

| Food Establishment Inspection Form   |   |  |  |  |  | Page <u>1</u> of <u>1</u>  |   |
|--|---|--|--|--|--|--|---|
| <b>The Commonwealth of Massachusetts</b><br>City of Newburyport Board of Health<br>60 Pleasant Street, Newburyport, MA 01950<br>(978) 465-4410 www.CityofNewburyport.com   |   |  | # Violations _____                                     |  | Date <u>4/29/19</u>  |  |   |
|  |   |  | Priority- _____ Priority foundation- _____ Core- _____ |  | Time In <u>11:20</u>   |  |   |
| Establishment Name <u>BRECKENRIDGE SCHOOL</u>  |   |  | Risk Category _____                                    |  | Type of Operation(s)<br><input type="checkbox"/> Food Service<br><input type="checkbox"/> Retail<br><input type="checkbox"/> Residential Kitchen<br><input type="checkbox"/> Mobile<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Caterer<br><input type="checkbox"/> Bed & Breakfast<br><input type="checkbox"/> Farmer's Market<br><input type="checkbox"/> Other: _____ |  |   |
| Telephone _____  |   |  | HACCP Y/N <u>Y</u>                                     |  | Type of Inspection<br><input type="checkbox"/> Routine<br><input type="checkbox"/> Reinspection<br>Previous Inspection Date: _____   |  |   |
| Owner <u>TOWN</u>  |   |  | Permit # _____   |  | <input type="checkbox"/> Pre-Operation<br><input type="checkbox"/> Suspect Illness<br><input type="checkbox"/> General Complaint<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other: _____  |  |   |
| Person-in-Charge (PIC) <u>PAN KENLEY</u>   |   |  | Food Safety Training / Exp. Date <u>MAY 2020</u>       |  |  |  |   |
| Inspector _____  |   |  |  |  |  |  |   |
| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS   |   |  |  |  |  |  |   |
| Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item<br>IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable   |   |  |  | Mark "X" in appropriate box for COS and/or R<br>COS = corrected on-site during inspection R = repeat violation   |  |  |   |
| Compliance Status  |   | COS  | R  | Compliance Status  |  | COS  | R |
| <b>Supervision</b>   |   |  |  | <b>Time / Temperature Control for Safety</b>   |  |  |   |
| 1  | <input checked="" type="radio"/> IN <input type="radio"/> OUT   | PIC present, demonstrates knowledge, and performs duties   |  | 17   | <input type="radio"/> IN <input type="radio"/> OUT   | Proper disposition of returned, previously served, reconditioned & unsafe food |   |
| 2  | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A                           | Certified Food Protection Manager  |  | 18   | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O  | Proper cooking time & temperatures   |   |
| <b>Employee Health</b>   |   |  |  | <b>Proper reheating procedures for hot holding</b>   |  |  |   |
| 3  | <input checked="" type="radio"/> IN <input type="radio"/> OUT   | Management, food employee and conditional employee; knowledge, responsibilities and reporting  |  | 19   | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O  | Proper cooling time and temperature  |   |
| 4  | <input checked="" type="radio"/> IN <input type="radio"/> OUT   | Proper use of restriction and exclusion  |  | 20   | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O  | Proper hot holding temperature   |   |
| 5  | <input checked="" type="radio"/> IN <input type="radio"/> OUT   | Procedures for responding to vomiting and diarrheal events   |  | 21   | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O  | Proper cold holding temperature  |   |
| <b>Good Hygienic Practices</b>   |   |  |  | <b>Proper date marking and disposition</b>   |  |  |   |
| 6  | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O                           | Proper eating, tasting, drinking, or tobacco use   |  | 22   | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O  | Proper date marking and disposition  |   |
| 7  | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O                           | No discharge from eyes, nose, and mouth  |  | 23   | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O  | Time as a Public Health Control  |   |
| <b>Preventing Contamination by Hands</b>   |   |  |  | <b>Consumer Advisory</b>   |  |  |   |
| 8  | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O                           | Hands clean & properly washed  |  | 24   | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O  | Consumer advisory provided for raw / undercooked food                          |   |
| 9  | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | No bare hand contact with RTE food   |  | <b>Requirements for Highly Susceptible Populations (HSP)</b>   |  |  |   |
| 10   | <input checked="" type="radio"/> IN <input type="radio"/> OUT   | Adequate handwashing sinks properly supplied and accessible  |  | 25   | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A  | Pasteurized foods used; prohibited foods not offered                           |   |
| <b>Approved Source</b>   |   |  |  | <b>Food / Color Additives and Toxic Substances</b>   |  |  |   |
| 11   | <input checked="" type="radio"/> IN <input type="radio"/> OUT   | Food obtained from approved source   |  | 26   | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A  | Food additives: approved & properly used                                       |   |
| 12   | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Food received at proper temperature  |  | 27   | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A  | Toxic sub. properly identified, stored & used                                  |   |
| 13   | <input checked="" type="radio"/> IN <input type="radio"/> OUT   | Food received in good condition, safe, & unadulterated   |  | <b>Conformance with Approved Procedures</b>  |  |  |   |
| 14   | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Required records available: shellstock tags, parasite destruction  |  | 28   | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A  | Compliance with variance / specialized process / HACCP Plan                    |   |
| <b>Protection from Contamination</b>   |   |  |  | <b>Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.</b> |  |  |   |
| 15   | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Food separated and protected   |  |  |  |  |   |
| 16   | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A                           | Food-contact surfaces: cleaned & sanitized   |  |  |  |  |   |
| GOOD RETAIL PRACTICES  |   |  |  |  |  |  |   |
| 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  |   | Mark "X" in appropriate box for COS and/or R   |  | COS = corrected on-site during inspection  |  | R = repeat violation   |   |
| Compliance Status  |   | COS  | R  | Compliance Status  |  | COS  | R |
| <b>Safe Food and Water</b>   |   |  |  | <b>Proper Use of Utensils</b>  |  |  |   |
| 30   | <input checked="" type="checkbox"/> Pasteurized eggs used where required  |  |  | 43   | <input checked="" type="checkbox"/> In-use utensils properly stored  |  |   |
| 31   | <input checked="" type="checkbox"/> Water & ice from approved source  |  |  | 44   | <input checked="" type="checkbox"/> Utensils, equipment & linens: properly stored, dried, & handled  |  |   |
| 32   | <input type="checkbox"/> Variance obtained for specialized processing methods                                     |  |  | 45   | <input checked="" type="checkbox"/> Single-use / single-service articles: properly stored & used   |  |   |
| <b>Food Temperature Control</b>  |   |  |  | <b>Utensils, Equipment and Vending</b>   |  |  |   |
| 33   | <input checked="" type="checkbox"/> Proper cooling methods used; adequate equipment for temperature control       |  |  | 46   | <input checked="" type="checkbox"/> Gloves used properly   |  |   |
| 34   | <input checked="" type="checkbox"/> Plant food properly cooked for hot holding                                    |  |  | 47   | <input checked="" type="checkbox"/> Food & non-food contact surfaces cleanable, properly designed, constructed & used  |  |   |
| 35   | <input checked="" type="checkbox"/> Approved thawing methods used   |  |  | 48   | <input checked="" type="checkbox"/> Warewashing facilities: installed, maintained, & used; test strips   |  |   |
| 36   | <input checked="" type="checkbox"/> Thermometers provided & accurate  |  |  | 49   | <input checked="" type="checkbox"/> Non-food contact surfaces clean  |  |   |
| <b>Food Identification</b>   |   |  |  | <b>Physical Facilities</b>   |  |  |   |
| 37   | <input type="checkbox"/> Food properly labeled; original container  |  |  | 50   | <input checked="" type="checkbox"/> Hot & cold water available; adequate pressure  |  |   |
| <b>Prevention of Food Contamination</b>  |   |  |  | 51   | <input checked="" type="checkbox"/> Plumbing installed; proper backflow devices  |  |   |
| 38   | <input checked="" type="checkbox"/> Insects, rodents, & animals not present                                       |  |  | 52   | <input checked="" type="checkbox"/> Sewage & waste water properly disposed   |  |   |
| 39   | <input checked="" type="checkbox"/> Contamination prevented during food preparation, storage and display          |  |  | 53   | <input checked="" type="checkbox"/> Toilet features: properly constructed, supplied, & cleaned   |  |   |
| 40   | <input checked="" type="checkbox"/> Personal cleanliness  |  |  | 54   | <input checked="" type="checkbox"/> Garbage & refuse properly disposed; facilities maintained  |  |   |
| 41   | <input checked="" type="checkbox"/> Wiping cloths: properly used & stored   |  |  | 55   | <input checked="" type="checkbox"/> Physical facilities installed, maintained, & clean   |  |   |
| 42   | <input checked="" type="checkbox"/> Washing fruits & vegetables   |  |  | 56   | <input checked="" type="checkbox"/> Adequate ventilation & lighting; designated areas used   |  |   |
| 57 SPECIAL REQUIREMENTS / OTHER  |   | <input type="checkbox"/> Anti-choking (590.009[E]) <input type="checkbox"/> Tobacco (590.009[F]) <input type="checkbox"/> Allergen Awareness (590.009[G]) <input type="checkbox"/> Local law regulation <input type="checkbox"/> Other |  |  |  |  |   |
| Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order. |   |  |  |  |  |  |   |
| PIC's Signature: <u>Pamela Kenley</u>  |   |  |  | Print: <u>Pamela Kenley</u>  |  | Date: <u>4/29/19</u>   |   |
| Inspector's Signature: <u>[Signature]</u>  |   |  |  | Follow-up: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (circle one) Follow-up Date, if applicable: _____   |  |  |   |

[illegible]

NOTE: This establishment was found to be in compliance with items 30 – 56. The form was incorrectly completed at the time of inspection. Please contact the Newburyport Health Department for confirmation – 978-465-4410.

# Food Establishment Inspection Form

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Commonwealth of Massachusetts  
Bureau of Public Health  
Street, Newburyport, MA 01950  
(978) 465-4410 www.CityofNewburyport.com

# Violations  
Priority- Priority foundation- Core-  
Score (optional)

Date 10/18/19  
Time In P.M.  
Time Out P.M.

|   |                    |  |  |
|---|--------------------|--|--|
| Establishment Name<br><b>RIECHMAN</b>       | Risk Category      | Type of Operation(s)<br><input type="checkbox"/> Food Service<br><input type="checkbox"/> Retail<br><input type="checkbox"/> Residential Kitchen<br><input type="checkbox"/> Mobile<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Caterer<br><input type="checkbox"/> Bed & Breakfast<br><input type="checkbox"/> Farmer's Market<br><input type="checkbox"/> Other: | Type of Inspection<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Reinspection<br>Previous Inspection Date:<br><br><input type="checkbox"/> Pre-Operation<br><input type="checkbox"/> Suspect Illness<br><input type="checkbox"/> General Complaint<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other: |
| Establishment Address<br><b>333 Hill St</b> | HACCP Y/N <b>N</b> | Permit #:  |  |
| Telephone                                   | Owner              | Person-in-Charge (PIC)<br><b>AND KEALEY</b>  | Food Safety Training / Exp. Date   |
| Inspector<br><b>J. Tabb</b>                 |                    |  |  |

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item<br>IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable |    |     |   | Mark 'X' in appropriate box for COS and/or R<br>COS = corrected on-site during inspection R = repeat violation   |    |     |  |
|--|----|-----|---|--|----|-----|--|
| Compliance Status  |    |     |   | Compliance Status  |    |     |  |
| <b>Supervision</b>   |    |     |   | <b>Time / Temperature Control for Safety</b>   |    |     |  |
| 1  | IN | OUT | PIC present, demonstrates knowledge, and performs duties                                      | 17   | IN | OUT | Proper disposition of returned, previously served, reconditioned & unsafe food |
| 2  | IN | OUT | Certified Food Protection Manager   | 18   | IN | OUT | Proper cooking time & temperatures   |
| <b>Employee Health</b>   |    |     |   | 19   | IN | OUT | Proper reheating procedures for hot holding                                    |
| 3  | IN | OUT | Management, food employee and conditional employee: knowledge, responsibilities and reporting | 20   | IN | OUT | Proper cooling time and temperature  |
| 4  | IN | OUT | Proper use of restriction and exclusion   | 21   | IN | OUT | Proper hot holding temperature   |
| 5  | IN | OUT | Procedures for responding to vomiting and diarrheal events                                    | 22   | IN | OUT | Proper cold holding temperature  |
| <b>Good Hygienic Practices</b>   |    |     |   | 23   | IN | OUT | Proper date marking and disposition  |
| 6  | IN | OUT | Proper eating, tasting, drinking, or tobacco use  | 24   | IN | OUT | Time as a Public Health Control  |
| 7  | IN | OUT | No discharge from eyes, nose, and mouth   | <b>Consumer Advisory</b>   |    |     |  |
| <b>Preventing Contamination by Hands</b>   |    |     |   | 25   | IN | OUT | Consumer advisory provided for raw / undercooked food                          |
| 8  | IN | OUT | Hands clean & properly washed   | <b>Requirements for Highly Susceptible Populations (HSP)</b>   |    |     |  |
| 9  | IN | OUT | No bare hand contact with RTE food  | 26   | IN | OUT | Pasteurized foods used; prohibited foods not offered                           |
| 10   | IN | OUT | Adequate handwashing sinks properly supplied and accessible                                   | <b>Food / Color Additives and Toxic Substances</b>   |    |     |  |
| <b>Approved Source</b>   |    |     |   | 27   | IN | OUT | Food additives: approved & properly used                                       |
| 11   | IN | OUT | Food obtained from approved source  | 28   | IN | OUT | Toxic sub. properly identified, stored & used                                  |
| 12   | IN | OUT | Food received at proper temperature   | <b>Conformance with Approved Procedures</b>  |    |     |  |
| 13   | IN | OUT | Food received in good condition, safe, & unadulterated  | 29   | IN | OUT | Compliance with variance / specialized process / HACCP Plan                    |
| 14   | IN | OUT | Required records available: shellstock tags, parasite destruction                             | <b>Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.</b> |    |     |  |
| <b>Protection from Contamination</b>   |    |     |   |  |    |     |  |
| 15   | IN | OUT | Food separated and protected  |  |    |     |  |
| 16   | IN | OUT | Food-contact surfaces, cleaned & sanitized  |  |    |     |  |

## GOOD RETAIL PRACTICES

| 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 |    |     |  | Mark 'X' in appropriate box for COS and/or R |    |     |   | COS = corrected on-site during inspection |    |     |   | R = repeat violation |  |  |  |
|---|----|-----|---|---|----|-----|--|--|----|-----|---|---|----|-----|---|----------------------|--|--|--|
| Compliance Status   |    |     |   | Compliance Status                                     |    |     |  | Compliance Status                            |    |     |   | Compliance Status                         |    |     |   |                      |  |  |  |
| <b>Safe Food and Water</b>  |    |     |   | <b>Proper Use of Utensils</b>                         |    |     |  | <b>Proper Use of Utensils</b>                |    |     |   | <b>Proper Use of Utensils</b>             |    |     |   |                      |  |  |  |
| 30  | IN | OUT | Pasteurized eggs used where required                                    | 43  | IN | OUT | In-use utensils properly stored                                      | 44   | IN | OUT | Utensils, equipment & linens: properly stored, dried, & handled | 45  | IN | OUT | Single-use / single-service articles: properly stored & used                      |                      |  |  |  |
| 31  | IN | OUT | Water & ice from approved source  | 46  | IN | OUT | Gloves used properly   | 46   | IN | OUT | Gloves used properly  | 47  | IN | OUT | Food & non-food contact surfaces cleanable, properly designed, constructed & used |                      |  |  |  |
| 32  | IN | OUT | Variance obtained for specialized processing methods                    | <b>Food Temperature Control</b>                       |    |     |  | <b>Utensils, Equipment and Vending</b>       |    |     |   | 48  | IN | OUT | Warewashing facilities: installed, maintained, & used; test strips                |                      |  |  |  |
| 33  | IN | OUT | Proper cooling methods used; adequate equipment for temperature control | 34  | IN | OUT | Plant food properly cooked for hot holding                           | 49   | IN | OUT | Non-food contact surfaces clean                                 | 49  | IN | OUT | Non-food contact surfaces clean   |                      |  |  |  |
| 35  | IN | OUT | Approved thawing methods used   | 36  | IN | OUT | Thermometers provided & accurate                                     | <b>Food Identification</b>                   |    |     |   | <b>Physical Facilities</b>                |    |     |   |                      |  |  |  |
| 37  | IN | OUT | Food properly labeled; original container                               | <b>Prevention of Food Contamination</b>               |    |     |  | 50   | IN | OUT | Hot & cold water available; adequate pressure                   | 51  | IN | OUT | Plumbing installed; proper backflow devices                                       |                      |  |  |  |
| 38  | IN | OUT | Insects, rodents, & animals not present                                 | 39  | IN | OUT | Contamination prevented during food preparation, storage and display | 52   | IN | OUT | Sewage & waste water properly disposed                          | 53  | IN | OUT | Toilet features: properly constructed, supplied, & cleaned                        |                      |  |  |  |
| 40  | IN | OUT | Personal cleanliness  | 41  | IN | OUT | Wiping cloths: properly used & stored                                | 54   | IN | OUT | Garbage & refuse properly disposed; facilities maintained       | 55  | IN | OUT | Physical facilities installed, maintained, & clean                                |                      |  |  |  |
| 42  | IN | OUT | Washing fruits & vegetables   | 42  | IN | OUT | Washing fruits & vegetables  | 56   | IN | OUT | Adequate ventilation & lighting; designated areas used          | 56  | IN | OUT | Adequate ventilation & lighting; designated areas used                            |                      |  |  |  |

57 SPECIAL REQUIREMENTS / OTHER ☐ Anti-choking (590.009[E]) ☐ Tobacco (590.009[F]) ☐ Allergen Awareness (590.009[G]) ☐ Local law regulation ☐ Other

Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.

PIC's Signature: **Sam Kealey** Print: **Sam Kealey** Date: **10/18/19**  
Inspector's Signature: **J. Tabb** Follow-up: YES ☒ NO (circle one) Follow-up Date, if applicable:

Page 1 of 2

Date: 10/18/19

Rev. 12/18/18

Commonwealth of Massachusetts - City of Newburyport Board of Health  
(978) 465-44100

Massachusetts Department of Public Health  
Division of Food and Drugs

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



FOOD ESTABLISHMENT INSPECTION REPORT *CAF*

|   |                         |  |  |
|---|-------------------------|--|--|
| Name<br><i>IMMEDIATE CONCEPTION</i>               | Date<br><i>12/18/16</i> | Type of Operation(s)<br><input checked="" type="checkbox"/> Food Service<br><input type="checkbox"/> Retail<br><input type="checkbox"/> Residential Kitchen<br><input type="checkbox"/> Mobile<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Caterer<br><input type="checkbox"/> Bed & Breakfast | Type of Inspection<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Re-inspection<br>Previous Inspection Date:<br><input type="checkbox"/> Pre-operation<br><input type="checkbox"/> Suspect Illness<br><input type="checkbox"/> General Complaint<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other |
| Address<br><i>112 GRIFFIN ST</i>                  | Risk Level              | Permit No.   |  |
| Telephone   |                         |  |  |
| Owner   | HACCP Y/N               |  |  |
| Person-in-Charge (PIC)<br><i>CATHY GRZYBINSKI</i> | Time In: <i>AM</i>      |  |  |
| Inspector<br><i>Joseph T. Abbe</i>                | Out:                    |  |  |

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

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

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

Non-compliance with:

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

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

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

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

S 590inspectform6-14 doc

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

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

**DATE OF RE-INSPECTION:**

|  |                                  |                                 |
|--|----------------------------------|---------------------------------|
| Inspector's Signature<br><i>Joseph T. Abbe</i> | Print:<br><i>Joseph T. Abbe</i>  | Page <u>1</u> of <u>2</u> Pages |
| PIC's Signature<br><i>Cathy Grzybnski</i>      | Print:<br><i>Cathy Grzybnski</i> |                                 |



Establishment Name: WMM ACUTATE Cow Station Date: 12/12/13 Page: 2 of 2

[illegible]

| Food Establishment Inspection Form  |  |  |  |   |  | Page <u>1</u> of <u>1</u>   |  |
|---|--|--|--|---|--|---|--|
| <b>The Commonwealth of Massachusetts</b><br>City of Newburyport Board of Health<br>60 Pleasant Street, Newburyport, MA 01950<br>(978) 465-4410 www.CityofNewburyport.com  |  |  | # Violations _____                                     |   | Date <u>4/10/19</u>  |   |  |
|   |  |  | Priority- _____ Priority foundation- _____ Core- _____ |   | Time In <u>10:45</u>   |   |  |
|   |  |  | Score (optional) _____                                 |   | Time Out <u>11:45</u>  |   |  |
| Establishment Name <u>IMMACULATE CONSPIRACY</u>   |  |  | Risk Category <u>H</u>                                 |   | Type of Operation(s)<br><input type="checkbox"/> Food Service<br><input type="checkbox"/> Retail<br><input type="checkbox"/> Residential Kitchen<br><input type="checkbox"/> Mobile<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Caterer<br><input type="checkbox"/> Bed & Breakfast<br><input type="checkbox"/> Farmer's Market<br><input type="checkbox"/> Other: _____ |   |  |
| Establishment Address <u>WASH. ST</u>   |  |  | HACCP <u>Y</u>   |   | Type of Inspection<br><input type="checkbox"/> Routine<br><input type="checkbox"/> Reinspection<br>Previous Inspection Date: _____   |   |  |
| Telephone <u>978-465-7780</u>   |  |  | Permit # <u>MAY 2020</u>                               |   | <input type="checkbox"/> Pre-Operation<br><input type="checkbox"/> Suspect Illness<br><input type="checkbox"/> General Complaint<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other: _____  |   |  |
| Owner <u>ARCH DIOS BOSTON</u>   |  |  | Food Safety Training / Exp. Date _____                 |   |  |   |  |
| Person-In-Charge (PIC) <u>CATHY GRZYBINSKI</u>  |  |  |  |   |  |   |  |
| Inspector _____   |  |  |  |   |  |   |  |
| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS  |  |  |  |   |  |   |  |
| Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item<br>IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable  |  |  |  | Mark "X" in appropriate box for COS and/or R<br>COS = corrected on-site during inspection R = repeat violation  |  |   |  |
| Compliance Status   |  |  |  | COS   |  | R   |  |
| Supervision   |  |  |  | Compliance Status   |  | COS   |  |
| 1 <input checked="" type="radio"/> IN <input type="radio"/> OUT PIC present, demonstrates knowledge, and performs duties  |  |  |  | 17 <input checked="" type="radio"/> IN <input type="radio"/> OUT  |  | Proper disposition of returned, previously served, reconditioned & unsafe food    |  |
| 2 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A Certified Food Protection Manager   |  |  |  | 18 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O  |  | Proper cooking time & temperatures  |  |
| Employee Health   |  |  |  | 19 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O  |  | Proper reheating procedures for hot holding                                       |  |
| 3 <input checked="" type="radio"/> IN <input type="radio"/> OUT Management, food employee and conditional employee; knowledge, responsibilities and reporting   |  |  |  | 20 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O  |  | Proper cooling time and temperature   |  |
| 4 <input checked="" type="radio"/> IN <input type="radio"/> OUT Proper use of restriction and exclusion   |  |  |  | 21 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O  |  | Proper hot holding temperature  |  |
| 5 <input checked="" type="radio"/> IN <input type="radio"/> OUT Procedures for responding to vomiting and diarrheal events  |  |  |  | 22 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O  |  | Proper cold holding temperature   |  |
| Good Hygienic Practices   |  |  |  | 23 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O  |  | Proper date marking and disposition   |  |
| 6 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/O Proper eating, tasting, drinking, or tobacco use  |  |  |  | 24 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O  |  | Time as a Public Health Control   |  |
| 7 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/O No discharge from eyes, nose, and mouth   |  |  |  | Consumer Advisory   |  |   |  |
| Preventing Contamination by Hands   |  |  |  | 25 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A  |  | Consumer advisory provided for raw / undercooked food                             |  |
| 8 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/O Hands clean & properly washed   |  |  |  | Requirements for Highly Susceptible Populations (HSP)   |  |   |  |
| 9 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O No bare hand contact with RTE food  |  |  |  | 26 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A  |  | Pasteurized foods used; prohibited foods not offered                              |  |
| 10 <input checked="" type="radio"/> IN <input type="radio"/> OUT Adequate handwashing sinks properly supplied and accessible  |  |  |  | Food / Color Additives and Toxic Substances   |  |   |  |
| Approved Source   |  |  |  | 27 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A  |  | Food additives: approved & properly used  |  |
| 11 <input checked="" type="radio"/> IN <input type="radio"/> OUT Food obtained from approved source   |  |  |  | 28 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A  |  | Toxic sub. properly identified, stored & used                                     |  |
| 12 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O Food received at proper temperature  |  |  |  | Conformance with Approved Procedures  |  |   |  |
| 13 <input checked="" type="radio"/> IN <input type="radio"/> OUT Food received in good condition, safe, & unadulterated   |  |  |  | 29 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A  |  | Compliance with variance / specialized process / HACCP Plan                       |  |
| 14 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O Required records available: shellstock tags, parasite destruction  |  |  |  | Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury. |  |   |  |
| Protection from Contamination   |  |  |  |   |  |   |  |
| 15 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O Food separated and protected   |  |  |  |   |  |   |  |
| 16 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A Food-contact surfaces: cleaned & sanitized   |  |  |  | GOOD RETAIL PRACTICES   |  |   |  |
| Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.<br>Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation  |  |  |  |   |  |   |  |
| Compliance Status   |  |  |  | COS   |  | R   |  |
| Safe Food and Water   |  |  |  | Proper Use of Utensils  |  |   |  |
| 30 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A Pasteurized eggs used where required   |  |  |  | 43 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A  |  | In-use utensils properly stored   |  |
| 31 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A Water & ice from approved source   |  |  |  | 44 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A  |  | Utensils, equipment & linens: properly stored, dried, & handled                   |  |
| 32 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A Variance obtained for specialized processing methods   |  |  |  | 45 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A  |  | Single-use / single-service articles: properly stored & used                      |  |
| Food Temperature Control  |  |  |  | 46 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A  |  | Gloves used properly  |  |
| 33 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A Proper cooling methods used; adequate equipment for temperature control  |  |  |  | Utensils, Equipment and Vending   |  |   |  |
| 34 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A Plant food properly cooked for hot holding   |  |  |  | 47 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A  |  | Food & non-food contact surfaces cleanable, properly designed, constructed & used |  |
| 35 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A Approved thawing methods used  |  |  |  | 48 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A  |  | Warewashing facilities: installed, maintained, & used; test strips                |  |
| 36 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A Thermometers provided & accurate   |  |  |  | 49 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A  |  | Non-food contact surfaces clean   |  |
| Food Identification   |  |  |  | Physical Facilities   |  |   |  |
| 37 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A Food properly labeled; original container  |  |  |  | 50 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A  |  | Hot & cold water available, adequate pressure                                     |  |
| Prevention of Food Contamination  |  |  |  | 51 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A  |  | Plumbing installed; proper backflow devices                                       |  |
| 38 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A Insects, rodents, & animals not present  |  |  |  | 52 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A  |  | Sewage & waste water properly disposed  |  |
| 39 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A Contamination prevented during food preparation, storage and display   |  |  |  | 53 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A  |  | Toilet features: properly constructed, supplied, & cleaned                        |  |
| 40 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A Personal cleanliness   |  |  |  | 54 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A  |  | Garbage & refuse properly disposed; facilities maintained                         |  |
| 41 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A Wiping cloths: properly used & stored  |  |  |  | 55 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A  |  | Physical facilities installed, maintained, & clean                                |  |
| 42 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A Washing fruits & vegetables  |  |  |  | 56 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A  |  | Adequate ventilation & lighting; designated areas used                            |  |
| 57 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A SPECIAL REQUIREMENTS / OTHER   |  |  |  | <input type="checkbox"/> Anti-choking (590.009[E]) <input type="checkbox"/> Tobacco (590.009[F]) <input type="checkbox"/> Allergen Awareness (590.009[G]) <input type="checkbox"/> Local law                                      |  |   |  |
| Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report will constitute 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's license. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the ten (10) calendar days of receipt of this order. |  |  |  |   |  |   |  |
| PIC's Signature: <u>Cathy Grzybowski</u>  |  |  |  | Print: <u>Cathy Grzybowski</u>  |  | Date: <u>4/10/19</u>  |  |
| Inspector's Signature: <u>Joseph F. Fitch</u>   |  |  |  | Follow-up: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (circle one) Follow-up Date, if applicable: _____  |  |   |  |





NOTE: This establishment was found to be in compliance with items 30 – 56. The form was incorrectly completed at the time of inspection. Please contact the Newburyport Health Department for confirmation – 978-465-4410.

| Food Establishment Inspection Form   |  |  |   |  |   | Page <u>1</u> of <u>2</u> |  |
|--|--|--|---|--|---|---------------------------|--|
| <b>The Commonwealth of Massachusetts</b><br>City of Newburyport Board of Health<br>60 Pleasant Street, Newburyport, MA 01950<br>(978) 465-4410 www.CityofNewburyport.com   |  |  | # Violations  |  | Date <u>7/29/19</u><br>Time In <u>1205</u><br>Time Out <u>1253</u>  |                           |  |
|  |  |  | Priority-      Priority foundation-      Core-  |  |   |                           |  |
|  |  |  | Score (optional)  |  |   |                           |  |
| Establishment Name <u>Martin School &amp; Mobile Market</u><br>Establishment Address <u>70 Low St</u><br>Telephone _____ HACCP <input checked="" type="checkbox"/>   |  |  | Risk Category <u>1+</u><br>Type of Operation(s)<br><input type="checkbox"/> Food Service<br><input type="checkbox"/> Retail<br><input type="checkbox"/> Residential Kitchen<br><input type="checkbox"/> Mobile<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Caterer<br><input type="checkbox"/> Bed & Breakfast<br><input type="checkbox"/> Farmer's Market<br><input type="checkbox"/> Other: _____ |  | Type of Inspection<br><input type="checkbox"/> Routine<br><input type="checkbox"/> Reinspection<br>Previous Inspection Date: _____<br><input type="checkbox"/> Pre-Operation<br><input type="checkbox"/> Suspect Illness<br><input type="checkbox"/> General Complaint<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other: _____ |                           |  |
| Owner <u>Town</u><br>Person in Charge (PIC) <u>Pam Kealey</u><br>Inspector <u>Joseph Tabb</u>  |  |  | Permit # _____<br>Food Safety Training / Exp. Date <u>MAY 2022</u>  |  |   |                           |  |
| <b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>  |  |  |   |  |   |                           |  |
| Circle designated compliance status (IN, OUT, N/A) for each numbered item<br>IN = in compliance    OUT = not in compliance    N/A = not observed    N/A = not applicable<br>Mark "X" in appropriate box for COS and/or R<br>COS = corrected on-site during inspection    R = repeat violation  |  |  |   |  |   |                           |  |
| <b>Compliance Status</b>   |  |  |   | <b>Compliance Status</b>   |   |                           |  |
|  |  |  |   |  |   |                           |  |
| <b>Supervision</b>   |  |  |   | <b>Time / Temperature Control for Safety</b>   |   |                           |  |
| 1 <input checked="" type="radio"/> OUT PIC present, demonstrates knowledge, and performs duties  |  |  |   | 17 <input checked="" type="radio"/> OUT Proper disposition of returned, previously served, reconditioned & unsafe food   |   |                           |  |
| 2 <input checked="" type="radio"/> OUT N/A Certified Food Protection Manager   |  |  |   | 18 <input checked="" type="radio"/> OUT N/A Proper cooking time & temperatures   |   |                           |  |
| <b>Employee Health</b>   |  |  |   | 19 <input checked="" type="radio"/> OUT N/A Proper reheating procedures for hot holding  |   |                           |  |
| 3 <input checked="" type="radio"/> OUT Management, food employee and conditional employee; knowledge, responsibilities and reporting   |  |  |   | 20 <input checked="" type="radio"/> OUT N/A Proper cooling time and temperature  |   |                           |  |
| 4 <input checked="" type="radio"/> OUT Proper use of restriction and exclusion   |  |  |   | 21 <input checked="" type="radio"/> OUT N/A Proper hot holding temperature   |   |                           |  |
| 5 <input checked="" type="radio"/> OUT Procedures for responding to vomiting and diarrheal events  |  |  |   | 22 <input checked="" type="radio"/> OUT N/A Proper cold holding temperature  |   |                           |  |
| <b>Good Hygienic Practices</b>   |  |  |   | 23 <input checked="" type="radio"/> OUT N/A Proper date marking and disposition  |   |                           |  |
| 6 <input checked="" type="radio"/> OUT N/A Proper eating, tasting, drinking, or tobacco use  |  |  |   | 24 <input checked="" type="radio"/> OUT N/A Time as a Public Health Control  |   |                           |  |
| 7 <input checked="" type="radio"/> OUT N/A No discharge from eyes, nose, and mouth   |  |  |   | <b>Consumer Advisory</b>   |   |                           |  |
| <b>Preventing Contamination by Hands</b>   |  |  |   | 25 <input checked="" type="radio"/> IN OUT Consumer advisory provided for raw / undercooked food   |   |                           |  |
| 8 <input checked="" type="radio"/> IN OUT N/A Hands clean & properly washed  |  |  |   | <b>Requirements for Highly Susceptible Populations (HSP)</b>   |   |                           |  |
| 9 <input checked="" type="radio"/> IN OUT N/A No bare hand contact with RTE food   |  |  |   | 26 <input checked="" type="radio"/> IN OUT N/A Pasteurized foods used; prohibited foods not offered  |   |                           |  |
| 10 <input checked="" type="radio"/> IN OUT Adequate handwashing sinks properly supplied and accessible   |  |  |   | <b>Food / Color Additives and Toxic Substances</b>   |   |                           |  |
| <b>Approved Source</b>   |  |  |   | 27 <input checked="" type="radio"/> IN OUT N/A Food additives: approved & properly used  |   |                           |  |
| 11 <input checked="" type="radio"/> IN OUT Food obtained from approved source  |  |  |   | 28 <input checked="" type="radio"/> IN OUT N/A Toxic sub. properly identified, stored & used   |   |                           |  |
| 12 <input checked="" type="radio"/> IN OUT N/A Food received at proper temperature   |  |  |   | <b>Conformance with Approved Procedures</b>  |   |                           |  |
| 13 <input checked="" type="radio"/> IN OUT Food received in good condition, safe, & unadulterated  |  |  |   | 29 <input checked="" type="radio"/> IN OUT N/A Compliance with variance / specialized process / HACCP Plan   |   |                           |  |
| 14 <input checked="" type="radio"/> IN OUT N/A Required records available: shellstock tags, parasite destruction   |  |  |   | <b>Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.</b> |   |                           |  |
| <b>Protection from Contamination</b>   |  |  |   |  |   |                           |  |
| 15 <input checked="" type="radio"/> IN OUT N/A Food separated and protected  |  |  |   |  |   |                           |  |
| 16 <input checked="" type="radio"/> IN OUT N/A Food-contact surfaces: cleaned & sanitized  |  |  |   |  |   |                           |  |
| <b>GOOD RETAIL PRACTICES</b>   |  |  |   |  |   |                           |  |
| Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.<br>Mark "X" in box if numbered item is not in compliance    Mark "X" in appropriate box for COS and/or R    COS = corrected on-site during inspection    R = repeat violation  |  |  |   |  |   |                           |  |
| <b>Compliance Status</b>   |  |  |   | <b>Compliance Status</b>   |   |                           |  |
|  |  |  |   |  |   |                           |  |
| <b>Safe Food and Water</b>   |  |  |   | <b>Proper Use of Utensils</b>  |   |                           |  |
| 30 <input checked="" type="checkbox"/> Pasteurized eggs used where required  |  |  |   | 43 <input checked="" type="checkbox"/> In-use utensils properly stored   |   |                           |  |
| 31 <input checked="" type="checkbox"/> Water & ice from approved source  |  |  |   | 44 <input checked="" type="checkbox"/> Utensils, equipment & linens: properly stored, dried, & handled   |   |                           |  |
| 32 <input checked="" type="checkbox"/> Variance obtained for specialized processing methods  |  |  |   | 45 <input checked="" type="checkbox"/> Single-use / single-service articles: properly stored & used  |   |                           |  |
| <b>Food Temperature Control</b>  |  |  |   | 46 <input checked="" type="checkbox"/> Gloves used properly  |   |                           |  |
| 33 <input checked="" type="checkbox"/> Proper cooling methods used; adequate equipment for temperature control   |  |  |   | <b>Utensils, Equipment and Vending</b>   |   |                           |  |
| 34 <input checked="" type="checkbox"/> Plant food properly cooked for hot holding  |  |  |   | 47 <input checked="" type="checkbox"/> Food & non-food contact surfaces cleanable, properly designed, constructed & used   |   |                           |  |
| 35 <input checked="" type="checkbox"/> Approved thawing methods used   |  |  |   | 48 <input checked="" type="checkbox"/> Warewashing facilities: installed, maintained, & used; test strips  |   |                           |  |
| 36 <input checked="" type="checkbox"/> Thermometers provided & accurate  |  |  |   | 49 <input checked="" type="checkbox"/> Non-food contact surfaces clean   |   |                           |  |
| <b>Food Identification</b>   |  |  |   | <b>Physical Facilities</b>   |   |                           |  |
| 37 <input checked="" type="checkbox"/> Food properly labeled, original container   |  |  |   | 50 <input checked="" type="checkbox"/> Hot & cold water available; adequate pressure   |   |                           |  |
| <b>Prevention of Food Contamination</b>  |  |  |   | 51 <input checked="" type="checkbox"/> Plumbing installed; proper backflow devices   |   |                           |  |
| 38 <input checked="" type="checkbox"/> Insects, rodents, & animals not present   |  |  |   | 52 <input checked="" type="checkbox"/> Sewage & waste water properly disposed  |   |                           |  |
| 39 <input checked="" type="checkbox"/> Contamination prevented during food preparation, storage and display  |  |  |   | 53 <input checked="" type="checkbox"/> Toilet features: properly constructed, supplied, & cleaned  |   |                           |  |
| 40 <input checked="" type="checkbox"/> Personal cleanliness  |  |  |   | 54 <input checked="" type="checkbox"/> Garbage & refuse properly disposed; facilities maintained   |   |                           |  |
| 41 <input checked="" type="checkbox"/> Wiping cloths: properly used & stored   |  |  |   | 55 <input checked="" type="checkbox"/> Physical facilities installed, maintained, & clean  |   |                           |  |
| 42 <input checked="" type="checkbox"/> Washing fruits & vegetables   |  |  |   | 56 <input checked="" type="checkbox"/> Adequate ventilation & lighting; designated areas used  |   |                           |  |
| 57 <b>SPECIAL REQUIREMENTS / OTHER</b>   |  |  |   | <input type="checkbox"/> Anti-choking (590.009[E]) <input type="checkbox"/> Tobacco (590.009[F]) <input type="checkbox"/> Allergen Awareness (590.009[G]) <input type="checkbox"/> Local law regulation <input type="checkbox"/> Other   |   |                           |  |
| Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order. |  |  |   |  |   |                           |  |
| PIC's Signature: <u>Pamela Kealey</u> Print: <u>Pamela Kealey</u> Date: <u>4/29/19</u>   |  |  |   |  |   |                           |  |
| Inspector's Signature: <u>Joseph Tabb</u> Follow-up: YES <input checked="" type="radio"/> NO <input type="radio"/> (circle one)    Follow-up Date, if applicable: _____  |  |  |   |  |   |                           |  |

## Page \_\_\_\_\_ of \_\_\_\_\_

MOLLY & MOCK SCHOOL

Date: 4/29/8

| Item / Location   | Temp (°F) | Item / Location | Temp (°F) | Item / Location | Temp (°F) |
|-------------------|-----------|-----------------|-----------|-----------------|-----------|
| (Chicken Patties) | 16 °      |                 |           |                 |           |
| (Hot Fudge W/Wh)  |           |                 |           |                 |           |
|                   |           |                 |           |                 |           |

[illegible]

NOTIFY DMPT OF HEALTH  
WHEN MACHINE IS  
REPAIRED

☐ Other

ate: 4/29/19

ate: 4/29/19

NOTE: This establishment was found to be in compliance with items 30 – 56. The form was incorrectly completed at the time of inspection. Please contact the Newburyport Health Department for confirmation – 978-465-4410.

| Food Establishment Inspection Form   |  |   |  |  |  | Page <u>1</u> of <u>2</u>   |  |
|--|--|---|--|--|--|---|--|
| <b>The Commonwealth of Massachusetts</b><br>City of Newburyport Board of Health<br>60 Pleasant Street, Newburyport, MA 01950<br>(978) 465-4410 www.CityofNewburyport.com   |  |   | # Violations   |  | Date <u>9/24/2019</u><br>Time In <u>10:00 am</u><br>Time Out <u>10:30 am</u>   |   |  |
|  |  |   | Priority-  | Priority foundation- Core-   |  |   |  |
| Establishment Name <u>Mock/Melin School</u>  |  |   | Risk Category  |  | <b>Type of Operation(s)</b><br><input checked="" type="checkbox"/> Food Service<br><input type="checkbox"/> Retail<br><input type="checkbox"/> Residential Kitchen<br><input type="checkbox"/> Mobile<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Caterer<br><input type="checkbox"/> Bed & Breakfast<br><input type="checkbox"/> Farmer's Market<br><input type="checkbox"/> Other: |   |  |
| Establishment Address <u>Low Street</u>  |  |   | HACCP Y/N <u>No</u>  |  |  |   |  |
| Telephone <u>978-465-4460</u>  |  |   | Permit #:  |  | <b>Type of Inspection</b><br><input type="checkbox"/> Routine<br><input checked="" type="checkbox"/> Reinspection<br>Previous Inspection Date:   |   |  |
| Owner  |  |   | Food Safety Training / Exp. Date <u>5/2024</u>               |  |  |   |  |
| Person-In-Charge (PIC) <u>Pam Kealey</u>   |  |   | Inspector <u>Pat McAlarney</u>                               |  |  |   |  |
| <b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>  |  |   |  |  |  |   |  |
| Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item<br>IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable   |  |   |  | Mark "X" in appropriate box for COS and/or R<br>COS = corrected on-site during inspection R = repeat violation   |  |   |  |
| <b>Compliance Status</b>   |  |   |  | <b>Compliance Status</b>   |  |   |  |
|  |  |   |  | COS  | R  |   |  |
| <b>Supervision</b>   |  |   |  | <b>Time / Temperature Control for Safety</b>   |  |   |  |
| 1  | IN OUT   | PIC present, demonstrates knowledge, and performs duties                                      |  | 17   | IN OUT   | Proper disposition of returned, previously served, reconditioned & unsafe food    |  |
| 2  | IN OUT N/A   | Certified Food Protection Manager   |  | 18   | IN OUT N/A N/O   | Proper cooking time & temperatures  |  |
| <b>Employee Health</b>   |  |   |  | 19   | IN OUT N/A N/O   | Proper reheating procedures for hot holding                                       |  |
| 3  | IN OUT   | Management, food employee and conditional employee; knowledge, responsibilities and reporting |  | 20   | IN OUT N/A N/O   | Proper cooling time and temperature   |  |
| 4  | IN OUT   | Proper use of restriction and exclusion   |  | 21   | IN OUT N/A N/O   | Proper hot holding temperature  |  |
| 5  | IN OUT   | Procedures for responding to vomiting and diarrhea events                                     |  | 22   | IN OUT N/A N/O   | Proper cold holding temperature   |  |
| <b>Good Hygienic Practices</b>   |  |   |  | 23   | IN OUT N/A N/O   | Proper date marking and disposition   |  |
| 6  | IN OUT N/O   | Proper eating, tasting, drinking, or tobacco use  |  | 24   | IN OUT N/A N/O   | Time as a Public Health Control   |  |
| 7  | IN OUT N/O   | No discharge from eyes, nose, and mouth   |  | <b>Consumer Advisory</b>   |  |   |  |
| <b>Preventing Contamination by Hands</b>   |  |   |  | 25   | IN OUT N/A   | Consumer advisory provided for raw / undercooked food                             |  |
| 8  | IN OUT N/O   | Hands clean & properly washed   |  | <b>Requirements for Highly Susceptible Populations (HSP)</b>   |  |   |  |
| 9  | IN OUT N/A N/O   | No bare hand contact with RTE food  |  | 26   | IN OUT N/A   | Pasteurized foods used; prohibited foods not offered                              |  |
| 10   | IN OUT   | Adequate handwashing sinks properly supplied and accessible                                   |  | <b>Food / Color Additives and Toxic Substances</b>   |  |   |  |
| <b>Approved Source</b>   |  |   |  | 27   | IN OUT N/A   | Food additives: approved & properly used  |  |
| 11   | IN OUT   | Food obtained from approved source  |  | 28   | IN OUT N/A   | Toxic sub. properly identified, stored & used                                     |  |
| 12   | IN OUT N/A N/O   | Food received at proper temperature   |  | <b>Conformance with Approved Procedures</b>  |  |   |  |
| 13   | IN OUT   | Food received in good condition, safe, & unadulterated  |  | 29   | IN OUT N/A   | Compliance with variance / specialized process / HACCP Plan                       |  |
| 14   | IN OUT N/A N/O   | Required records available: shellstock tags, parasite destruction                             |  | <b>Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.</b> |  |   |  |
| <b>Protection from Contamination</b>   |  |   |  |  |  |   |  |
| 15   | IN OUT N/A N/O   | Food separated and protected  |  |  |  |   |  |
| 16   | IN OUT N/A   | Food-contact surfaces, cleaned & sanitized  |  |  |  |   |  |
| <b>GOOD RETAIL PRACTICES</b>   |  |   |  |  |  |   |  |
| 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  |  |   |  | Mark "X" in appropriate box for COS and/or R   |  |   |  |
|  |  |   |  | COS = corrected on-site during inspection R = repeat violation   |  |   |  |
| <b>Compliance Status</b>   |  |   |  | <b>Compliance Status</b>   |  |   |  |
|  |  |   |  | COS  | R  |   |  |
| <b>Safe Food and Water</b>   |  |   |  | <b>Proper Use of Utensils</b>  |  |   |  |
| 30   |  | Pasteurized eggs used where required  |  | 43   |  | In-use utensils properly stored   |  |
| 31   |  | Water & ice from approved source  |  | 44   |  | Utensils, equipment & linens: properly stored, dried, & handled                   |  |
| 32   |  | Variance obtained for specialized processing methods  |  | 45   |  | Single-use / single-service articles: properly stored & used                      |  |
| <b>Food Temperature Control</b>  |  |   |  | 46   |  | Gloves used properly  |  |
| 33   |  | Proper cooling methods used; adequate equipment for temperature control                       |  | <b>Utensils, Equipment and Vending</b>   |  |   |  |
| 34   |  | Plant food properly cooked for hot holding  |  | 47   |  | Food & non-food contact surfaces cleanable, properly designed, constructed & used |  |
| 35   |  | Approved thawing methods used   |  | 48   |  | Warewashing facilities: installed, maintained, & used; test strips                |  |
| 36   |  | Thermometers provided & accurate  |  | 49   |  | Non-food contact surfaces clean   |  |
| <b>Food Identification</b>   |  |   |  | <b>Physical Facilities</b>   |  |   |  |
| 37   |  | Food properly labeled; original container   |  | 50   |  | Hot & cold water available; adequate pressure                                     |  |
| <b>Prevention of Food Contamination</b>  |  |   |  | 51   |  | Plumbing installed; proper backflow devices                                       |  |
| 38   |  | Insects, rodents, & animals not present   |  | 52   |  | Sewage & waste water properly disposed  |  |
| 39   |  | Contamination prevented during food preparation, storage and display                          |  | 53   |  | Toilet features: properly constructed, supplied, & cleaned                        |  |
| 40   |  | Personal cleanliness  |  | 54   |  | Garbage & refuse properly disposed; facilities maintained                         |  |
| 41   |  | Wiping cloths: properly used & stored   |  | 55   |  | Physical facilities installed, maintained, & clean                                |  |
| 42   |  | Washing fruits & vegetables   |  | 56   |  | Adequate ventilation & lighting; designated areas used                            |  |
| 57   | <b>SPECIAL REQUIREMENTS / OTHER</b> <input type="checkbox"/> Anti-choking (590.009[E]) <input type="checkbox"/> Tobacco (590.009[F]) <input type="checkbox"/> Allergen Awareness (590.009[G]) <input type="checkbox"/> Local law regulation <input type="checkbox"/> Other |   |  |  |  |   |  |
| <b>Official Order for Correction:</b> Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent, constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order. |  |   |  |  |  |   |  |
| PIC's Signature: <u>Pam Kealey</u>   |  |   | Print: <u>Pam Kealey</u>                                     |  | Date: <u>9/24/2019</u>   |   |  |
| Inspector's Signature: <u>Pat McAlarney</u>  |  |   | Follow-up: YES NO (circle one) Followup Date, if applicable: |  |  |   |  |





| Food Establishment Inspection Form   |   |  |  |  |  | Page <u>1</u> of <u>1</u>  |   |
|--|---|--|--|--|--|--|---|
| <b>City of Massachusetts</b><br><b>Board of Health</b><br><b>Newburyport, MA 01950</b><br><b>(978) 465-4410 www.CityofNewburyport.com</b>  |   | <b># Violations</b><br><b>Priority-      Priority foundation-      Core-</b><br><b>Score (optional)</b>  |  | <b>Date</b> <u>10/18/19</u><br><b>Time In</b> <u>AM</u><br><b>Time Out</b> <u>AM</u>   |  |  |   |
| <b>Establishment Name</b> <u>North Middle School</u><br><b>Establishment Address</b> <u>70 Howe St</u><br><b>Telephone</b> _____<br><b>Owner</b> <u>ELBY</u><br><b>Person-in-Charge (PIC)</b> <u>Pam Kealey</u><br><b>Inspector</b> <u>J. Tabbi</u>  |   | <b>Risk Category</b><br><b>HACCP Y/N</b> <u>NO</u><br><b>Permit #</b> _____<br><b>Food Safety Training / Exp. Date</b> _____   |  | <b>Type of Operation(s)</b><br><input checked="" type="checkbox"/> Food Service<br><input type="checkbox"/> Retail<br><input type="checkbox"/> Residential Kitchen<br><input type="checkbox"/> Mobile<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Caterer<br><input type="checkbox"/> Bed & Breakfast<br><input type="checkbox"/> Farmer's Market<br><input type="checkbox"/> Other: _____ |  |  |   |
|  |   |  |  | <b>Type of Inspection</b><br><input type="checkbox"/> Routine<br><input type="checkbox"/> Reinspection<br><b>Previous Inspection Date:</b> _____<br><input type="checkbox"/> Pre-Operation<br><input type="checkbox"/> Suspect Illness<br><input type="checkbox"/> General Complaint<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other: _____  |  |  |   |
| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS   |   |  |  |  |  |  |   |
| Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item<br>IN = in compliance    OUT = not in compliance    N/O = not observed    N/A = not applicable  |   |  |  | Mark "X" in appropriate box for COS and/or R<br>COS = corrected on-site during inspection    R = repeat violation  |  |  |   |
| Compliance Status  |   | COS  |  | R  |  | Compliance Status  |   |
| <b>Supervision</b>   |   |  |  |  |  | 17 <input checked="" type="checkbox"/> OUT    Proper disposition of returned, previously served, reheated, or unsafe food  |   |
| 1  | <input checked="" type="checkbox"/> OUT         | PIC present, demonstrates knowledge, and performs duties   |  |  |  | <b>Time / Temperature Control for Safety</b>   |   |
| 2  | <input checked="" type="checkbox"/> OUT N/A     | Certified Food Protection Manager  |  |  |  | 18 <input checked="" type="checkbox"/> OUT N/A N/O   | Proper cooking time & temperatures  |
| <b>Employee Health</b>   |   |  |  |  |  | 19 <input checked="" type="checkbox"/> OUT N/A N/O   | Proper reheating procedures for hot holding                                       |
| 3  | <input checked="" type="checkbox"/> OUT         | Management, food employee and conditional employee; knowledge, responsibilities and reporting  |  |  |  | 20 <input checked="" type="checkbox"/> OUT N/A N/O   | Proper cooling time and temperature   |
| 4  | <input checked="" type="checkbox"/> OUT         | Proper use of restriction and exclusion  |  |  |  | 21 <input checked="" type="checkbox"/> OUT N/A N/O   | Proper hot holding temperature  |
| 5  | <input checked="" type="checkbox"/> OUT         | Procedures for responding to vomiting and diarrheal events   |  |  |  | 22 <input checked="" type="checkbox"/> OUT N/A N/O   | Proper cold holding temperature   |
| <b>Good Hygienic Practices</b>   |   |  |  |  |  | 23 <input checked="" type="checkbox"/> OUT N/A N/O   | Proper date marking and disposition   |
| 6  | <input checked="" type="checkbox"/> OUT N/O     | Proper eating, tasting, drinking, or tobacco use   |  |  |  | 24 <input checked="" type="checkbox"/> OUT N/A N/O   | Time as a Public Health Control   |
| 7  | <input checked="" type="checkbox"/> OUT N/O     | No discharge from eyes, nose, and mouth  |  |  |  | <b>Consumer Advisory</b>   |   |
| <b>Preventing Contamination by Hands</b>   |   |  |  |  |  | 25 <input checked="" type="checkbox"/> OUT N/A   | Consumer advisory provided for raw / undercooked food                             |
| 8  | <input checked="" type="checkbox"/> OUT N/O     | Hands clean & properly washed  |  |  |  | <b>Requirements for Highly Susceptible Populations (HSP)</b>   |   |
| 9  | <input checked="" type="checkbox"/> OUT N/A N/O | No bare hand contact with RTE food   |  |  |  | 26 <input checked="" type="checkbox"/> OUT N/A   | Pasteurized foods used; prohibited foods not offered                              |
| 10   | <input checked="" type="checkbox"/> OUT         | Adequate handwashing sinks properly supplied and accessible  |  |  |  | <b>Food / Color Additives and Toxic Substances</b>   |   |
| <b>Approved Source</b>   |   |  |  |  |  | 27 <input checked="" type="checkbox"/> OUT N/A   | Food additives: approved & properly used  |
| 11   | <input checked="" type="checkbox"/> OUT         | Food obtained from approved source   |  |  |  | 28 <input checked="" type="checkbox"/> OUT N/A   | Toxic sub. properly identified, stored & used                                     |
| 12   | <input checked="" type="checkbox"/> OUT N/A N/O | Food received at proper temperature  |  |  |  | <b>Conformance with Approved Procedures</b>  |   |
| 13   | <input checked="" type="checkbox"/> OUT         | Food received in good condition, safe, & unadulterated   |  |  |  | 29 <input checked="" type="checkbox"/> OUT N/A   | Compliance with variance / specialized process / HACCP Plan                       |
| 14   | <input checked="" type="checkbox"/> OUT N/A N/O | Required records available: shellstock tags, parasite destruction  |  |  |  | <b>Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.</b> |   |
| <b>Protection from Contamination</b>   |   |  |  |  |  |  |   |
| 15   | <input checked="" type="checkbox"/> OUT N/A N/O | Food separated and protected   |  |  |  |  |   |
| 16   | <input checked="" type="checkbox"/> OUT N/A     | Food-contact surfaces; cleaned & sanitized   |  |  |  |  |   |
| GOOD RETAIL PRACTICES  |   |  |  |  |  |  |   |
| 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  |   | Mark "X" in appropriate box for COS and/or R   |  | COS = corrected on-site during inspection  |  | R = repeat violation   |   |
| Compliance Status  |   | COS  |  | R  |  | Compliance Status  |   |
| <b>Safe Food and Water</b>   |   |  |  |  |  | <b>Proper Use of Utensils</b>  |   |
| 30   |   | Pasteurized eggs used where required   |  |  |  | 43   | In-use utensils properly stored   |
| 31   |   | Water & ice from approved source   |  |  |  | 44   | Utensils, equipment & linens: properly stored, dried, & handled                   |
| 32   |   | Variance obtained for specialized processing methods   |  |  |  | 45   | Single-use / single-service articles: properly stored & used                      |
| <b>Food Temperature Control</b>  |   |  |  |  |  | 46   | Gloves used properly  |
| 33   |   | Proper cooling methods used; adequate equipment for temperature control  |  |  |  | <b>Utensils, Equipment and Vending</b>   |   |
| 34   |   | Plant food properly cooked for hot holding   |  |  |  | 47   | Food & non-food contact surfaces cleanable, properly designed, constructed & used |
| 35   |   | Approved thawing methods used  |  |  |  | 48   | Warewashing facilities: installed, maintained, & used; test strips                |
| 36   |   | Thermometers provided & accurate   |  |  |  | 49   | Non-food contact surfaces clean   |
| <b>Food Identification</b>   |   |  |  |  |  | <b>Physical Facilities</b>   |   |
| 37   |   | Food properly labeled; original container  |  |  |  | 50   | Hot & cold water available; adequate pressure                                     |
| <b>Prevention of Food Contamination</b>  |   |  |  |  |  | 51   | Plumbing installed; proper backflow devices                                       |
| 38   |   | Insects, rodents, & animals not present  |  |  |  | 52   | Sewage & waste water properly disposed  |
| 39   |   | Contamination prevented during food preparation, storage and display   |  |  |  | 53   | Toilet features: properly constructed, supplied, & cleaned                        |
| 40   |   | Personal cleanliness   |  |  |  | 54   | Garbage & refuse properly disposed; facilities maintained                         |
| 41   |   | Wiping cloths: properly used & stored  |  |  |  | 55   | Physical facilities installed, maintained, & clean                                |
| 42   |   | Washing fruits & vegetables  |  |  |  | 56   | Adequate ventilation & lighting; designated areas used                            |
| 57 <b>SPECIAL REQUIREMENTS / OTHER</b>   |   | <input type="checkbox"/> Anti-choking (590.009[E]) <input type="checkbox"/> Tobacco (590.009[F]) <input type="checkbox"/> Allergen Awareness (590.009[G]) <input type="checkbox"/> Local law regulation <input type="checkbox"/> Other |  |  |  |  |   |
| Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order. |   |  |  |  |  |  |   |
| <b>PIC's Signature:</b> <u>Pam Kealey</u><br><b>Inspector's Signature:</b> <u>J. Tabbi</u>   |   | <b>Print:</b> <u>Pam Kealey</u><br><b>Follow-up:</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (circle one)  |  | <b>Date:</b> <u>10/18/19</u><br><b>Follow-up Date, if applicable:</b> _____  |  |  |   |

## Page \_\_\_\_ of \_\_\_\_

Date: 10/15/15

## Temp (°F)

[illegible]☐ Yes☐ Other

Date:

| Food Establishment Inspection Form  |  |  |   |  |   | Page 1 of 2   |  |
|---|--|--|---|--|---|---|--|
| <b>The Commonwealth of Massachusetts</b><br>City of Newburyport Board of Health<br>60 Pleasant Street, Newburyport, MA 01950<br>(978) 465-4410 www.CityofNewburyport.com  |  |  | # Violations  |  | Date <u>4/29/19</u>   |   |  |
|   |  |  | Priority-      Priority foundation-      Core-  |  | Time In <u>1040</u>   |   |  |
|   |  |  | Score (optional)  |  | Time Out <u>1130</u>  |   |  |
| Establishment Name <u>Newbury H166 School 241 W106</u><br>Establishment Address <u>241 W106 St</u><br>Telephone <u>978 465 4440</u><br>Owner _____<br>Person-in-Charge (PIC) <u>Pamela Kealey</u><br>Inspector <u>Joselyn Tabb</u>  |  |  | Risk Category <u>H</u><br>HACCP <input checked="" type="checkbox"/> Y <input type="checkbox"/> N<br>Permit #: _____<br>Food Safety Training / Exp. Date <u>MAY 2022</u> |  | <b>Type of Operation(s)</b><br><input type="checkbox"/> Food Service<br><input type="checkbox"/> Retail<br><input type="checkbox"/> Residential Kitchen<br><input type="checkbox"/> Mobile<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Caterer<br><input type="checkbox"/> Bed & Breakfast<br><input type="checkbox"/> Farmer's Market<br><input type="checkbox"/> Other: _____ |   |  |
|   |  |  |   |  | <b>Type of Inspection</b><br><input type="checkbox"/> Routine<br><input type="checkbox"/> Reinspection<br>Previous Inspection Date: _____<br><input type="checkbox"/> Pre-Operation<br><input type="checkbox"/> Suspect Illness<br><input type="checkbox"/> General Complaint<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other: _____  |   |  |
| <b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>   |  |  |   |  |   |   |  |
| Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item<br>IN = in compliance    OUT = not in compliance    N/O = not observed    N/A = not applicable<br>Mark "X" in appropriate box for COS and/or R<br>COS = corrected on-site during inspection    R = repeat violation  |  |  |   |  |   |   |  |
| <b>Compliance Status</b>  |  |  |   | <b>Compliance Status</b>   |   |   |  |
|   |  |  |   |  |   |   |  |
| <b>Supervision</b>  |  |  |   | <b>Time / Temperature Control for Safety</b>   |   |   |  |
| 1   | <input checked="" type="checkbox"/> OUT                          | PIC present, demonstrates knowledge, and performs duties                                       |   | 17   | <input type="checkbox"/> IN <input type="checkbox"/> OUT  | Proper disposition of returned, previously served, reconditioned & unsafe food    |  |
| 2   | <input type="checkbox"/> IN <input type="checkbox"/> OUT N/A     | Certified Food Protection Manager  |   | 18   | <input type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O  | Proper cooking time & temperatures  |  |
| <b>Employee Health</b>  |  |  |   | <b>Consumer Advisory</b>   |   |   |  |
| 3   | <input type="checkbox"/> IN <input type="checkbox"/> OUT         | Management, food employee and conditional employees; knowledge, responsibilities and reporting |   | 19   | <input type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O  | Proper reheating procedures for hot holding                                       |  |
| 4   | <input type="checkbox"/> IN <input type="checkbox"/> OUT         | Proper use of restriction and exclusion  |   | 20   | <input type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O  | Proper cooling time and temperature   |  |
| 5   | <input type="checkbox"/> IN <input type="checkbox"/> OUT         | Procedures for responding to vomiting and diarrheal events                                     |   | 21   | <input type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O  | Proper hot holding temperature  |  |
| <b>Good Hygienic Practices</b>  |  |  |   | <b>Food / Color Additives and Toxic Substances</b>   |   |   |  |
| 6   | <input type="checkbox"/> IN <input type="checkbox"/> OUT N/O     | Proper eating, tasting, drinking, or tobacco use   |   | 22   | <input type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O  | Proper cold holding temperature   |  |
| 7   | <input type="checkbox"/> IN <input type="checkbox"/> OUT         | No discharge from eyes, nose, and mouth  |   | 23   | <input type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O  | Proper date marking and disposition   |  |
| <b>Preventing Contamination by Hands</b>  |  |  |   | <b>Requirements for Highly Susceptible Populations (HSP)</b>   |   |   |  |
| 8   | <input type="checkbox"/> IN <input type="checkbox"/> OUT N/O     | Hands clean & properly washed  |   | 24   | <input type="checkbox"/> IN <input type="checkbox"/> OUT N/A  | Time as a Public Health Control   |  |
| 9   | <input type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O | No bare hand contact with RTE food   |   | 25   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A  | Consumer advisory provided for raw / undercooked food                             |  |
| 10  | <input type="checkbox"/> IN <input type="checkbox"/> OUT         | Adequate handwashing sinks properly supplied and accessible                                    |   | <b>Food / Color Additives and Toxic Substances</b>   |   |   |  |
| <b>Approved Source</b>  |  |  |   | <b>Conformance with Approved Procedures</b>  |   |   |  |
| 11  | <input type="checkbox"/> IN <input type="checkbox"/> OUT         | Food obtained from approved source   |   | 27   | <input type="checkbox"/> IN <input type="checkbox"/> OUT N/A  | Food additives: approved & properly used  |  |
| 12  | <input type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O | Food received at proper temperature  |   | 28   | <input type="checkbox"/> IN <input type="checkbox"/> OUT N/A  | Toxic sub. properly identified, stored & used                                     |  |
| 13  | <input type="checkbox"/> IN <input type="checkbox"/> OUT         | Food received in good condition, safe, & unadulterated   |   | 29   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A  | Compliance with variance / specialized process / HACCP Plan                       |  |
| 14  | <input type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O | Required records available: shellstock tags, parasite destruction                              |   | <b>Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.</b> |   |   |  |
| <b>Protection from Contamination</b>  |  |  |   |  |   |   |  |
| 15  | <input type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O | Food separated and protected   |   |  |   |   |  |
| 16  | <input type="checkbox"/> IN <input type="checkbox"/> OUT N/A     | Food-contact surfaces: cleaned & sanitized   |   | <b>GOOD RETAIL PRACTICES</b>   |   |   |  |
| Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.<br>Mark "X" in box if numbered item is not in compliance    Mark "X" in appropriate box for COS and/or R    COS = corrected on-site during inspection    R = repeat violation   |  |  |   |  |   |   |  |
| <b>Compliance Status</b>  |  |  |   | <b>Compliance Status</b>   |   |   |  |
|   |  |  |   |  |   |   |  |
| <b>Safe Food and Water</b>  |  |  |   | <b>Proper Use of Utensils</b>  |   |   |  |
| 30  | <input checked="" type="checkbox"/>                              | Pasteurized eggs used where required   |   | 43   | <input checked="" type="checkbox"/>   | In-use utensils properly stored   |  |
| 31  | <input checked="" type="checkbox"/>                              | Water & ice from approved source   |   | 44   | <input checked="" type="checkbox"/>   | Utensils, equipment & linens: properly stored, dried, & handled                   |  |
| 32  | <input type="checkbox"/>   | Variance obtained for specialized processing methods   |   | 45   | <input checked="" type="checkbox"/>   | Single-use / single-service articles: properly stored & used                      |  |
| <b>Food Temperature Control</b>   |  |  |   | <b>Utensils, Equipment and Vending</b>   |   |   |  |
| 33  | <input checked="" type="checkbox"/>                              | Proper cooling methods used; adequate equipment for temperature control                        |   | 46   | <input checked="" type="checkbox"/>   | Gloves used properly  |  |
| 34  | <input checked="" type="checkbox"/>                              | Plant food properly cooked for hot holding   |   | <b>Physical Facilities</b>   |   |   |  |
| 35  | <input checked="" type="checkbox"/>                              | Approved thawing methods used  |   | 47   | <input checked="" type="checkbox"/>   | Food & non-food contact surfaces cleanable, properly designed, constructed & used |  |
| 36  | <input checked="" type="checkbox"/>                              | Thermometers provided & accurate   |   | 48   | <input checked="" type="checkbox"/>   | Warewashing facilities: installed, maintained, & used; test strips                |  |
| <b>Food Identification</b>  |  |  |   | <b>Physical Facilities</b>   |   |   |  |
| 37  | <input type="checkbox"/>   | Food properly labeled; original container  |   | 49   | <input checked="" type="checkbox"/>   | Non-food contact surfaces clean   |  |
| <b>Prevention of Food Contamination</b>   |  |  |   | 50   | <input checked="" type="checkbox"/>   | Hot & cold water available; adequate pressure                                     |  |
| 38  | <input checked="" type="checkbox"/>                              | Insects, rodents, & animals not present  |   | 51   | <input checked="" type="checkbox"/>   | Plumbing installed; proper backflow devices                                       |  |
| 39  | <input checked="" type="checkbox"/>                              | Contamination prevented during food preparation, storage and display                           |   | 52   | <input checked="" type="checkbox"/>   | Sewage & waste water properly disposed  |  |
| 40  | <input checked="" type="checkbox"/>                              | Personal cleanliness   |   | 53   | <input checked="" type="checkbox"/>   | Toilet features: properly constructed, supplied, & cleaned                        |  |
| 41  | <input checked="" type="checkbox"/>                              | Wiping cloths: properly used & stored  |   | 54   | <input checked="" type="checkbox"/>   | Garbage & refuse properly disposed; facilities maintained                         |  |
| 42  | <input checked="" type="checkbox"/>                              | Washing fruits & vegetables  |   | 55   | <input checked="" type="checkbox"/>   | Physical facilities installed, maintained, & clean                                |  |
| 43  | <input checked="" type="checkbox"/>                              | Washing fruits & vegetables  |   | 56   | <input checked="" type="checkbox"/>   | Adequate ventilation & lighting; designated areas used                            |  |
| 57 <b>SPECIAL REQUIREMENTS / OTHER</b> <input type="checkbox"/> Anti-choking (590.009[E]) <input type="checkbox"/> Tobacco (590.009[F]) <input type="checkbox"/> Allergen Awareness (590.009[G]) <input type="checkbox"/> Local law regulation <input type="checkbox"/> Other   |  |  |   |  |   |   |  |
| <b>Official Order for Correction:</b> Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order. |  |  |   |  |   |   |  |
| PIC's Signature: <u>Pamela Kealey</u>   |  |  |   | Print: <u>Pamela Kealey</u>  |   | Date: <u>4/29/19</u>  |  |
| Inspector's Signature: _____  |  |  |   | Follow-up: YES NO (circle one) Follow-up Date, if applicable: _____  |   |   |  |

## Page 2 of 2

NEWBURYPORT HIGH SCHOOL

Date: 4/29/19

| Item / Location | Temp (°F) | Item / Location | Temp (°F) | Item / Location | Temp (°F) |
|-----------------|-----------|-----------------|-----------|-----------------|-----------|
| CHICKEN PATTIES | 150°F     |                 |           |                 |           |
| REFRAIGERATION  | 41°F B/R  |                 |           |                 |           |
|                 |           |                 |           |                 |           |

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code

[illegible]

### Corrective Action Required

☐ No☐ Yes☐ Voluntary Compliance☐ Employee Restrict /Exclude☐ Re-inspection Scheduled☐ Emergency Suspension☐ Embargo☐ Emergency Closure☐ Voluntary Disposal☐ Other

(PIC's Signature)

Inspector's Signature \_\_\_\_\_

Date: 4/29/19

Date: 4/29/19

NOTE: This establishment was found to be in compliance with items 30 – 56. The form was incorrectly completed at the time of inspection. Please contact the Newburyport Health Department for confirmation – 978-465-4410.

| Food Establishment Inspection Form   |                |   |   |  |   | Page <u>1</u> of <u>2</u>   |             |
|--|----------------|---|---|--|---|---|-------------|
| <b>The Commonwealth of Massachusetts</b><br>City of Newburyport Board of Health<br>60 Pleasant Street, Newburyport, MA 01950<br>(978) 465-4410 www.CityofNewburyport.com   |                |   | # Violations <u>0</u>   |  | Date _____<br>Time In _____<br>Time Out _____   |   |             |
|  |                |   | Priority- _____   | Priority foundation- _____   |   |   | Core- _____ |
| Establishment Name: <u>Newburyport High School</u><br>Establishment Address: <u>241. High School</u><br>Telephone: <u>978-692-3563</u><br>Owner: <u>CITY</u><br>Person in Charge (PIC): <u>Pam Kealey</u><br>Inspector: <u>Joseph Tabbi</u>  |                |   | Risk Category: _____<br>HACCP Y/N: <u>N</u><br>Permit #: _____<br>Food Safety Training / Exp. Date: <u>11/14/22</u> |  | Type of Operation(s):<br><input type="checkbox"/> Food Service<br><input type="checkbox"/> Retail<br><input type="checkbox"/> Residential Kitchen<br><input type="checkbox"/> Mobile<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Caterer<br><input type="checkbox"/> Bed & Breakfast<br><input type="checkbox"/> Farmer's Market<br><input type="checkbox"/> Other: _____ |   |             |
|  |                |   |   |  | Type of Inspection:<br><input type="checkbox"/> Routine<br><input type="checkbox"/> Reinspection<br>Previous Inspection Date: _____<br><input type="checkbox"/> Pre-Operation<br><input type="checkbox"/> Suspect Illness<br><input type="checkbox"/> General Complaint<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other: _____  |   |             |
| <b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>  |                |   |   |  |   |   |             |
| Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item<br>IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable   |                |   |   | Mark "X" in appropriate box for COS and/or R<br>COS = corrected on-site during inspection R = repeat violation   |   |   |             |
| <b>Compliance Status</b>   |                |   |   | <b>Compliance Status</b>   |   | <b>Compliance Status</b>  |             |
|  |                |   |   |  |   |   |             |
| <b>Supervision</b>   |                |   |   | <b>Time / Temperature Control for Safety</b>   |   |   |             |
| 1  | IN OUT         | PIC present, demonstrates knowledge, and performs duties                                      |   | 17   | IN OUT  | Proper disposition of returned, previously served, reconditioned & unsafe food    |             |
| 2  | IN OUT N/A     | Certified Food Protection Manager   |   | 18   | IN OUT N/A N/O  | Proper cooking time & temperatures  |             |
| <b>Employee Health</b>   |                |   |   | <b>Consumer Advisory</b>   |   |   |             |
| 3  | IN OUT         | Management, food employee and conditional employee; knowledge, responsibilities and reporting |   | 19   | IN OUT N/A N/O  | Proper reheating procedures for hot holding                                       |             |
| 4  | IN OUT         | Proper use of restriction and exclusion   |   | 20   | IN OUT N/A N/O  | Proper cooling time and temperature   |             |
| 5  | IN OUT         | Procedures for responding to vomiting and diarrheal events                                    |   | 21   | IN OUT N/A N/O  | Proper hot holding temperature  |             |
| <b>Good Hygienic Practices</b>   |                |   |   | <b>Food / Color Additives and Toxic Substances</b>   |   |   |             |
| 6  | IN OUT N/O     | Proper eating, tasting, drinking, or tobacco use  |   | 22   | IN OUT N/A N/O  | Proper cold holding temperature   |             |
| 7  | IN OUT N/O     | No discharge from eyes, nose, and mouth   |   | 23   | IN OUT N/A N/O  | Proper date marking and disposition   |             |
| <b>Preventing Contamination by Hands</b>   |                |   |   | <b>Requirements for Highly Susceptible Populations (HSP)</b>   |   |   |             |
| 8  | IN OUT N/O     | Hands clean & properly washed   |   | 24   | IN OUT N/A N/O  | Time as a Public Health Control   |             |
| 9  | IN OUT N/A N/O | No bare hand contact with RTE food  |   | 25   | IN OUT N/A  | Consumer advisory provided for raw / undercooked food                             |             |
| 10   | IN OUT         | Adequate handwashing sinks properly supplied and accessible                                   |   | <b>Conformance with Approved Procedures</b>  |   |   |             |
| <b>Approved Source</b>   |                |   |   | <b>Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.</b> |   |   |             |
| 11   | IN OUT         | Food obtained from approved source  |   | 26   | IN OUT N/A  | Pasteurized foods used; prohibited foods not offered                              |             |
| 12   | IN OUT N/A N/O | Food received at proper temperature   |   | 27   | IN OUT N/A  | Food additives: approved & properly used  |             |
| 13   | IN OUT         | Food received in good condition, safe, & unadulterated  |   | 28   | IN OUT N/A  | Toxic sub. properly identified, stored & used                                     |             |
| 14   | IN OUT N/A N/O | Required records available: shellstock tags, parasite destruction                             |   | 29   | IN OUT N/A  | Compliance with variance / specialized process / HACCP Plan                       |             |
| <b>Protection from Contamination</b>   |                |   |   | <b>GOOD RETAIL PRACTICES</b>   |   |   |             |
| 15   | IN OUT N/A N/O | Food separated and protected  |   | Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.  |   |   |             |
| 16   | IN OUT N/A     | Food-contact surfaces: cleaned & sanitized  |   | Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation  |   |   |             |
| <b>Safe Food and Water</b>   |                |   |   | <b>Proper Use of Utensils</b>  |   |   |             |
| 30   |                | Pasteurized eggs used where required  |   | 43   |   | In-use utensils properly stored   |             |
| 31   |                | Water & ice from approved source  |   | 44   |   | Utensils, equipment & linens: properly stored, dried, & handled                   |             |
| 32   |                | Variance obtained for specialized processing methods  |   | 45   |   | Single-use / single-service articles: properly stored & used                      |             |
| <b>Food Temperature Control</b>  |                |   |   | <b>Utensils, Equipment and Vending</b>   |   |   |             |
| 33   |                | Proper cooling methods used; adequate equipment for temperature control                       |   | 46   |   | Gloves used properly  |             |
| 34   |                | Plant food properly cooked for hot holding  |   | 47   |   | Food & non-food contact surfaces cleanable, properly designed, constructed & used |             |
| 35   |                | Approved thawing methods used   |   | 48   |   | Warewashing facilities: installed, maintained, & used, test strips                |             |
| 36   |                | Thermometers provided & accurate  |   | 49   |   | Non-food contact surfaces clean   |             |
| <b>Food Identification</b>   |                |   |   | <b>Physical Facilities</b>   |   |   |             |
| 37   |                | Food properly labeled; original container   |   | 50   |   | Hot & cold water available; adequate pressure                                     |             |
| <b>Prevention of Food Contamination</b>  |                |   |   | <b>Physical Facilities</b>   |   |   |             |
| 38   |                | Insects, rodents, & animals not present   |   | 51   |   | Plumbing installed; proper backflow devices                                       |             |
| 39   |                | Contamination prevented during food preparation, storage and display                          |   | 52   |   | Sewage & waste water properly disposed  |             |
| 40   |                | Personal cleanliness  |   | 53   |   | Toilet features: properly constructed, supplied, & cleaned                        |             |
| 41   |                | Wiping cloths: properly used & stored   |   | 54   |   | Garbage & refuse properly disposed; facilities maintained                         |             |
| 42   |                | Washing fruits & vegetables   |   | 55   |   | Physical facilities installed, maintained, & clean                                |             |
| 43   |                |   |   | 56   |   | Adequate ventilation & lighting; designated areas used                            |             |
| 57 SPECIAL REQUIREMENTS / OTHER <input type="checkbox"/> Anti-choking (590.009[E]) <input type="checkbox"/> Tobacco (590.009[F]) <input type="checkbox"/> Allergen Awareness (590.009[G]) <input type="checkbox"/> Local law regulation <input type="checkbox"/> Other   |                |   |   |  |   |   |             |
| <b>Official Order for Correction:</b> Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If approved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order. |                |   |   |  |   |   |             |
| PIC's Signature: <u>Pam Kealey</u>   |                |   |   | Print: <u>Pamela Kealey</u>  |   | Date: <u>10/18/19</u>   |             |
| Inspector's Signature: <u>Joseph Tabbi</u>   |                |   |   | Follow-up: <u>YES</u> NO (circle one) Follow-up Date, if applicable: _____   |   |   |             |



