	F	ood Esta	blishme	nt ins	pe	ction Fo	rm	Page/	_ op	
The Commonwealth of N	lassachusetts	# Violations						Date 12 .4/2	19719	0 1
City of Newburyport Board 60 Pleasant Street, Newbu	of Health urvport, MA 01950	Priority-	Priority	foundati	on-	Core-		Time In //26	,	
(978) 465-4410 www.City	ofNewburyport.com	Score (opti						Time Out 17 4	>	
	AM sch	800	Risk (Category		Type of Or	peration(s)	Type of Inspecti	<u>on</u>	
Establishmanight deless 4.41 &	h 'ST					Retail	vice	Reinspection		
Telephone		HACCP Y/				Residen	tial Kitchen	Previous Inspecti	on Date:	
Owner TOWN		Permit #:		_		Tempora	ary	☐Pre-Operation		
5 1 01 2 (010)	= RLRY	FORES STEEL THE	ning / Exp Date	20		□Caterer	-	Suspect Illness		
Inspector	-					□Bed & B □Farmer's		☐General Comp	aint	
	A CONTRACTOR OF THE STREET		**************************************			Other:		Other:		
	ODBORNE ILL			RS AND	P					
Circle designated complia IN = in compliance OUT = no	t in compliance N/O = no	ot observed N/A =	not applicable			COS = co		te box for COS and/or R g inspection R = repeat violati		
Compliance Status	0	nerver un	COS R		_	nce Status	Proper disposition	of returned, previously	cos	R
. I O I PIC	Supervision present, demonstrates kn	owledge and		17	TIN	OUT	served recondition	ned & unsafe food		1075
1 Div OUT perfe	orms duties			40	1/2	ALTERNATION OF THE PARTY OF THE	Charles and A control of the control	e Control for Safety		
2 (IN)OUT N/A Cert	ified Food Prolection Man Employee Health	*		18	_	OUT N/A N/O	Proper cooking the Proper reheating of	ne & lemperatures procedures for hot holding		
3 IN OUT Man	agement, food employee loyee; knowledge, respon	and conditional		20	∜≍	OUT N/A N/O		e and temperature		
repo	rting				\sim					
5 Proc	er use of restriction and e edures for responding to			21	\rightarrow	OUT N/A N/O	Proper hot holding		+	
5 diarr	heal events ood Hygienic Pract		STEPHEN STOR	23		OUT N/A N/O	Proper cold holdin Proper date markli			
	er ealing, tasting, drinking			24		OUT N/A N/O	Time as a Public F			
	ischarge from eyes, nose	AND THE PARTY OF T	AND ALLERY DE	4.4	-	er Advisory	Construent	y provided for raw /	1.4	J. 1
2 Company	ng Contamination	CARDEN CONTRACTOR		25		OUT(N/A)	undercooked food		1 : 1	
125	ds clean & properly washe					DUT N/A		ole Populations (HSP) used; prohibited foods not	Barbara a	
Ada	are hand contact with RTI quale handwashing sinks			26	با		offered	Employees 1997 - F	Contracting of the contraction o	
	accessible		ACTION TO SERVICE	F00		OUT (N/A)	es and Toxic S	proyed & properly used		
11 (IN)OUT Food	Approved Source d obtained from approved			28		OUT N/A		y identified, stored & used		
	received at proper tempe			Con	forn	nance with A	pproved Proce			
13 W DOT unad	freceived in good condition interated			29	IN	OUT (N/A)	/ HACCP Plan	ariance / specialized process		
	uired records available: sh site destruction	elistock tags,		Risi	c Fac	ctors are imp	ortant practices	or procedures identifie	ed as the mo	st
	ction from Contan			prev	alen	t contributing	factors of foodl	borne illness or injury.	Public health	h
	I separated and protected I-contact surfaces; cleane			inter	vent	ions are cont	rol measures to	prevent foodborne illn	ess or injury.	,
		G	OOD RET.	AIL PR	RAC	TICES				100
Mark 'X" in box if numbered item	Good Retail Practices as		sures to control to appropriate box for				s, and physical object a corrected on-site d		t = repeat violation	in.
Compliance Status	is not in compilance	WGIK A III	COS R			nce Status				R
	Safe Food and Wa	ter	38600	14 15 1	1. 2	la usa utawalla	Proper Use properly stored	of Utensils		10000
30 Pasteurized eggs user 31 Water & ice from appr				43	1	<i></i>		rly stored, dried, & handled		
32 Variance obtained for	specialized processing m			45	V			properly stored & used	(
1 V 0	d Temperature Co ds used; adequate equipm		Differ Viles	46	10	Gloves used pr	White Commence		o gate dann	Eige
33 temperature control		MANAGERS OF THE PARTY OF THE PARTY.		× -	1. 2	A COLUMN TO SERVICE A COLU	THE CHAPTER STREET, DO	nent and Vending		
Plant food properly co				47	1	constructed & u	used			
35 Approved thawing met 36 Thermometers provide				48	1.		acilities: installed, ma ict surfaces clean	aintained, & used; test strips		
The Villa Emily of English States	Food Identification	n .	SEE 1283.	617			Physical	Facilities		
37 Food properly labeled	original container	mination	Singulation Co.	50	V	7-	er available; adequat led; proper backflow		1-1-	
38 Insects, rodents, & ani		umation		52	1		te water properly disp			
	ted during food preparation	n, storage and		53	1	Toilet features:	properly constructed	d, supplied, & cleaned		
40 Personal cleanliness				54	V	,		d; facilities maintained		
41 Wiping cloths: properly 42 Washing fruits & vegel				55 56	14		es installed, maintain lation & lighting; desi			
57 SPECIAL REQUIREM	COURT DE CARCET COS	Anti-choking (59)) 009(F1) []Ta		90 00			0.009[G]) Local law reg	quiation COP	ner
Official Order for Correction: Base	ed on an inspection today	the items checked	indicate violation	s of the Bo	ard of	Health Food Reg	ulation / 2013 Federa	al Food Code. This report, who	en signed below I	by
a Board of Health member or its age and cessation of food-establishment	ent constitutes an order of	the Board of Health	Failure to corre	ect violation	s cited	in this report ma	y result in suspensio	n or revocation of the food est	ablishment permi	it
len (10) calendar days of receipt of										
PIC's Signature:	0 80	· lon	Print:	tan	٦,	ı K	caley	Date:	29/19	
X Dan	new		-		- 0	3	İ		~ 11.7	-
Inspector's Stanature:	al I J	ma	Follow	-up: YE	s (v	(circle one)	Follow-up Dat	te, if applicable:		
// '		7								

			Foo	od Establishment	t Inspect	ion Form		Page	of
of Newbury 50 Pleasan	nonwealth of North Proof Board of North Board of North	leaith uryport, M	setts City IA 01950	Establishment Name):		U	Date: _	4/29/19
Ite	em / Location	The State of	Temp (°F)	TEMPERATURE	OBSERV	Temp (°F)	ltem /	Location	Temp (°F)
01			1710	item / Locatio	201	Temp(1)	Remi	Location	Tomp (1)
Chick	-PLY 1407	1-42	INF						
SIEVA	enn Bag	1 M							1
****			ОВ	SERVATIONS AND/O	R CORRE	CTIVE ACTI	ONS		
	Violations	cited in th	nis report mu	st be corrected within the ti	ime frames o	r as stated in Se	ction 8-405,11 c	f the Food Cod	e
			P = Priorit	y (72 Hrs), PF = Priority Fo	undation (10	Days), C ≃ Core	(90 Days)		
Item Number	Code Section	P, PF, C			Description	n of Violation			Date Verified
.,,,,,,,									
			110	VIOLATI?	D W	WAT	14 6	AT	
		1	140	Vione	7,1-0	(2.1)	12156	20017/2	1
			The	- time	8) F	my	174 81	12000	
	11-7-3-3-11								
						300181			
				1) 1-1-10-2-10					
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					-	Harle			
						W-1-11-V-			
				estimate a second					
					-				
	6311-50								
	-								
Discussion	with PIC:	L	iliyeen —		12	J. 1842-142-1	- Downley I	CIN-	Elv-
						orrective Actio	n Required	□No	☐Yes,
						☐ Voluntary Con	npliance	☐ Employee	Restrict /Exclude
					Г	Re-inspection	Scheduled	☐ Emergenc	y Suspension
			-	_ INDIVIDUAL TO THE PARTY OF TH] Embargo		☐ Emergenc	
-/	7			78-27-1		☐ Voluntary Disp	nosal	☐ Other	, 2.000,0
PC's Sign	ature:	/	7 8	Ya. Ca.		_ voluntary DIS	,03 a l	Date:	laglig
Inspector	Signature	reli	<u>~_ /</u>	ealey				Date:,/	121/17
Rev. 12/18/	usy	rl	9	reh ()			·	7	129/19
\bigvee	under 20		A						(

a projection	CAN HAS	Fo	od Estab	lishme	ent Insp	ection For	m	Page_	of _	1
	onwealth	of Massachusetts	# Violations					Date 10 / 18	177	
	uryport B	Board of Health ewburyport, MA 01950	Priority-	Priorit	y foundation	- Core-		Time In P		
) 465-4410 www	.CityofNewburyport.com	Score (option	nal)				Time Out		
	lishment Name	chistian		Risk	Category	Type of Op		Type of Inspec	tion	
Establ	lishment Address , /	-70 HF W W VI				Food Ser	vice	☐Routine ☐Reinspection		
Teleph	333 H	10 h S1	HACCP Y/N			Resident	al Kitchen	Previous Inspection		
			Permil #:	7						ei.
Owner	CTU					☐ Tempora	ry	☐Pre-Operatio		
Person	n-tmCharge (PIC)	KEALRY	Food Safety Training	ig / Exp. Date		⊟ Caterer	eakfast	General Com		
Inspec	ctor -	661	2			☐Farmer's	Market	HACCP		
	7/4					☐Other:	1 101 1 11 1100	Other:		_
		FOODBORNE ILLI			KS AND	PUBLIC HE	LIHINIE	ate box for COS and/or R		_
	Circle designated co N = in compliance OU	ompliance status (IN, OUT, N/O, N IT = not in compliance N/O = not	observed N/A = no	ot applicable		COS = cor		ng inspection R = repeat vio		_
Com	pliance Status			cos		oliance Status	Proper disposition	n of returned, previously	cos	⊢
		Supervision			17	IN OUT		oned & unsafe food		L
1	K OUT	PIC present, demonstrates know performs duties	wledge, and			Time	/ Temperatu	re Control for Safety	ſ	
2	OUT N/A	Certified Food Protection Manage	ger		18	NO N/A N/O		ime & temperatures		L
		Employee Health	nd conditional T		19	OUT N/A N/O	Proper reheating	procedures for hot holding		-
3	1√N OUT	Management, food employee ar employee; knowledge, responsi			20	(ÎTO) OUT N/A N/O	Proper cooling ti	me and temperature		
	6 оит	reporting Proper use of restriction and ex-	clusion		21	(N) OUT N/A N/O	Proper hot holding	ng temperature	_	+
<u>4</u> 5	(N) OUT	Procedures for responding to vo			22	NOUT N/A N/O	Proper cold hold			T
<u></u>	10001	diarrheal events Good Hygienic Practi	ces		23	OUT N/A N/O		king and disposition		+
6	IN OUT N/O	Proper eating tasting, drinking,				OUT N/A N/O	Time as a Public			T
7	IN OUT N/O	No discharge from eyes, nose,			Cons	umer Advisory				_
	Pre	venting Contamination	by Hands		25	IN OUT N/A	Consumer advis undercooked for	ory provided for raw /		
8	OUT NO	Hands clean & properly washed	1		Requ	irements for Hi	ghly Suscept	ible Populations (HS	P)	_
9	OUT N/A N/O	No bare hand contact with RTE	food		26	IN OUT N/A	Pasteurized food offered	ds used; prohibited foods not		
10	€ out	Adequate handwashing sinks pr	roperly supplied		Food	/ Color Additiv	es and Toxic	Substances		
-		and accessible Approved Source			27	(IN OUT N/A	Food additives:	approved & properly used		Т
					41	(D) (O) 11111				
11	Ø OUT	Food obtained from approved s			28	NOUT N/A		erly identified, stared & used		_
11 12	OUT N/A N/O	Food received at proper temper	ource rature		28 Conf	OFMANCE WITH A	pproved Pro	cedures	cc	_
		Food received at proper temper Food received in good condition unadulterated	ource rature n, safe, &		28	NOUT N/A	pproved Pro		SS	
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			5.5.5.6.6.6	TEMPERATU		ATIONS		SHENOLOGISH DER	
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	Violations	Gilea iii ti						il tile Food Cod	С
Item	Code	IP.	P = Priority	(72 Hrs), PF = Priority			(90 Days)	.407-1	T Date
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Discussion	with PIC:				To:			n <u>s</u> gwynris	
						Corrective Action	n Required	□No	□Yes
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						Re-inspection	Scheduled	☐ Emergency	Suspension
] Embargo		☐ Emergency	Closure
	0					☐ Voluntary Disp	osal	☐ Other	*
PIC's Signa	ycep	0	Tab	le Keaf		-150		Date:	118/19
Rev. 12/18/	//	You	rela	Klaf	Ing			//	18/19
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Commonwealth of Massachusetts - City of Newburyport Board of Health (978) 465-44100

Massachusetts Department of Public Health Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Food Protection Pro 305 South Street Jamaica Plain, MA 02130 Tel. (617) 983-6712



TOOD EOTABLIOTINENT INSPECTION REPORT	1		Share .
Name / MM ACIATE CONCEPTIONS	Date 12/19/16	Type of Operation(s) Food Service	Type of Inspection Routine
112 6 8 12 16 14 15)	Risk Level	Retail Residential Kitchen	Re-inspection Previous Inspection
Telephone		Mobile Mobile	Date:
Owner	HACCP Y/N	☐ Temporary ☐ Caterer	☐ Pre-operation☐ Suspect Illness
Person-in-Charge (PIC) CATHY GROY BINSICI	Time	☐ Bed & Breakfast	General Complaint HACCP
Inspector Lac Mrsy TAbri	In: AM Out:	Permit No.	Other
Each violation checked requires an explanation on the narr	ative page(s) a	nd a citation of specific	provision(s) violated.
Violations Related to Foodborne Illness Interventions and		Non-ci	ompliance with:
Items)		Anti-Choking	
Violations marked may pose an imminent health hazard and re	quire immediate	Tobacco Allergen Awa	590.009 (F) (F) (F) (F) (F) (F) (F) (F)
corrective action as determined by the Board of Health.			, , ,
FOOD PROTECTION MANAGEMENT	🗌 12. Prevei	ntion of Contamination from	Hands
1. PIC Assigned/Knowledgeable/Duties EMPLOYEE HEALTH	☐ 13. Handv	vash Facilities	
Reporting of Diseases by Food Employee and PIC	PROTECTION	FROM CHEMICALS	
3. Personnel with Infections Restricted/Excluded	14 Appro	ved Food or Color Additives	3
FOOD FROM APPROVED SOURCE	☐ 15 Toxic (Chemicals	
4 Food and Water from Approved Source	TIME/TEMPER	ATURE CONTROLS (Potenti	ally Hazardous Foods)
5 Receiving/Condition	☐ 16. Cookir	ng Temperatures	
☐ 6 Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehea	ting	
7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Cooling	g	
PROTECTION FROM CONTAMINATION	19 Hot an	d Cold Holding	
8. Separation/Segregation/Protection	☐ 20. Tíme a	s a Public Health Control	
9. Food Contact Surfaces Cleaning and Sanitizing	REQUIREMEN	TS FOR HIGHLY-SUSCEPTIE and Food Preparation for HS	BLE-POPULATIONS (HSP)
☐ 10 Proper Adequate Handwashing		ind rood Freparation for the	or:
11. Good Hygienic Practices	CONSUMER A 22 Posting	DVISORY g of Consumer Advisories	
Violations Related to Good Retail Practices_(Blue	Number of	Violated Provisions Re	elated
tems) Critical (C) violations marked must be corrected mmediately or within 10 days as determined by the Board		rne Illnesses Interventi	
of Health. Non-critical (N) violations must be corrected		actors (Red Items 1-22) der for Correction: Base	
mmediately or within 90 days as determined by the Board of Health.	today, the it	ems checked indicate vi	olations of 105 CMR
C N	590.000/fed	leral Food Code. This re	port, when signed below
23. Management and Personnel (FC-2)(590.003)		of Health member or its a Board of Health, Failure	
24. Food and Food Protection (FC-3)(590,004) 25. Equipment and Utensils (FC-4)(590,005)	cited in this	report may result in susp	pension or revocation of
26. Water, Plumbing and Waste (FC-5)(590.006)		ablishment permit and c	
27. Physical Facility (FC-6)(590.007)	have a right	ent operations. If aggrieve to a hearing. Your reque	est must be in writing
28. Poisonous or Toxic Materials (FC-7)(590 008)	and submitte	ed to the Board of Health	n at the above address
29. Special Requirements (590 009)		iys of receipt of this orde E-INSPECTION:	г.
30. Other	DAIL OF RE	mor Lo 110M.	
Investory Standard Investory of the Inve	-1	01-11	
Inspector's Signature Print:	SOSPIF	grally,	
PICs Signature: Print:	(and h	11-0 > 11 h . 1 . 1	Page of Pages

Page: 2 Establishment Name: 17M M. A. C. TATE Cow CAPTION Date: 12/19/13

Embargo ⊡	Re-inspection Scheduled	☐ Voluntary Compliance ☐ Employee Restriction / Exclusion	Discussion With Person in Charge:			Them Post Hat Took WILAN BALLS 180 to.				HO VIOLATION WOTHE AT The Time OF	Code C - Critical Item DESCRIPTION OF VIOLATION / PLAN OF CORRECTION Description No. Reference R - Red Item Verified	DESCRIPTION OF VIOLATION OF AN OF AN OF ACCURATION
Ferm Post Hot Fac wareth BALCS I's	Form Pof Hold For Corrective Action Required: O No Deluntary Compliance O Employee Restriction of the Corrective Action Required: O Employee Restriction of the Correction of the	Corrective Action Required: 0 No	30/4 HDT FOR WATER BALL	306 HOT 1506 WILL	20 th to Took water 1846						VIBLATION NOTRE AT THE WAR	R-Red Item R-Bo VIO LATION WOTH A AT 1216 1200 1200 1200 1200 1200 1200 1200

Fo	od Estab	olishi	ment	Insp	pec	tion For	mm		Page /	of_	-
The Commonwealth of Massachusetts	# Violations							Da	ite	14	,
City of Newburyport Board of Health 60 Pleasant Street, Newburyport, MA 01950	Priority-	Pri	iority for	undatio	on-	Core-		Tii	me In 10 45	1	1
(978) 465-4410 www.CityofNewburyport.com	Score (option	onal)						Ti	me Out // 45		
Establishment Name IMM ACULATE	COUSE	trir	Risk Cate	gory		Type of Op			Type of Inspection		
Establishment Address	C (107.3)	7-Cu p	+	/		Food Ser	vice		☐Routine ☐Reinspection		
Telephone (2) 1 4 4 7 77(1)	HACCP Y M				=	☐Retail ☐Resident	ial Kitchen		Previous Inspection	Date:	
71- 163 7120		ENTERON IN	40			Mobile					
Owner Arrah Dios BOSTO	17. V	NAY		20	E	Tempora	ry		☐Pre-Operation		
EATHY GRE YBINSKI	Food Safety Traini	ng / Exp.	Date			Caterer Bed & Br	pakfast		☐Suspect Illness ☐General Complai	nt	1
Inspector	1111					Farmer's			HACCP		
						Other:			Other:		
FOODBORNE ILLI	NESS RISK	FAC	TORS	AND	PU	BLIC HEA	ALTH INTE	RV	ENTIONS		
Circle designated compliance status (IN, OUT, N/O NIN = in compliance OUT = not in compliance N/O = not	I/A) for each numb observed N/A = r	ered item not applica	ble			COS = con	ark "X" in appropri rected on-site duri	ate bo ng ins	x for COS and/or R pection R = repeat violation		
Compliance Status		cos	R	Com		nce Status	December of the control			cos	R
Supervision				17	(D)	OUT	served reconditi		turned, previously unsafe food		
1 PIC present, demonstrates known performs duties	wledge, and					Time	/ Temperatu	ге С	ontrol for Safety		
2 OUT N/A Certified Food Protection Management	ger			18	UNY	OUT N/A N/O	Proper cooking t	ime &	temperatures		
Employee Health				19	-	OUT N/A N/O	Proper reheating	proce	dures for hot holding		
3 Management, food employee at employee; knowledge, responsi				20	(a)	OUT N/A N/O	Proper coaling ti	me an	d temperature		
reporting				21	10	OUT N/A N/O	Proper hot holding	ng tem	perature		
Procedures for responding to vo			-	22	_	OUT N/A N/O	Proper cold hold				
Good Hygienic Practi	cos	L		23		OUT N/A N/O	Proper date mar				
6 (IN) OUT N/O Proper eating, tasting, drinking.				24		OUT N/A N/O	Time as a Public				
7 / OUT N/O No discharge from eyes, nose,				Cons	sume	er Advisory					
Preventing Contamination	by Hands			25	IN (OUT WAY	Consumer advis- undercooked for		ovided for raw /		
8 OUT N/O Hands clean & properly washed				Requ			ghly Suscept	ible	Populations (HSP)		
9 (N) OUT N/A N/O No bare hand contact with RTE	food			26	1	OUT N/A	Pasteurized food offered	is use	d; prohibited foods not		
10 N OUT Adequate handwashing sinks pr	operly supplied			Food	d / Co	olor Additive	es and Toxic	Sub	stances		
Approved Source				27	IN C	OUT(N/A)	Food additives:	approv	ed & properly used		
11 OUT Food obtained from approved s				28	_	OUT N/A			ntified, stored & used		
12 OUT N/A N/O Food received at proper temper					_		pproved Pro		Ires		
13 OUT Food received in good condition unadulterated				29	IN C	OUT (/A)	/ HACCP Plan	valial	ice / specialized process		
14 IN OUT N/O Required records available: she parasite destruction	listock tags,			Risk	Faci	tors are impo	ortant practice	s or	procedures identified	as the	most
Protection from Contami	nation								ne illness or injury. P		
15 W OUT N/A N/O Food separated and protected 16 N OUT N/A Food-contact surfaces; cleaned	9 conitized			inter	venti	ons are conti	rol measures	to pr	event foodborne illne:	ss or inj	ury.
16 OUT N/A Food-contact surfaces; cleaned		OOD F	2FTAI	I PR	ACI	TICES	10-12-9-17				
Good Retail Practices are							s, and physical ob	jects ir	nio foads.		
Mark 'X" in box if numbered item is not in compliance	Mark "X" in a	ppropriate	box for C	COS and	for R	cos	corrected on-site		g inspection R =	repeat vio	
Compliance Status		cos	R	Com	ipliar	nce Status	Proper Us	20.01		cos	R
Safe Food and Water 30 N Pasteurized eggs used where required	er			43	П	In-use utensils		96 01	Otorisiis	1	
31 Water & ice from approved source				44				erly s	lored, dried, & handled	V	
32 Variance obtained for specialized processing met				45	П			: prop	erly stored & used	4	
Food Temperature Col				46		Gloves used pro			4 a - d W d':		
33 / repeature control									t and Vending able, properly designed,	/	
34 Plant food properly cooked for hot holding				47		constructed & u	sed			1	
35 / Approved thawing methods used				48	\vdash			mainta	ined, & used; test strips	1	
36 Thermometers provided & accurate Food Identification	is and a			49	Ш.	Non-rood conta	ct surfaces clean Physica	al Fa	cilities	-	
37 Food properly labeled; original container				50	П	Hot & cold wate	r available, adequ			V.	
/ Prevention of Food Contar	nination			51		Plumbing install	ed; proper backflo	w dev	ices	V	
38 / Insects, rodents, & animals not present				52		Sewage & wast	e water properly d	ispose	d	-	
39 Contamination prevented during food preparation display	, storage and			53			properly construct			V	
40 Personal cleanliness				54				_	cilities maintained	ν,	-
41 Wiping cloths properly used & stored 42 Washing fruits & vegetables		-		55 56	\vdash		s installed, mainta ation & lighting, de			Temp	>Rite. §
	nti chokina (600	000[E]	ПToba		0 000				09[G]) □Local law n	Date:	
57 SPECIAL REQUIREMENTS / OTHER A Official Order for Correction: Based on an inspection today.				-							INS ORANGE
a Board of Health member or its agent constitutes an order of t	he Board of Health	Failure	to correct	violations	s cited	in this report may	y result in suspens	sion or	revocation of the food es	12.1(1)1700	UNION AND IN ENION
and cessation of food establishment operations. If aggreed ten (10) calendar days of receipt of this order.	order, you ha	ave a right	io a near	ing fou	. reque	ear turiar ne iu Mi	ung and submide	น เบ เก	Godard or Fredrich dit tille day	160	0F/71°C
PIC's Signature: athir Cigli	int	Pı	rint: _	ati	44	GRE	-ybin	5 K	Date:	10/	19
Inspector's Signature Cosepl 7	Tell	F	ollow-u	p: YE	s W	7)	3		if applicable:	,	
	£ 57678	-									

		F	ood Esta	blish	ment	: Ins	pec	ction Fo	rm		Page /	of _	2_
	3.6	of Massachusetts	# Violation:	s						Date	7/29	119	2
	of Newburyport I	Board of Health Newburyport, MA 01950	Priority-	P	riority fo	undatio	-חכ	Core-		Time	In 1/2 6	S,	
		v.CitvofNewburvport.com	Score (opti	ional)						Time	Out / 2 ,5	-5	
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Estat	Coling ed	STOOL THOSE	3- 11100	-	1-	4		☐Food Se	rvice		Routine		
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			Permit #:					Mobile	ildi ratorion	1.	TO TOUS TISPECTIO	ii Date.	
Owne	100310							Tempora	ary		Pre-Operation		
Perso	o In-Charge (PIC)	CALFY	Food Safety Train		Date D	27		☐Caterer ☐Bed & B	roakfaet		□Suspect Iliness □General Compi	nint =	
Inspe		-		1				Farmer's			∃HACCP	31111	
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713		FOODBORNE ILL				AND	PL						(FS) (
		compliance status (IN, OUT, N/O, JT = not in compliance N/O = n						COS = co	fark "X" in appropriat	le box fo g inspect	r COS and/or R tion R = repeat violatio	n	
Con	npliance Status			cos	R	Com		nce Status				cos	R
		Supervision			IV Folia	17	IN	b ut	Proper disposition served, recondition	of return ned & ur	ned, previously nsafe food		
1	Форит	PIC present, demonstrates kr performs duties	nowledge, and					Tim	e / Temperatur	e Con	trol for Safety		
2	OUT N/A	Certified Food Protection Man	nager			18		OUT N/A N/O	Proper cooking tim	ne & tem	peratures		
		Employee Healt		9.31		19	0	OUT N/A N/O	Proper reheating p	orocedur	es for hot holding		
3	₩ OUT	Management, food employee employee; knowledge, respon				20	(N)	OUT N/A N/O	Proper cooling tim	e and te	mperature		
4	ОООТ	reporting Proper use of restriction and e			ļ	21	_	OUT N/A N/O					
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o o	NEW TOWN	diarrheal events Good Hygienic Prac	ficas	1 2000		23		OUT N/A N/O	Proper date marki			-	_
6	OUT NO	Proper eating, tasting, drinking		1		24		ÔUT N/A N/O	Time as a Public I	_		-	
7	OUT NO	No discharge from eyes, nose					-	er Advisory	HILDS WATER	Wei.			9.14
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8	CNOUT N/O	Hands clean & properly wash	ed			Requ			ghly Susceptil	ble Po	pulations (HSP)		3.53)
9	GOUT N/A N/O	No bare hand contact with RT	E food			26	0	OUT N/A	Pasteurized foods offered	usad; pr	rohibited foods not		
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11	ОООТ	Food obtained from approved			1	28		OUT N/A	Toxic sub. properly				
12	OUT N/A N/O	Food received at proper temp Food received in good condition							pproved Proce		S / specialized process	CHECK	545
13	(N) OUT	unaduiteraled				29	IN	OUT W	/ HACCP Plan	anance i	/ specialized process		
14	IN OUT WO NIO	Required records available; sl parasite destruction	nellstock tags,			Rick	Fac	tors are imp	ortant practices	e or ord	ocedures identifie	d as the	most
		Protection from Contan									illness or injury. I		
15	ON OUT N/A	Food separated and protected Food-contact surfaces; cleans				inten	venti	ions are cont	rol measures to	preve	ent foodborne illne	ess or inj	jury.
	G. GG. III.			OOD	RETAI	L PR	AC'	TICES	4 M - 68 - 3 G	Maria di		Topic.	SOT W
		Good Retail Practices a				-		William Control of the Control	s, and physical object	cts into f	oods.		
		ed item is not in compliance	Mark "X" in						= corrected on-site of	during ins	spection R	repeat vi	1
Con	pliance Status	Safe Food and Wa		1 008	N CONT	Com	plia	nce Status	Proper Use	of lit	ensils	cos	R
30	Pasteurized ag	gs used where required				43	V	In-use utensils	properly stored	0,00	uriono		
31		m approved source				44			ment & linens; prope		~~~		
32	Variance obtain	ned for specialized processing m	THE RESERVE OF THE PARTY OF THE	7 2 177	170 67	45	0		igle-service articles:	properly	stored & used		
32		Food Temperature Co methods used; adequate equipment		- C-0-0-0	1	46	0.3	Gloves used pr	to the Millian Committee	cont c	nd Vandina	Congression	1200:
33	temperature co	introl					7		ensils, Equipn	-	na venaing , properly designed,	2 Mily	ALC: N
34	1	erly cooked for hot holding				47		constructed & u	ised	reaction of the	Carrie Sandre Carrier Carrier (1997)		
35 36		ing methods used provided & accurate				48	1		acililies: installed, ma ict surfaces clean	aintained	1, & used; test strips		
30	Inemionieters	Food Identification	n	CAP Let	N. Fare	45	200	, totalou conta	Physical Physical	Facili	ities	25.030	
37	Food properly	abeled, original container				50	1	Hot & cold water	er available; adequat				
		evention of Food Conta	amination	18.5	V S	51	1		led; proper backflow				
38		s, & animals not present prevented during food preparation	on, storage and			52	V		e water properly disp				
39	_display		, o.c. ago and			53	7		properly constructed				
40	Personal clean	iness properly used & stored				54 55	9	/	se properly disposed es installed, maintain				
41	Washing fruits		-			56	1		es installed, maintain lation & lighling; desi				
57	THE RESIDENCE OF SHIPS	SELVEL BATTURGROUPS	Anti-chokina (590	0.009(E1)	□Toba		0.009				G]) Local law reg	ulation F	Other
Officia a Boar and ce	I Order for Correction of of Health member of	n: Based on an inspection today rits agent constitutes an order of shment operations. If aggrieved	, the items checked the Board of Health	indicate v	iolations o to correct	f the Boa violations	rd of I	Health Food Reg	ulation / 2013 Federa y result in suspensio	al Food (Code, This report, whe ocation of the food esta	n signed b	elow by permit
	Signature:	Yamela	Keal	y P	rint:	Pan	ne	la k	Cealey		Date: 4	29/	19
Insp	ector's Signatur	Joseph Oc	rbh (J F	ollow-u	p: YEŚ	S (N	(circle one)	Follow-up Dat	te, if a	pplicable:	1	
	- 1												

				od Establishmer	nt Inspec	tion Form		Page	of
of Newbury	nonwealth of N port Board of H	lealth	- 1	Establishment Nam			_	Date: 7	1/24/8
	nt Street, Newbu 4410 www.City			MOLIN a	mod	210 80	elioo L	Date	1 1/4
				TEMPERATUR	E OBSERV	ATIONS			
(0 h . c	em / Location	TI IZ	Temp (°F)	Item / Locat	ion	Temp (°F)	Item / Lo	cation	Temp (°F)
Hui	Frak	11 112) Ji Wiye)		- - - - - - - - - - 	***********				Ti
	<i>J.</i> U. = E	,,,							
			OBS	ERVATIONS AND/	OR CORRE	CTIVE ACTI	ONS		
	Violations	cited in t		st be corrected within the				he Food Code	
Item	Code	P	P = Priority	/ (72 Hrs), PF = Priority F			e (90 Days)		Date
Number	Section	P, PF, C		June 19 Table 19 Tabl		n of Violation			Verified
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Discussion	WITH PIC:				C	Corrective Actio	n Required]No	∐Yes
N) 0 -	TIFU.	D.M.	PT BF	146-ALTL	Г	☐ Voluntary Com	npliance F	Employee Re	estrict /Exclude
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10.0	7					☐ Voluntary Disp		Other	- 111
PC's Signa	ature:	l.	Kon	loss		_ resulting prop	911 11100	Date:	29/19
Inspector's	Signature	10	- Olo	The state of the s		IV-eve, us	ALL CONTRACTOR	Date:	0/19
Rey 12/18/	Vsefe	7	70	\sim 0		CANADA III		7/8	~(
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The Commonwealth of Massachusets (1) of Newbork (1) 10 (1)	31			F	ood Esta	blish	ment	Insp	pect	ion Fo	rm		Page _/_	ot	d
69 Pleasant Siriest, Newburpport, MA 01950 1979 465-414 1990					# Violations	S						Da	te 9/24/	201	9
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Present Active Part Present developed	Owner				Permit #:					THE PERSON NAMED IN COLUMN NAM	irv		TPre-Operation		
Bed & Breakfast	Person	-In-C	Charge (PIC)	17.	Food Safety Train	ning / Exp.	Dale		— 1 i		,				
Comparison Com		-		m Kealey		5	120	24						int	
Core designated exceptioners believed the profit occeptions (No. 17 No. No. No. 17 N	Inspect	tor	D_L	4. 11.							Market	- 1			
Water Complained complained complained stables (IN, OUT, NO, NO) for each numbered freem No. 1	epition.	201	12)	FOODBODNE II I	MESS DIS	CEAC	TOPS	AND			ALTH INT	EBV/E		COLLE	554.51
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Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark 'X'' in box if numbered item is not in compliance	15	IN													
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark 'X' in box if numbered idem is not in compliance Mark 'X' in operative box for COs and Far COS = corrected on-site during inspection R = repeat violation. Compliance Status COS R Safe Food and Water Safe Food and Water Proper Use of Utensils 30 Pasteurized eggs used where required 4, 43 In-use ultensils properly stored. 31 Water & ice from approved source 4, 44 Utensils, requirement & itens; properly stored, dried, & handled 5, 5, 11 and		IN	OUT N/A	Food-contact surfaces; cleane	d & sanitized			1,,,,,,,,				, , , , , , ,			
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Water & ice from approved source	30	T	Pasteurized eg			T T		43	Πī	n-use utensils					
Proper cooling methods used; adequate equipment for temperature control Utensils, Equipment and Vending			Water & ice fro	m approved source				44		Jtensils, equip	ment & linens; pro	operly st	ored, dried, & handled		
Proper cooling methods used; adequate equipment for temperature control temperature			Variance obtain		STATE OF THE PARTY				-			es: prope	erly stored & used		
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PIC's Signature: Print: Tan Cal2 Date: 9/24/201 Inspector's Signature: Reg Many Follow-up: YES NO (circle one) Follow-up Date, if applicable:	Official a Board and ces	Ord	ler for Correction lealth prember or on of food establi	n: Based on an inspection today its agent constitutes an order of shment operations. If aggrieved	the items checked	indicate v	riolations o	f the Boar	rd of He	alth Food Rec	ulation / 2013 Fe	deral Fo	od Code. This report, when	n signed b	elow by
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			Foo	od Establishmen	t Inspec	tion Form		Page	2 of 2
of Newbury 60 Pleasan	onwealth of I port Board of I t Street, Newb 410 www.City	Health uryport, M	A 01950	Establishment Name	Noch	c/moli.	school eteria	Date:	9/24/19
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Ite	em / Location		Temp (°F)	Item / Location	on	Temp (°F)	Item /	Location	Temp (°F)
				ERVATIONS AND/O					
	Violations	cited in the	nis report mu	st be corrected within the ti	me frames o	or as stated in S	Section 8-405.11	of the Food C	ode
Item	Code	P,	P = Priority	y (72 Hrs), PF = Priority Fo			re (90 Days)		Date
Number	Section	PF, C				on of Violation			Verified
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Discussion	with PIC:			en-have to		Corrective Acti	on Required	□No	□Yes
						☐ Voluntary Co	ompliance	☐ Employe	e Restrict /Exclude
						Re-inspectio	n Scheduled	☐ Emerger	ncy Suspension
						☐ Embargo		☐ Emerger	ncy Closure
	/					☐ Voluntary Di	sposal	☐ Other	8
PIC's Signa	Signature	1	lal	len		4		Date:	9 124/19
Inspector's	Signature		,	7				Date:	9/24/19
Rev. 12/18/	18	in	arny	r \					1101.111

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T		h of Massachusetts			ment	ınsp	ection Fo	orm		Pag	je	of_	_
C	Physical Company	n or massacnuseπs Board of Health	# Violation:	-	g - gare					Date	144	7_	
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	5-441U WW	w.CityofNewburyport.com	Score (opti	ional)						Time Out 7	-n		
Establishm	Name Ch	= Mildeline	schol	94	Risk Cate	egory	Type of C	perat	ion(s)	Type of th			
	ent Address	C>-					☐Food S	ervice		Routine			
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Owner (2184		Permit #:				□Tempo	rary		☐Pre-Ope	eration		
Person-In-C	Charge (PIC)	1-5-12-4	Food Safety Train	ning / Exp	Date		☐ ☐ Caterer			Suspect			
nspector	1-1-2-66	1 <frehmy< td=""><td></td><td></td><td></td><td></td><td>— ☐Bed & I</td><td></td><td></td><td>General</td><td></td><td>t</td><td></td></frehmy<>					— ☐Bed & I			General		t	
inspector	7	Abbi					☐Farmer ☐Other:	s Mar	Ket	☐HACCP ☐Other:			
		FOODBORNE ILL	NESS RISE	CFAC	TORS	AND		-ΔΙΤ	HINTE		3		
Cir	rcle designated	compliance status (IN, OUT, N/O,	N/A) for each numb	pered item		7110				te box for COS and/or	rR	_	_
		UT = not in compliance N/O = no	t observed N/A =			C			on-site durin	ginspection R = repe		000	
Compila	ince Status			cos	R		oliance Status		er disposition	of returned, previous		cos	R
1 70		Supervision				17	MOOUT	serv	ed, reconditio	ned & unsafe food	,,,		
1 6	оит	PIC present, demonstrates kno performs duties	owledge, and				Tin	ne / Te	emperatur	re Control for S	afety		
2 N	OUT N/A	Certified Food Protection Mana	ager			18	NOUT N/A N/O	Prop	er cooking tin	ne & temperatures			
		Employee Health				19 (OUT N/A N/O	Prop	er rehealing p	procedures for hot ho	lding		
3 0	OUT	Management, food employee a employee; knowledge, respons				20	NOUT N/A N/O	Pron	er coolina tim	e and temperature			
		reporting											
- 4	OUT	Proper use of restriction and ex Procedures for responding to v				21	OUT N/A N/O	_	er hot holding				_
5 (CM	OUT	diarrheal events				22	OUT N/A N/O	_		g temperature			
		Good Hygienic Pract					OUT N/A N/O			ng and disposition			
6 (N)	OUT N/O	Proper eating, tasting, drinking				24	OUT N/A N/O		as a Public I	Health Control			
KIN		No discharge from eyes, nose,			1		umer Advisor		sumer advisor	y provided for raw /			_
1 /87		venting Contamination				-	OUT N/A	unde	rcooked food	200			
20.7	OUT N/O	Hands clean & properly washe	- are the							ble Populations used prohibited food		-	_
9 44	OUT N/A N/O	No bare hand contact with RTE	Efood			26	OUT N/A	offer		used, pronibited road	is not		
10 UN	OUT	Adequate handwashing sinks p and accessible	properly supplied			Food	/ Color Additi	ves at	nd Toxic S	Substances			
		Approved Source			-	27	Æ horas and	Foor	Ladditivas, as	proved & properly us	ed		
17							N/OUT N/A	1 000	adulliyes, ap	proved a property us			
11 14	OUT	Food obtained from approved s				28	OUT N/A	Toxi	sub, properly	y identified, stored &	used		
12 0	OUT N/A N/O	Food received at proper tempe	source rature			28	Ter-	Toxio	sub. proper	y identified, stored & edures			
2.5	OUT N/A N/O	Food received at proper tempe Food received in good conditio	source rature			28 Confo	OUT N/A	Appro Com	sub, properly	y identified, stored &			
12 A	OUT N/A N/O	Food received at proper tempe Food received in good conditio unadulterated Required records available: she	source rature n, sale, &			28 Confo	OUT N/A TMANCE WITH	Appro Com / HA	e sub, proper eved Proce pliance with v	y identified, stored & edures variance / specialized	process		
12 A	OUT N/A N/O OUT OUT N/A N/O	Food received at proper tempe Food received in good conditio unadulterated Required records available: she parasite destruction	source rature n, safe, & elistock tags,			28 Confo	OUT N/A Immance with OUT N/A Factors are im	Appro Com / HA	ved Procesting Plan	y identified, stored & edures earience / specialized s or procedures	process		
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			Foo	d Establishment	Inspec	tion Form		Page _	of
of Newbury 60 Pleasan	nonwealth of I port Board of t Street, Newb 1410 www.Cit	Health ouryport, M	A 01950	Establishment Name	Date: iolre119				
(370) 400-4	A PURCHASEL	yonvewba	yport.com	TEMPERATURE				MARKEN H	
Ite	m / Location		Temp (°F)			Temp (°F) Item / L		ocation	Temp (°F)
							=		
			OBS	ERVATIONS AND/O	R CORRE	CTIVE ACTI	ONS		
	Violations	s cited in th	nis report mu	st be corrected within the ti	me frames o	r as stated in Se	ction 8-405,11 of	the Food Co	de
Item	Code	P,	P = Priority	(72 Hrs), PF = Priority Fo			e (90 Days)		Date
Number	Section	PF, C				n of Violation			Verified
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				11 1) - (4 march			Harris (Historia)		
Discussion	with PIC:	1	-			Corrective Actio	n Required	□No	□Yes
			-		ı	□ Voluntary Con	npliance	☐ Employee	Restrict /Exclude
				The state of the s					cy Suspension
☐ Re-inspection Scheduled ☐ Emergency S☐ Embargo ☐ Emergency C☐									
		1		☐ Voluntary Dis		☐ Other	, 5,000,0		
PIC's Signa	ature:)		Kowley		_ voluntary old		Date:	1/18/19
Inspector's	Signature	~~~~	Q G	y h				Date:	18110
Rev. 12/78/	18		(/					10/	13///

		od Establisi	hmeni	llne	nect	ion Form	n	Page /	of Z		
The Commonwealt		. IIIə	peci	IOIT TOTAL	Date 4/29/19						
City of Newburyport	# Violations						Time In 10 9	37			
60 Pleasant Street, I	Priority- Priority foundation- Core-							$\overline{}$			
(978) 465-4410 www Establishment Name	w.CityofNewburyport.com	Score (optional)	Risk Cal	egory	-	Type of Oper	ration(s)	Time Out / 3	2)		
NEWBIA	4 #1645cho	24/W160			Food Servi		Type of Inspection	П			
Establishment Address	1616 W ST	- A	Hood Service								
Telephone 4 TV	165 L(440)	HACCP Y(N)		11.0	Residentia	l Kitchen	Previous Inspection	n Date:			
Owner	3 . 7 110	Permit #:	☐ Mobile ☐ Pre-Operation								
erson-In-Charge (PIC)		Food Safety Training / Ex			∐Temporary □Caterer		Suspect illness				
PAMICEA	h+4	MAY	20	22		☐Bed & Brea	akfast	General Compla	int		
nspector	-21-b.					∏Farmer's M	larket	HACCP			
1051214	TOODDODNE II I	UEGG DIGIZ EA	OTODO	ANIE		Other:	THE	Other:	NI JUVINOVA		
Circle decignated	FOODBORNE ILL compliance status (IN, OUT, N/O, I			ANL	PUL			le box for COS and/or R			
IN = in compliance O	UT = not in compliance N/O = not	observed N/A = not appl	licable			COS = correc		g inspection R = repeat violation			
Compliance Status		cos	R			ce Status	range disposition	of returned, previously	cos		
	Supervision			17	IN O	UT	erved, recondition	ned & unsafe food			
1 (OUT	PIC present, demonstrates kno performs duties	wiedge, and		100		Time /	Temperatur	re Control for Safety			
2 NOUT N/A	Certified Food Protection Mana	ger		18	-		Proper cooking tir	ne & temperatures			
Market And Andreas	Employee Health			19	(N)	UT N/A N/O F	roper reheating p	procedures for hot holding			
3 (N) оит	Management, food employee a employee; knowledge, respons	nd conditional bilities and		20	100	UT N/A N/O F	roper cooling thr	ne and temperature			
	reporting	dusies	_								
4 ADOUT	Proper use of restriction and ex Procedures for responding to ve			21			roper hat holding				
5 CIN OUT	diarrheal events		J.,	22	10		roper cold holdin				
6 IN-OUT N/O	Good Hygienic Practi Proper eating, tasting, drinking,			23			roper date marki ime as a Public I	ing and disposition	-		
7 UNOUT NO	No discharge from eyes, nose,				1-	Advisory	iiile as a Fublic i	(leaning Corning)	8888		
- All The second of the second	eventing Contamination	a solventness and state of the		25		UT (VA)		ry provided for raw /			
8 (N)OUT N/O	Hands clean & properly washed	CALL CONTRACTOR OF THE PARTY OF	VALUE THE 18	The second			ndercooked food	CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE PARTY OF TH	AUGUS ST		
9 A OUT N/A N/O	No bare hand contact with RTE			Requirements for Highly Susceptible Populations (HSP) 26 Sout N/A Pasleurized foods used; prohibited foods not							
-	Adequate handwashing sinks p		-	135-91-1		The second second	ffered	LUNC HOLD PROGRAMM			
10 🚱 ООТ	and accessible		J.,	A STATE OF THE PARTY		or Additives					
11 ® OUT	Approved Source				(IN)			proved & properly used			
11 NOUT 12 OUT N/A N/O	Food obtained from approved source Food received at proper temperature				1	nce with App		y Identified, stored & used	THE PERSON NAMED IN		
13 (N) OUT	Food received in good condition, safe, &					UT NO C	ompliance with v	variance / specialized process	Т		
- 25	unadulterated Required records available: she	listock tags.	-	29	1	51.40	HACCP Plan				
14 ON OUT N/A N/O	parasite destruction							s or procedures identified			
15 ON DUT N/A N/O	Protection from Contam Food separated and protected	nation						borne illness or injury. F			
16 IN DUT NIA	Food-contact surfaces; cleaned	& sanitized		Inter	ventioi	ns are control	measures to	prevent foodborne illne	ss or injury		
		GOOD	RETA	L PR	ACT	ICES			22.0		
	Good Retail Practices are	preventative measures to			-		and physical obje	cts into foods.			
	red item is not in compliance	Mark "X" in appropri					orrected on-site	during inspection R =	repeat violation		
ompliance Status	Safe Food and Water	cos	R	Com	трнало	ce Status	Proper Hs	e of Utensils	cos		
30 Pasteurized e	ggs used where required			43	14	n-use utensils pro		o or ordinate			
	om approved source			44				erly stored, dried, & handled			
32 Variance obtain	ned for specialized processing me			45	-			properly stored & used			
120	Food Temperature Co		سناهمت	46 Gloves used properly							
33 Proper cooling	i methods used; adequate equipme ontrol	THE TOT		Utensils, Equipment and Vending							
Plant food pro	perly cooked for hot holding			47 Food & non-food contact surfaces cleanable, properly designed, constructed & used							
35 Approved thaw	ving methods used			48 Warewashing facilities: installed, maintained, & used; test strips							
36 Thermometers	provided & accurate			49 Non-food contact surfaces clean							
3.0	Food Identification	NUMBER LANGUE		- 60	1 0	de l 9 a side		Facilities	Taraba and the		
	labeled; original container	nination	1000	50	-	tot & cold water a Plumbing installed					
	evention of Food Contains & animals not present	miauon	T	52	-	Sewage & waste v					
Contamination	prevented during food preparation	, storage and		53	1			d, supplied, & cleaned			
display	liness			54	-	<u>_</u>		d; facilities maintained			
	properly used & stored		55	-	Physical facilities in						
2 Washing fruits				56	1 7			ignaled areas used			
THE REPORT OF THE PARTY OF THE	CO. 9950-70840 723 (Fig.) [GADO]	nti-chokina (590.0091F	i) 🗆 Toba		- Marine			00.009[G]) Local law regu	lation □Ot		
fficial Order for Correction	on: Based on an Inspection today,	the Items checked indicate	violations o	f the Bos	ard of He	alth Food Regula	tion / 2013 Feder	al Food Code. This report, when	signed below		
Board of Health member o	r its agent constitutes an order of t ishment operations. If aggrieved b	he Board of Health Failur	re to correct	violations	s cited in	this report may re	esult in suspension	on or revocation of the food estat	dishment perm		
IC's Signature:	Famela	Karley	Print:	2 Am	0/0	- Kon	lev	Date: 4	29/19		
spector's Signatu	re:	1	Follow-u	p: YE	s NO	(circle one) F	ollow-up Da	te, if applicable:	1		

Food Establishment Inspection Form Page										
of Newburg 60 Pleasar	nonwealth of I yport Board of nt Street, Newb	Health buryport, M	1A 01950	Establishment Name:		5 01	Date:	12919		
(978) 465-	4410 <u>www.Cit</u>	yofNewbu	ryport.com	MEW bury PO	CERVATIONS	Jenus		TE STORE THE COL		
lt.	em / Location	in the same	Temp (°F)		Temp (°F)	Item / Lo	ocation	Temp (°F)		
Chica	IR CATTL	a	150 F							
REFAL	R (FTTI)	Ji N	41041				(

	> P - 1 - A	11 4 1 41		ERVATIONS AND/OR CO			Una Frank Contr			
Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code P = Priority (72 Hrs), PF = Priority Foundation (10 Days), C = Core (90 Days)										
Item	Code	P,	P = Priority		2 2010-	e (90 Days)		Date		
Number	Section	PF, C		Des	scription of Violation			Verified		
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					The should be seen	areas of				
Discussion	n with PIC:				Corrective Action	on Required [⊒No	∐Yes		
		14			☐ Voluntary Cor	mpliance f	☐ Employee Res	strict /Exclude		
		-172		3-1	☐ Re-inspection		☐ Emergency St			
☐ Embargo ☐ Emergency Clos										
/)		<u> </u>		☐ Voluntary Dis	posal [Other	-)		
PIC's Sign	ature!	la	. (ales			Date: $4/c$	29/19		
Inspector's	Signature	TI	il	1			Date: K	29/14		
Rev. 12/18/	18	1 ~			-		— <u> </u>			

	F	ood Estab	olish	ment	Insp	oec	tion For	m		Page/_	_ of _	2
The Commonwealth	• · · · · · · · • · · · · · · · · · · ·	i)					Date					
City of Newburyport B	iority for	undatio							-			
60 Pleasant Street, No.	ewpuryport, ΜΑ 01950 CityofNewburyport.com	Priority- Score (option	naΛ						Tin	ne Out		
Establishment Name	7 .	7.5%		Risk Cate	gory		Type/of Op	eration(s)		Type of Inspection	Ĺ	
Establishment Address	LPORT HIGH	Schoo	20			- 1	APood Ser		- 1	Redtine		
241. 14	-164 Schoe					_	Retail			Reinspection		
Telephone 207 6 9	2.2563	HACCP Y/N	N				Resident	ial Kitchen		Previous Inspection	Date:	
Owner	7-633	Permit #:				_		D/		☐Pre-Operation		
Persch-in-Charge (PIC)		Food Safety Train	ing / Exp	Date -	7	\dashv	Caterer	• у		Suspect Illness		
PAMM F	ERLMY	Food Safety Train	4	2	_	_	☐Bed & Br	eakfast		General Complai	nt	
Inspector	-111			☐Farmer's Market ☐HACCP								
NOCEPY	146001				4110		□Other:			☐Other:		
	FOODBORNE ILL mpliance status (IN, OUT, N/O,	NESS RISK	FAC	TORS	AND	PU		ark "X" in appropriat				
IN = in compliance OU1	mpliance status (IN, OUT, N/O, = not in compliance N/O = no	t observed N/A = r	not applica	able						ection R = repeat violation		
Compliance Status			cos	R	Compliance Status COS R							
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1 IICOUT	PIC present, demonstrates kni performs duties	owledge, and			Time / Temperature Control for Safety							
2 IN DUT N/A	Certified Food Protection Man	ager			18	100	O/N A/N TUC	Proper cooking tin	ne & t	emperatures		
	Employee Health				19	100	OVA N/O	Proper reheating	proce	dures for hot holding		
3 Обит	Management, food employee a				20	000	OVA N/O	Proper cooling tim	ne and	temperature		
	reporting											
4 IN OUT	Proper use of restriction and e Procedures for responding to			-	21	-	OVA N/O	Proper hol holding				-
5 NOOUT	diarrheal events				22	1	OUT N/A N/O	Proper cold holdin	_			
0162	Good Hygienic Pract				23		DUT N/A N/O	Proper date marki				-
6 NOUT N/O 7 WOODT N/O	Proper eating, tasting, drinking No discharge from eyes, nose.			-		_	er Advisorv	Time as a Public I	Healtr	Control		
					25		DUT NA	Consumer advisor		vided for raw /		
	enting Contamination							undercooked food		Populations (HSP)		
	Hands clean & properly washe				26		DUT W	Pasteurized foods		; prohibited foods not		
102	No bare hand contact with RT Adequate handwashing sinks							offered				
10 W OUT	and accessible						_	es and Toxic S				
451	Approved Source				27		TUC			ed & properly used		
11 (1) OUT	Food obtained from approved				28	_	DUT NA	pproved Proc		ntified, stored & used		
12 9 OUT N/A N/O	Food received at proper temps Food received in good condition			-	29	1	OUT N/A	Compliance with v		ce / specialized process	_	
13 № оит	unadulterated Required records available: sh				29	I IN C	JUI N/A	/ HACCP Plan				
14 (OUT N/A N/O	parasite destruction	elistock tags,			Risk	Fact	tors are imp	ortant practices	s or i	orocedures identified	as the	most
	rotection from Contain									e illness or injury. P		
15 OV OUT N/A N/O	Food separated and protected Food-contact surfaces; cleane		-	-	interv	ventid	ons are cont	rol measures to	o pre	vent foodborne illnes	ss or in	jury.
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	Good Retail Practices a							s. and physical obje	cts in	to foods.		
Mark 'X" in box if numbere		Mark "X" in	appropriat	e box for C	OS and/	or R	cos	= corrected on-site			repeat vi	-
Compliance Status			cos	R	Com	pliar	ice Status	D He	6	114	cos	R
00 0	Safe Food and Wa	ter	r		43		In-use utensils	Proper Use	e or	Utensiis		
	s used where required approved source				44	\vdash			erly st	ored, dried, & handled		
	ed for specialized processing m	ethods			45			gle-service articles:				
	Food Temperature Co	ontrol			46		Gloves used pr	operly				
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	rly cooked for hot holding				47				clean	able, properly designed,		
	ng methods used				48		constructed & L Warewashing fa		aintai	ned, & used, test strips		
	rovided & accurate				49			ict surfaces clean				
- W - W	Food Identification	n						Physica				
	beled; original container				50			er available; adequa	_			
	vention of Food Conta	amination			51 52	\vdash		led; proper backflov te water properly dis				-
Contemination	& animals not present revented during food preparation	on, storage and				\vdash						
39 display			-	_	53	\vdash		properly constructe			_	
40 Personal cleanlii				-	54 55	-		ise properly dispose es installed, maintair				
	41 Wiping cloths: properly used & stored 42 Washing fruits & vegetables							lation & lighting; des				
		Anti-chokina (59)	0.0091E1/	□Toba	56 cco (59	0.009	-			9[G]) Local law regu	lation F	Other
Official Order for Correction a Board of Health member or and cessation of food establis	Based on an inspection today agent constitutes an order of ment operations. If aggreed	, the items checked	indicate v	nolations o	f the Boa	rd of F	lealth Food Reg	ulation / 2013 Feder	ral Fo	od Code. This report when revocation of the food estab	signed b	elow by permit
en (10) calendar days of reco	ipt or this order.	lole	T P	rint:	Par	n«	In K	enles	Y	Date:/0/	811	9
Inspector's Signature	in of	ceh	JF	ollow-u	5	1		Follow-up Da	te, i	f applicable:		1
7	Y											

Food Establishment Inspection Fo Temple Rite. [8] Page of											
	The Commonwealth of Massachusetts City of Newburyport Board of Health 60 Pleasant Street Newburyport MA 01950 Date: Date:										
	nt Street, Newb 4410 www.Cit		1A 01950	NREW hand	ROT	HS	Emp: Empleado (ASS WHEN BLU), EAR TURNS ORANGE IN EPIDE COMPOSE APEL PLA CARROLA COCCO MANCA	Date: 72	71915		
				NREW DIE NU TEMPERATUR	E OBSERV	ATIONS	160°F/71°C				
lt.	em / Location		Temp (°F)	Item / Locat	ion	Temp (°F)	ltem /	Location	Temp (°F)		
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OBSERVATIONS AND/OR CORRECTIVE ACTIONS											
Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code											
Item	P = Priority (72 Hrs), PF = Priority Foundation (10 Days), C = Core (90 Days) Item Code P, Possiption of Violation										
Number	Section	PF, C			-3-	n of Violation			Date Verified		
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			125								
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Discussion	with PIC:				C	orrective Act	ion Required	□No	□Yes		
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PIC's Signature: Date: 10/18/17											
Inspector's Signature Date:											
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Rev. 12/18/	Rev. 12/18/18										