

Massachusetts Department of Public Health

Division of Food and Drugs

OOD ESTABLISHMENT INSPECTION REPORT

Town of Scituate / Board of Health

600 Chief Justice Cushing Highway

Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

Name	Cushing Elementary	Date	9/5/19	Type of Operation(s)	Type of Inspection
Address	1 Aberdeen Dr	Risk Level		<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone	585 8770			<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	TOWN	HACCP Y/N		<input type="checkbox"/> Residential Kitchen	Previous Inspection
Person in Charge (PIC)	Janet O'Connor	Time In:		<input type="checkbox"/> Mobile	Date:
Inspector	J Murphy	Time Out:		<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
				<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
				Permit No.	<input type="checkbox"/> HACCP
					<input type="checkbox"/> Other

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

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

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:	Print:	Page 1 of 1 Pages
PIC's Signature:	Print:	

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Town of Scituate / Board of Health

600 Chief Justice Cushing Highway
Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

Name <i>Cushing Elementary</i>	Date <i>3/26/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address <i>1 Aberdeen Dr</i>	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Telephone <i>781 545-8720</i>		<input type="checkbox"/> Residential Kitchen	Previous Inspection
Owner <i>Town</i>	HACCP Y/N	<input type="checkbox"/> Mobile	Date:
Person in Charge (PIC) <i>Jane O'Connor</i>	Time In:	<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
Inspector <i>J. Murphy</i>	Out:	<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
		Permit No.	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other

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

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) ☐

FOG LOG

FOOD PROTECTION MANAGEMENT	<input checked="" type="checkbox"/> 1. PIC Assigned / Knowledgeable / Duties	<input type="checkbox"/> 12. Prevention of Contamination from Hands
EMPLOYEE HEALTH	<input type="checkbox"/> 2. Reporting of Diseases by Food Employee and PIC	<input type="checkbox"/> 13. Handwash Facilities
<input type="checkbox"/> 3. Personnel with Infections Restricted/Excluded	PROTECTION FROM CHEMICALS	<input checked="" type="checkbox"/>
FOOD FROM APPROVED SOURCE	<input type="checkbox"/> 4. Food and Water from Approved Source	<input type="checkbox"/> 14. Approved Food or Color Additives
<input type="checkbox"/> 5. Receiving/Condition <i>Hot</i>	<input type="checkbox"/> 6. Tags/Records/Accuracy of Ingredient Statements	<input type="checkbox"/> 15. Toxic Chemicals
<input type="checkbox"/> 7. Conformance with Approved Procedures/HACCP Plans	TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)	<input checked="" type="checkbox"/>
PROTECTION FROM CONTAMINATION	<input type="checkbox"/> 8. Separation/ Segregation/ Protection	<input type="checkbox"/> 16. Cooking Temperatures
<input type="checkbox"/> 9. Food Contact Surfaces Cleaning and Sanitizing	<input type="checkbox"/> 10. Proper Adequate Handwashing	<input type="checkbox"/> 17. Reheating
<input type="checkbox"/> 11. Good Hygienic Practices	<i>* Clean can opener</i>	<input type="checkbox"/> 18. Cooling
		<input type="checkbox"/> 19. Hot and Cold Holding
		<input type="checkbox"/> 20. Time As a Public Health Control
		REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)
		<input type="checkbox"/> 21. Food and Food Preparation for HSP
		CONSUMER ADVISORY
		<input type="checkbox"/> 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

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

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

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

0

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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>J. Murphy</i>	Print: <i>J. Murphy</i>	Page <i>1</i> of <i>1</i> Pages
PIC's Signature:	Print:	

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Town of Scituate / Board of Health

600 Chief Justice Cushing Highway

Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

Name <i>Gates Middle School</i>	Date <i>9/5/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>460 First Parish Rd</i>	Risk Level	Permit No.	
Telephone <i>545-8260</i>			
Owner <i>TOWN</i>	HACCP Y/N		
Person in Charge (PIC) <i>Louise Fitzgerald</i>	Time In:		
Inspector <i>J Murphy</i>	Out:		

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

Non-compliance with:

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

Violations Related to Foodborne Illness Interventions and Risk Factors

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

FOOD PROTECTION MANAGEMENT <input checked="" type="checkbox"/>	<input type="checkbox"/> 12. Prevention of Contamination from Hands
<input type="checkbox"/> 1. PIC Assigned / Knowledgeable / Duties	<input type="checkbox"/> 13. Handwash Facilities
EMPLOYEE HEALTH <input checked="" type="checkbox"/>	PROTECTION FROM CHEMICALS <input checked="" type="checkbox"/>
<input type="checkbox"/> 2. Reporting of Diseases by Food Employee and PIC	<input type="checkbox"/> 14. Approved Food or Color Additives
<input type="checkbox"/> 3. Personnel with Infections Restricted/Excluded	<input type="checkbox"/> 15. Toxic Chemicals
FOOD FROM APPROVED SOURCE <input checked="" type="checkbox"/>	TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods) <input checked="" type="checkbox"/>
<input type="checkbox"/> 4. Food and Water from Approved Source	<input type="checkbox"/> 16. Cooking Temperatures
<input type="checkbox"/> 5. Receiving/Condition <i>Hot</i>	<input type="checkbox"/> 17. Reheating <i>Refrig Temps</i>
<input type="checkbox"/> 6. Tags/Records/Accuracy of Ingredient Statements	<input type="checkbox"/> 18. Cooling
<input type="checkbox"/> 7. Conformance with Approved Procedures/HACCP Plans	<input type="checkbox"/> 19. Hot and Cold Holding
PROTECTION FROM CONTAMINATION <input checked="" type="checkbox"/>	<input type="checkbox"/> 20. Time As a Public Health Control
<input type="checkbox"/> 8. Separation/ Segregation/ Protection	REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)
<input type="checkbox"/> 9. Food Contact Surfaces Cleaning and Sanitizing	<input type="checkbox"/> 21. Food and Food Preparation for HSP
<input type="checkbox"/> 10. Proper Adequate Handwashing	CONSUMER ADVISORY <input checked="" type="checkbox"/>
<input type="checkbox"/> 11. Good Hygienic Practices	<input type="checkbox"/> 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

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

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

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

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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>J Murphy</i>	Print: <i>J Murphy</i>	Page <i>1</i> of <i>1</i> Pages
PIC's Signature: <i>Louise Fitzgerald</i>	Print: <i>Louise Fitzgerald</i>	

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Town of Scituate / Board of Health

600 Chief Justice Cushing Highway
Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

Name	Gates Middle School	Date	3/19/19	Type of Operation(s)	Type of Inspection
Address	460 1st Parish	Risk Level		<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone	781 545-8760			<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	Town	HACCP Y/N		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person in Charge (PIC)	Louise Fitzgerald			<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector	J. Murphy	Time In:		<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
		Time Out:		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
				Permit No.	<input type="checkbox"/> Other

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

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 *Hot*
☐ 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

* Hair nets/hats required.

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

- ☐ 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

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

0

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

DATE OF RE-INSPECTION:

Inspector's Signature:	<i>J. Murphy</i>	Print:	J. Murphy	Page 1 of 1 Pages
PIC's Signature:	<i>David Stevens</i>	Print:	David Stevens	

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Town of Scituate / Board of Health

600 Chief Justice Cushing Highway

Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

Name <i>Hetherly Elementary</i>	Date <i>9/12/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>72 Ann Vinel Rd</i>	Risk Level	Permit No.	
Telephone <i>545-8780</i>			
Owner <i>Town</i>	HACCP Y/N		
Person in Charge (PIC) <i>Donna Demello</i>	Time In: Out:		
Inspector <i>J Murphy</i>			

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

Violations Related to Foodborne Illness Interventions and Risk Factors

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 *Hot* ☒

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION ☒

☐ 8. Separation/ Segregation/ Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS ☒

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods) ☒

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP) ☒

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY ☒

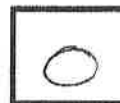
☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

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

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>J Murphy</i>	Print: <i>J Murphy</i>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <i>Donna Demello</i>	Print: <i>DONNA M DEMELLO</i>	

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Town of Scituate / Board of Health

600 Chief Justice Cushing Highway

Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

Name <i>Hathorly Elementary School</i>	Date <i>3/26/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address <i>72 Ann Vinet Rd</i>	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Telephone <i>781 585-8780</i>	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Owner <i>TOWN</i>	Time In:	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Person in Charge (PIC) <i>Donna Demello</i>	Time Out:	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
Inspector <i>Jo Murphy</i>	Permit No.	<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other

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

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	

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

0

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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Jo Murphy</i>	Print: <i>Jo Murphy</i>	Page <i>1</i> of <i>2</i> Pages
PIC's Signature: <i>Donna Demello</i>	Print: <i>Donna M Demello</i>	

Scituate

Hathery Elementary Date:

3/26/19

Page:

of _____

Form 734 B

Send to Dave

THE COMMONWEALTH OF MASSACHUSETTS

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Town of Scituate / Board of Health

600 Chief Justice Cushing Highway

Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

Name	Jenkins Elementary	Date	9/12/19	Type of Operation(s)	Type of Inspection
Address	54 Vinial Ave	Risk Level		<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone	781 545 4910			<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	Town	HACCP Y/N		<input type="checkbox"/> Residential Kitchen	<input type="checkbox"/> Previous Inspection
Person in Charge (PIC)	Janice Nelson	Time In:		<input type="checkbox"/> Mobile	Date:
Inspector	J Murphy	Time Out:		<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
				<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
				Permit No.	<input type="checkbox"/> HACCP
					<input type="checkbox"/> Other

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

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	

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:	Print:	Page 1 of 1 Pages
PIC's Signature:	Print:	

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT**Town of Scituate / Board of Health**

600 Chief Justice Cushing Highway

Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

Name <i>Jenkins Elementary</i>	Date <i>3/20/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address <i>54 Vinal Ave</i>	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Telephone <i>781 545-4910</i>		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Owner <i>Town</i>	HACCP Y/N	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Person in Charge (PIC) <i>Janice Nelson</i>	Time In:	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
Inspector <i>J. Murphy</i>	Out:	<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
		Permit No.	<input type="checkbox"/> Other

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

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 *Hot*
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

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

- ☐
12. Prevention of Contamination from Hands

- ☐
13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐
21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐
22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

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

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

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

0

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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>J. Murphy</i>	Print: <i>J. Murphy</i>	Page <i>1</i> of <i>1</i> Pages
PIC's Signature: <i>Janice Nelson</i>	Print: <i>Janice Nelson</i>	

Situation

Establishment Name:

Jenkins School

Date: 3/28/19

Page: 2 of 2[illegible]

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Town of Scituate / Board of Health

600 Chief Justice Cushing Highway

Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

Name	Scituate H.S.	Date	9/5/19	Type of Operation(s)	Type of Inspection
Address	606 CJC Hwy	Risk Level		<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone	545 8750			<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	Town	HACCP Y/N		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person in Charge (PIC)	Cathy Epervary			<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector	J Murphy	Time In:		<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
		Time Out:		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
				Permit No.	<input type="checkbox"/> Other

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

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

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

0

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

DATE OF RE-INSPECTION:

Inspector's Signature	Print: J Murphy	Page 1 of 1 Pages
PIC's Signature	Print: Catherine Epervary	

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Town of Scituate / Board of Health

600 Chief Justice Cushing Highway
Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

Name <i>Scituate High School</i>	Date <i>3/19/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast Permit No.	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>606 CJC Hwy</i>	Risk Level		
Telephone <i>781 545-8750</i>	HACCP Y/N		
Owner <i>School</i>	Time In: Out:		
Person in Charge (PIC) <i>Cathy Epervary</i>	Inspector <i>J Murphy</i>		

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

Violations Related to Foodborne Illness Interventions and Risk Factors

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
- Hot*
-
- ☐
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
- OK*
-
- ☐
19. Hot and Cold Holding
- Refrig Temps*
-
- ☐
20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐
21. Food and Food Preparation for HSP

CONSUMER ADVISORY ☒

- ☐
22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

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

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

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

0

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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>J Murphy</i>	Print: <i>J Murphy</i>	Page <i>1</i> of <i>1</i> Pages
PIC's Signature: <i>Cathy Epervary</i>	Print: <i>Catherine Epervary</i>	

[illegible]

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Town of Scituate / Board of Health

600 Chief Justice Cushing Highway

Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

Name <i>Wampatuck Elementary</i>	Date <i>9/12/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>266 Tilden Rd</i>	Risk Level	Permit No.	
Telephone <i>545 8790</i>	HACCP Y/N		
Owner <i>Town</i>	Time In: Out:		
Person in Charge (PIC) <i>Rose Gratta</i>			
Inspector <i>J Murphy</i>			

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

Violations Related to Foodborne Illness Interventions and Risk Factors

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 *Hot OK*
☐ 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 *Refrig Temp*
☐ 18. Cooling *OK*
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

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

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

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

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

DATE OF RE-INSPECTION:

Inspector's Signature <i>J Murphy</i>	Print: <i>J Murphy</i>	Page <i>1</i> of <i>1</i> Pages
PIC's Signature <i>Rose Gratta</i>	Print: <i>Rose Gratta</i>	

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Town of Scituate / Board of Health

600 Chief Justice Cushing Highway
Scituate, Massachusetts 02066

Tel. (781) 545-8725 Fax (781) 545-8866

Name <i>Wampatuck Elementary</i>	Date <i>3/26/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>266 Tilden Rd</i>	Risk Level	Permit No.	
Telephone <i>266 545 5780</i>			
Owner <i>Town</i>	HACCP Y/N		
Person in Charge (PIC) <i>Rose Grotta</i>	Time In: Out:		
Inspector <i>J. Murphy</i>			

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

Violations Related to Foodborne Illness Interventions and Risk Factors

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)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

certificate expired - renew

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

PROTECTION FROM CHEMICALS

☐ 3. Personnel with Infections Restricted/Excluded☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source *Hot*

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 5. Receiving/Condition☐ 16. Cooking Temperatures☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 17. Reheating☐ 7. Conformance with Approved Procedures/HACCP Plans☐ 18. Cooling *Refrig Temps*☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control

PROTECTION FROM CONTAMINATION

☐ 8. Separation/ Segregation/ Protection

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 21. Food and Food Preparation for HSP☐ 10. Proper Adequate Handwashing

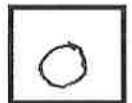
CONSUMER ADVISORY

☐ 11. Good Hygienic Practices *① Hair nets*☐ 22. Posting of Consumer Advisories** discussed ② sneeze guard*

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.

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:

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

*** walk-in freezer - all items to shelves*

Inspector's Signature: <i>J. Murphy</i>	Print: <i>J. Murphy</i>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <i>Rose Grotta</i>	Print: <i>Rose Grotta</i>	