3. Caterer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
M4. Mobile Food Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
M5. Temporary Food Establishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
M6. Public Market; Farmers Market	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
M7. Residential Kitchen; Bed-and-Breakfast Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
M8. Residential Kitchen; Cottage Food Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
M9. School Kitchen; USDA Nutrition Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
M10. Leased Commercial Kitchen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
M11. Innovative Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Local Requirements	IN	OUT	N/O	N/A	COS	REPEAT
L1. Local law or regulation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
L2. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discussion with Person-in-Charge

To PIC's knowledge, grease trap has not been opened. Discussed with PIC to have food handler use 3 bay sink for adequate sanitization of utensils and air dry.



Inspector



Acknowledged Receipt : Sandra landasco

Food Establishment Inspection Report
Fail Notes Summary

Fail Code	Fail Text
3. Management, food employee and conditional employee; knowledge, responsibilities and reporting	
2-201.11(A),(C)	<p>Priority; Responsibility of Permit Holder, Person in Charge, and Conditional Employees</p> <p>(A) The PERMIT HOLDER shall require FOOD EMPLOYEES and CONDITIONAL EMPLOYEES to report to the PERSON IN CHARGE information about their health and activities as they relate to diseases that are transmissible through FOOD. A FOOD EMPLOYEE or CONDITIONAL EMPLOYEE shall report the information in a manner that allows the PERSON IN CHARGE to reduce the RISK of foodborne disease transmission, including providing necessary additional information, such as the date of onset of symptoms and an illness, or of a diagnosis without symptoms, if the FOOD EMPLOYEE or CONDITIONAL EMPLOYEE:</p> <p>(1) Has any of the following symptoms:</p> <ul style="list-style-type: none"> (a) Vomiting, (b) Diarrhea, (c) Jaundice, (d) Sore throat with fever, or (e) A lesion containing pus such as a boil or infected wound that is open or draining and is: (i) On the hands or wrists, unless an impermeable cover such as a finger cot or stall protects the lesion and a SINGLE-USE glove is worn over the impermeable cover (ii) On exposed portions of the arms, unless the lesion is protected by an impermeable cover, or (iii) On other parts of the body, unless the lesion is covered by a dry, durable, tight-fitting bandage; <p>(2) Has an illness diagnosed by a HEALTH PRACTITIONER due to:</p> <ul style="list-style-type: none"> (a) Norovirus, (b) Hepatitis A virus, (c) Shigella spp., (d) SHIGA TOXIN-PRODUCING ESCHERICHIA COLI, (e) Typhoid fever (caused by Salmonella Typhi); or (f) Salmonella (nontyphoidal); (g) Any other disease transmissible through food so designated in 105 CMR 300.000: Reportable Diseases, Surveillance, and Isolation and Quarantine Requirements. <p>(3) Had Typhoid fever, diagnosed by a HEALTH PRACTITIONER, within the past 3 months, without having received antibiotic therapy, as determined by a HEALTH PRACTITIONER;</p> <p>(4) Has been exposed to, or is the suspected source of, a CONFIRMED DISEASE OUTBREAK, because the FOOD EMPLOYEE or CONDITIONAL EMPLOYEE consumed or prepared FOOD implicated in the outbreak, or consumed FOOD at an event prepared by a PERSON who is infected or ill with:</p> <ul style="list-style-type: none"> (a) Norovirus within the past 48 hours of the last exposure, (b) SHIGA TOXIN-PRODUCING ESCHERICHIA COLI or Shigella spp. within the past 3 days of the last exposure, (c) Typhoid fever within the past 14 days of the last exposure, or (d) Hepatitis A virus within the past 30 days of the last exposure; or <p>(5) Has been exposed by attending or working in a setting where there is a CONFIRMED DISEASE OUTBREAK, or living in the same household as, and has knowledge about, an individual who works or attends a setting where there is a CONFIRMED DISEASE OUTBREAK, or living in the same household as, and has knowledge about, an individual diagnosed with an illness caused by:</p> <ul style="list-style-type: none"> (a) Norovirus within the past 48 hours of the last exposure, (b) SHIGA TOXIN-PRODUCING ESCHERICHIA COLI or Shigella spp. within the past 3 days of the last exposure, (c) Typhoid fever (caused by Salmonella Typhi) within the past 14 days of the last exposure, or (d) Hepatitis A virus within the past 30 days of the last exposure.



Inspector

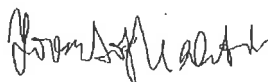


Acknowledged Receipt: Sandra Landasco

Page 5 of 7

Food Establishment Inspection Report

Fail Code	Fail Text
	<p>(C) The PERSON IN CHARGE shall ensure that a CONDITIONAL EMPLOYEE:</p> <p>(1) Who exhibits or reports a symptom, or who reports a diagnosed illness as specified under Subparagraphs (A)(1) - (3) of this section, is prohibited from becoming a FOOD EMPLOYEE until the CONDITIONAL EMPLOYEE meets the criteria for the specific symptoms or diagnosed illness as specified under § 2-201.13; and</p> <p>(2) Who will work as a FOOD EMPLOYEE in a FOOD ESTABLISHMENT that serves as a HIGHLY SUSCEPTIBLE POPULATION and reports a history of exposure as specified under Subparagraphs (A)(4) – (5), is prohibited from becoming a FOOD EMPLOYEE until the CONDITIONAL EMPLOYEE meets the criteria as specified under ¶ 2-201.13(J).</p>
	<p>Addl Notes: <i>[PIC has no verifiable evidence of employee illness reporting. Provide evidence of verifiable employee illness reporting.]</i></p>
<p>16. Food-contact surfaces: cleaned & sanitized</p>	



Inspector



Acknowledged Receipt : Sandra Landasco

Food Establishment Inspection Report

Fail Code	Fail Text
4-501.114 (A)-(F)(2)	<p>Priority; Manual and Mechanical Warewashing Equipment, Chemical Sanitization-Temperature, pH, Concentration and Hardness</p> <p>A chemical SANITIZER used in a SANITIZING solution for a manual or mechanical operation at contact times specified under ¶4-703.11(C) shall meet the criteria specified under §7-204.11 Sanitizers, Criteria, shall be used in accordance with the EPA-registered label use instructions, and shall be used as follows:</p> <p>(A) A chlorine solution shall have a minimum temperature based on the concentration and PH of the solution as listed in the following chart; Concentration Range (MG/L) Minimum Temperature PH 10 or less °C (°F) Minimum Temperature PH 8 or less °C (°F) 25 – 49 49 (120) 49 (120) 50 – 99 38 (100) 24 (75) 100 13 (55) 13 (55)</p> <p>(B) An iodine solution shall have a: (1) Minimum temperature of 20°C (68°F), (2) PH of 5.0 or less or a PH no higher than the level for which the manufacturer specifies the solution is effective, and (3) Concentration between 12.5 MG/L and 25 MG/L;</p> <p>(C) A quaternary ammonium compound solution shall: (1) Have a minimum temperature of 24°C (75°F), (2) Have a concentration as specified under § 7-204.11 and as indicated by the manufacturer's use directions included in the labeling, and (3) Be used only in water with 500 MG/L hardness or less or in water having a hardness no greater than specified by the EPA-registered label use instructions;</p> <p>(D) If another solution of a chemical specified under ¶¶ (A) - (C) of this section is used, the PERMIT HOLDER shall demonstrate to the REGULATORY AUTHORITY that the solution achieves SANITIZATION and the use of the solution shall be APPROVED;</p> <p>(E) If a chemical SANITIZER other than chlorine, iodine, or a quaternary ammonium compound is used, it shall be applied in accordance with the EPA-registered label use instructions; and</p> <p>(F) If a chemical SANITIZER is generated by a device located on-site at the FOOD ESTABLISHMENT it shall be used as specified 139 in ¶¶(A) - (D) of this section and shall be produced by a device that: (1) Complies with regulation as specified in §§ 2(q)(1) and 12 of the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA), (2) Complies with 40 CFR 152.500 Requirement for Devices and 40 CFR 156.10 Labeling Requirements.</p>
Addl Notes:	<p><i>[Inspector's Dish temp came out at 159.6 and the establishment's dish temp came out at 152. Dishes surfaces must reach 160 for adequate sanitization. Sanitize in three bay sink then air dry until fixed.]</i></p>

[Handwritten Signature]

Inspector

[Handwritten Signature]

Acknowledged Receipt: Sandra landasco