



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

Name <i>Fitzgerald School</i>	Date <i>6/6/19</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>140 Beet Road</i>	Risk Level	HACCP Y/N	Permit No.
Telephone			
Owner			
Person in Charge (PIC) <i>Cherie Dolan</i>	Time In: <i>10:20</i> Out: <i>10:35</i>		
Inspector <i>M. DeFino</i>			

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)

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.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

Yes

12. Prevention of Contamination from Hands
 13. Handwash Facilities

EMPLOYEE HEALTH

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

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

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

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

PROTECTION FROM CONTAMINATION

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

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.

Y	N	Item	Code
		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 REINSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>Mike DeFino</i>	Page ___ of ___ Pages
PIC's Signature: <i>Cherie Dolan</i>	Print: <i>Cherie Dolan</i>	
Date Last Inspected: <i>2-11-19</i>	Inspected by: <i>IC</i>	

Satisfactory

Hand - 8-10-18 (Annual) dumpster BSH/Hand storage

PLEASE BE ADVISED *CD*

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 25 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 86, s. 10.



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel: (781) 314-3305
Fax: (781) 314-3319

Name: <i>Fitzgerald School</i>	Date: <i>7/17/19</i>	Type of Operation (s): <input checked="" type="checkbox"/> Food Service	Type of Inspection: <input checked="" type="checkbox"/> Routine
Address: <i>140 Beal Rd.</i>	Risk Level:	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Telephone:		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Owner:	HACCP Y/N:	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Person in Charge (PIC): <i>Cherie Dolan</i>	Time In: <i>10:30</i>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
Inspector: <i>Irma A. Colon</i>	Time Out: <i>10:45</i>	<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.

Non-compliance with:
Anti-Choking 590.008 (E) *Yes*
Tobacco 590.009 (F)

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.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties *Yes*

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

EMPLOYEE HEALTH

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

PROTECTION FROM CHEMICALS

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

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

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

PROTECTION FROM CONTAMINATION

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

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.

Y	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 REINSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>Irma A. Colon</i>	Page ___ of ___ Pages
PIC's Signature: <i>Cherie Dolan</i>	Print: <i>Cherie Dolan</i>	
Date Last Inspected: <i>6-5-19</i>	Inspected by: <i>M.P.</i>	

Satisfactory

PLEASE BE ADVISED *CD*

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 28 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

Name <i>Kennedy Middle School</i>	Date <i>6-6-12</i>	Type of Operation (s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address <i>655 Lexington St</i>	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Telephone		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Owner	HACCP Y/N	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Person in Charge (PIC) <i>Tanja Peterson</i>	Time In: <i>10:25</i>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
Inspector <i>Juan A. Colon</i>	Time Out: <i>10:40</i>	<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.

Non-compliance with:
Anti-Choking, Tobacco
590.009 (E) 590.009 (F)

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.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties *Yes*

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.

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

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

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DATE OF REINSPECTION:

Inspector's Signature: <i>Juan A. Colon</i>	Print: <i>Juan A. Colon</i>	Page ___ of ___ Pages
PIC's Signature: <i>Tanja Peterson</i>	Print: <i>TANJA PETERSON</i>	
Date Last Inspected: <i>2-12-12</i>	Inspected by: <i>M.D</i>	

Satisfactory

PLEASE BE ADVISED TP

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CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
 119 School Street
 Waltham, MA 02451
 Tel. (781) 314-3305
 Fax. (781) 314-3319

Name <i>Kennedy Middle School</i>	Date <i>9/16/19</i>	Type of Operation (s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address <i>655 Lexington St</i>	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-Inspection
Telephone		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Owner	HACCP Y/N	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Person in Charge (PIC) <i>+ TANJA PETERSON</i>	Time In: <i>10:25</i>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
Inspector <i>Evan A. Colon</i>	Out: <i>10:40</i>	<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.

Non-compliance with:
 Anti-Choking 590.009 (E) Tobacco 590.009 (F)

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.

Yes

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties *Y*

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

EMPLOYEE HEALTH

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

PROTECTION FROM CHEMICALS

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

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

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

PROTECTION FROM CONTAMINATION

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

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.

Y	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)(590.008)
		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 REINSPECTION:

Inspector's Signature: <i>Evan A. Colon</i>	Print: <i>Evan A. Colon</i>	Page ___ of ___ Pages
PIC's Signature: <i>Tanja Peterson</i>	Print: <i>TANJA PETERSON</i>	
Date Last Inspected: <i>6-6-19</i>	Inspected by: <i>E.C.</i>	

Satisfactory

PLEASE BE ADVISED TP

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CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
 119 School Street
 Waltham, MA 02451
 Tel. (781) 314-3305
 Fax. (781) 314-3319

Name <i>MacArthur School</i>	Date <i>6/11/19</i>	Type of Operation (a) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address <i>494 Lincoln St.</i>	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Telephone		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Owner	HACCP Y/N	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Person In Charge (PIC) <i>Michelle Turpin</i>	Time In: <i>10:05</i> Out: <i>10:20</i>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
Inspector <i>Juan A. Colon</i>		<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.

Non-compliance with:
 Anit-Choking 590.009 (E) *Yes*
 Tobacco 590.009 (F)

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.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties *Yes*

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

EMPLOYEE HEALTH

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

PROTECTION FROM CHEMICALS

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

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

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

PROTECTION FROM CONTAMINATION

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

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.

Y	N	Item	Code
		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	

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

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DATE OF REINSPECTION:

Inspector's Signature <i>Juan A. Colon</i>	Print: <i>Juan A. Colon</i>	Page ___ of ___ Pages
PIC's Signature <i>Michelle Turpin</i>	Print: <i>Michelle Turpin</i>	
Date Last Inspected: <i>2-11-19</i>	Inspected by: <i>J.C.</i>	

Satisfactory

PLEASE BE ADVISED *MT*

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CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

Name <i>McC Arthur School</i>	Date <i>6/12/19</i>	Type of Operation (s)	Type of Inspection
Address <i>494 Lincoln St</i>	Risk Level	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-Inspection
Owner	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person In Charge (PIC) <i>Melissa Tuccillo</i>	Time In: <i>10:00</i>	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector <i>Mike DeFino</i>	Out: <i>10:15</i>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
		<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.

Non-compliance with:
Anti-Choking 590.009 (E) Tobacco 590.009 (F)

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.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

Yes

EMPLOYEE HEALTH

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

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

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

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

PROTECTION FROM CONTAMINATION

- 8. Separation / Segregation / Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
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- 11. Good Hygienic Practices

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.

Y	N	Item	Code
		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):

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DATE OF REINSPECTION:

Inspector's Signature: <i>Mike DeFino</i>	Print: <i>Mike DeFino</i>	Page ___ of ___ Pages
PIC's Signature: <i>Melissa Tuccillo</i>	Print: <i>Melissa Tuccillo</i>	
Date Last Inspected: <i>6-11-19</i>	Inspected by: <i>IC</i>	

Satisfactory

Hand - 8-20-19 Dumpster ✓ Best/low storage

PLEASE BE ADVISED *McI*

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CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
 119 School Street
 Waltham, MA 02451
 Tel. (781) 314-3305
 Fax. (781) 314-3319

Name <i>McDevitt Middle School</i>	Date <i>5/31/19</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>75 Church St</i>	Risk Level		
Telephone			
Owner	HACCP Y/N		
Person in Charge (PIC) <i>[Signature]</i>	Time In: <i>10:09</i>		
Inspector <i>M. DelFino</i>	Time Out: <i>10:20</i>	Permit No.	

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)

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.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

Yes

12. Prevention of Contamination from Hands

13. Handwash Facilities

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

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

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

PROTECTION FROM CONTAMINATION

8. Separation / Segregation / Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

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.

Y	N	Item	Code
		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 REINSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>Mike DelFino</i>	Page ___ of ___ Pages
PIC's Signature: <i>[Signature]</i>	Print: <i>Sody Garcia</i>	
Date Last Inspected: <i>2-11-19</i>	Inspected by: <i>IC</i>	

S. G.

Hand - 2-21-19 [Signature] Teachers cafe [Signature] BSH/HW [Signature]

PLEASE BE ADVISED *S.G.*

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 26 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
 119 School Street
 Waltham, MA 02451
 Tel. (781) 314-3305
 Fax. (781) 314-3319

Name <i>McDevitt Middle School</i>	Date <i>7/11/19</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>78 Church St</i>	Risk Level	<input type="checkbox"/> Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: <i>10:35</i>		
Person in Charge (PIC) <i>Lisa Giardina</i>	Time Out: <i>10:50</i>		
Inspector <i>M. Delfino</i>			

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)

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.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

Yes

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

EMPLOYEE HEALTH

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

PROTECTION FROM CHEMICALS

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

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

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

PROTECTION FROM CONTAMINATION

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

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.

Y	N	Item	Code
		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 REINSPECTION:

Inspector's Signature: <i>M. Delfino</i>	Print: <i>Mike Delfino</i>	Page ___ of ___ Pages
PIC's Signature: <i>Lisa Giardina</i>	Print: <i>Lisa Giardina</i>	
Date Last Inspected: <i>5-31-19</i>	Inspected by: <i>MD</i>	

Sets fixtures

Hand - 8-19-19 Dampener ✓ Beer/low ✓ milk ✓ Teachers room ✓

PLEASE BE ADVISED LG.

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 29 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3318

Name <i>North East School</i>	Date <i>2/13/19</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>70 Putney Lane</i>	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person In Charge (PIC) <i>Laurie Cence</i>	Time In: <i>10:20</i>		
Inspector <i>M. Delfino</i>	Time Out: <i>10:35</i>		

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)

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.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

yes

12. Prevention of Contamination from Hands
 13. Handwash Facilities

EMPLOYEE HEALTH

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

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

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

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

PROTECTION FROM CONTAMINATION

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

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.

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 REINSPECTION:

Y	N	Item	Code
		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	

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Inspector's Signature: <i>Mike Delfino</i>	Print: <i>Mike Delfino</i>	Page ___ of ___ Pages
PIC's Signature: <i>Laurie Cence</i>	Print: <i>Laurie Cence</i>	
Date Last Inspected: <i>12-5-18</i>	Inspected by: <i>MD</i>	

Satisfactory

Hand - 8-20-18 Dumps per Best/Hw Storage

PLEASE BE ADVISED *LC*

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 26 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
 119 School Street
 Waltham, MA 02451
 Tel. (781) 314-3305
 Fax. (781) 314-3319

Name <i>Northwest School</i>	Date <i>6/11/19</i>	Type of Operation (s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address <i>70 Pottery Lane</i>	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-Inspection
Telephone		<input type="checkbox"/> Residential Kitchen	Previous Inspection
Owner	HACCP Y/N	<input type="checkbox"/> Mobile	Date:
Person in Charge (PIC) <i>Laurie Cence</i>	Time In: <i>10:30</i>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
Inspector <i>Ross A. Colton</i>	Out: <i>11:45</i>	<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.

Non-compliance with:
 Anti-Choking 590.009 (E) Tobacco 590.009 (F)

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.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties *Yes*

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

EMPLOYEE HEALTH

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

PROTECTION FROM CHEMICALS

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

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

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

PROTECTION FROM CONTAMINATION

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

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.

Y	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.006)
		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 REINSPECTION:

Inspector's Signature: <i>Ross A. Colton</i>	Print: <i>Ross A. Colton</i>	Page ___ of ___ Pages
PIC's Signature: <i>Laurie Cence</i>	Print: <i>Laurie Cence</i>	
Date Last Inspected: <i>2-13-19</i>	Inspected by: <i>M.D</i>	

Satisfactory

PLEASE BE ADVISED *LC*

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CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

Name <i>Northeast School</i>	Date <i>9/16/17</i>	Type of Operation (s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address <i>70 Putney Lane</i>	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Telephone		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Owner	HACCP/Y/N	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Person In Charge (PIC) <i>Laurie Cence</i>	Time In: <i>10:05</i>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
Inspector <i>Dan A. Colon</i>	Out: <i>10:20</i>	<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.

Non-compliance with:
Anti-Choking 590.009 (E) *Yg*
Tobacco 590.009 (F)

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.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties *Yg*

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

EMPLOYEE HEALTH

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

PROTECTION FROM CHEMICALS

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

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

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

PROTECTION FROM CONTAMINATION

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

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.

Y	N	Item	Code
		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 REINSPECTION:

Inspector's Signature: <i>Dan A. Colon</i>	Print: <i>Dan A. Colon</i>	Page ___ of ___ Pages
PIC's Signature: <i>Laurie Cence</i>	Print: <i>Laurie Cence</i>	
Date Last Inspected: <i>6-11-19</i>	Inspected by: <i>D.A.C.</i>	

Satisfactory

PLEASE BE ADVISED *LC*

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CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
 119 School Street
 Waltham, MA 02451
 Tel. (781) 314-3305
 Fax. (781) 314-3319

Name <i>Plimpton school</i>	Date <i>6/6/19</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>20 Ferrisworth St.</i>	Risk Level	<input type="checkbox"/> Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: <i>8:50</i>		
Person in Charge (PIC) <i>Donna Butta</i>	Out: <i>1:06</i>		
Inspector <i>M. Delfino</i>			

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)

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.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

yes

12. Prevention of Contamination from Hands

13. Handwash Facilities

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

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

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

PROTECTION FROM CONTAMINATION

8. Separation / Segregation / Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

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 80 days as determined by the Board of Health.

Y	N	Item	Code
		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	

3. 590inspectform-14.doc

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

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DATE OF REINSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>Mike Delfino</i>	Page ___ of ___ Pages
PIC's Signature: <i>Donna Butta</i>	Print: <i>D Butta</i>	
Date Last Inspected: <i>2-14-19</i>	Inspected by: <i>IC</i>	

Satisfactory

Hand - 8-10-18 (annual) Dumpster ✓ Bath/Hand Storage ✓

PLEASE BE ADVISED *DB*

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 28 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

Name <i>Plympton School</i>	Date <i>9/12/19</i>	Type of Operation (s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address <i>20 Farmsworth St.</i>	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Telephone		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Owner	HACCP Y/N	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Person in Charge (PIC) <i>Donna Butler</i>	Time In: <i>10:00</i> Out: <i>5:15</i>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
Inspector <i>Evans A. Colon</i>		<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 (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)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties *Yes*

12. Prevention of Contamination from Hands
 13. Handwash Facilities

EMPLOYEE HEALTH

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

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

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

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

PROTECTION FROM CONTAMINATION

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

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.

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 REINSPECTION:

Y	N	Item	Code
		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	

3-2001 (rev) Form 6-14-00

Inspector's Signature: <i>Evans A. Colon</i>	Print: <i>Evans A. Colon</i>	Page ___ of ___ Pages
PIC's Signature: <i>Donna Butler</i>	Print: <i>Donna Butler</i>	
Date Last Inspected: <i>6-5-19</i>	Inspected by: <i>M.D.</i>	

Satisfactory

PLEASE BE ADVISED *DP*

The completed inspection report form is a public record as defined in M.G.L. c. 4, e. 7, clause 28 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
 119 School Street
 Waltham, MA 02451
 Tel.: (781) 314-3305
 Fax: (781) 314-3319

Name <i>Waltham High School</i>	Date <i>6-6-17</i>	Type of Operation (s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address <i>617 Lexington St</i>	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Telephone		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Owner	HACCP Y/N	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Person in Charge (PIC) <i>Carol Ehwah</i>	Time In: <i>10:05</i> Out: <i>10:20</i>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
Inspector <i>Fiona A. Cohen</i>		<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.

Non-compliance with:
 Anti-Choking 590.009 (E) *Yes*
 Tobacco 590.009 (F)

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.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties *Yes*

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

EMPLOYEE HEALTH

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

PROTECTION FROM CHEMICALS

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

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

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

PROTECTION FROM CONTAMINATION

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

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.

Y	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.008)
		26. Water, Plumbing and Waste	(FC-8)(590.008)
		27. Physical Facility	(FC-8)(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 REINSPECTION:

Inspector's Signature: <i>Fiona A. Cohen</i>	Print: <i>Fiona A. Cohen</i>	Page ___ of ___ Pages
PIC's Signature: <i>Carol Ehwah</i>	Print: <i>Carol Ehwah</i>	
Date Last Inspected: <i>2-12-17</i>	Inspected by: <i>M.D</i>	

Satisfactory

PLEASE BE ADVISED *CE*

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 26 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

Name <i>Waltham High School</i>	Date <i>9/14/19</i>	Type of Operation (s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address <i>617 Lexington St.</i>	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-Inspection
Telephone		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Owner	HACCP Y/N	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Person in Charge (PIC) <i>Carol Ehwala</i>	Time In: <i>10:00</i> Out: <i>1:25</i>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
Inspector <i>Ron A. Colon</i>		<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.

Non-compliance with:
Anti-Choking 590.009 (E) Yes
Tobacco 590.009 (F)

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.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties *Yes*

12. Prevention of Contamination from Hands
 13. Handwash Facilities

EMPLOYEE HEALTH

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

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

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

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

PROTECTION FROM CONTAMINATION

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

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.

Y	N		
		23. Management and Personnel	(FC-2)(590.009)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.006)
		26. Water, Plumbing and Waste	(FC-5)(590.008)
		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 REINSPECTION:

Inspector's Signature: <i>Ron A. Colon</i>	Print: <i>Ron A. Colon</i>	Page ___ of ___ Pages
PIC's Signature: <i>Carol Ehwala</i>	Print: <i>Carol Ehwala</i>	
Date Last Inspected: <i>6-6-19</i>	Inspected by: <i>J.C.</i>	

Satisfactory

PLEASE BE ADVISED *CE*

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 26 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 68, s. 10.



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

Name <i>St. De more school</i>	Date <i>5/31/19</i>	Type of Operation (s)	Type of Inspection
Address <i>310 parmenter rd,</i>	Risk Level	<input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile	<input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date:
Telephone	HACCP Y/N	<input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Owner	Time In: <i>10:30</i> Out: <i>10:45</i>	Permit No.	
Person In Charge (PIC) <i>Stanley Ananian</i>			
Inspector <i>M. DeFran</i>			

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)

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.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

Yes

12. Prevention of Contamination from Hands
 13. Handwash Facilities

EMPLOYEE HEALTH

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

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

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

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

PROTECTION FROM CONTAMINATION

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

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.

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 108 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 REINSPECTION:

Y	N	Item	Code
		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	

3-2000inspectForm-14.doc

Inspector's Signature: <i>[Signature]</i>	Print: <i>Mike DeFran</i>	Page ___ of ___ Pages
PIC's Signature: <i>Stanley Ananian</i>	Print: <i>Stanley Ananian</i>	
Date Last Inspected: <i>2-12-19</i>	Inspected by: <i>IC</i>	

Scrub Factory

Hand-8-8-19 (Annual) Dumpster Bath/HV Storage

PLEASE BE ADVISED

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 26 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

Name <i>Whittemore School</i>	Date <i>5/11/19</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 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>30 Parmenter road</i>	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person in Charge (PIC) : <i>Shirley Aronian</i>	Time in: <i>10:55</i>		
Inspector <i>M. DelFino</i>	Out: <i>11:10</i>		

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)

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.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

Yes

EMPLOYEE HEALTH

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

12. Prevention of Contamination from Hands
 13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

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

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

PROTECTION FROM CONTAMINATION

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

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.

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 REINSPECTION:

Y	N	Item	Code
		23. Management and Personnel	(FC-2)(590.009)
		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	

Inspector's Signature: <i>[Signature]</i>	Print: <i>Mike DelFino</i>	Page ___ of ___ Pages
PIC's Signature: <i>Shirley Aronian</i>	Print: <i>Shirley Aronian</i>	
Date Last Inspected: <i>5-31-19</i>	Inspected by: <i>mi</i>	

Satisfactory

Hand - 8-19-19 Dumpster ✓ BSH/HW ✓ Storage ✓ Milk ✓

PLEASE BE ADVISED

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 28 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

Name <i>William F. Stanley School</i>	Date <i>2-12-11</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>250 South St.</i>	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person In Charge (PIC) <i>LISA MULLA</i>	Time In: <i>7:30</i> Out: <i>3:50</i>		
Inspector <i>Ivan A. Colon</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 (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)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties *Yes*

12. Prevention of Contamination from Hands
 13. Handwash Facilities

EMPLOYEE HEALTH

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

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

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

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

PROTECTION FROM CONTAMINATION

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

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.

Y	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensile	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-8)(590.008)
		27. Physical Facility	(FC-9)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.006)
		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 REINSPECTION:

Inspector's Signature: <i>Ivan A. Colon</i>	Print: <i>Ivan A. Colon</i>	Page ___ of ___ Pages
PIC's Signature: <i>Lisa Mulla</i>	Print: <i>Lisa Mulla</i>	
Date Last Inspected: <i>12-6-10</i>	Inspected by: <i>T.C</i>	

Satisfactory

PLEASE BE ADVISED

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 2B and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

Name <i>William F. Stanley School</i>	Date <i>5/30/19</i>	Type of Operation (s) <input 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
Address <i>230 South St</i>	Risk Level	Permit No.	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
Telephone	HACCP Y/N		
Owner	Time In: <i>10:30</i>		
Person In Charge (PIC) <i>[Signature]</i>	Out: <i>10:45</i>		
Inspector <i>M. DePina</i>			

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)

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.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

yes

12. Prevention of Contamination from Hands

13. Handwash Facilities

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

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

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

PROTECTION FROM CONTAMINATION

8. Separation / Segregation / Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

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.

Y	N	Item	Code
		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 REINSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>Mike DePina</i>	Page ___ of ___ Pages
PIC's Signature: <i>[Signature]</i>	Print: <i>L. S. S. Miller</i>	
Date Last Inspected: <i>2-12-19</i>	Inspected by: <i>IC</i>	

SATT S factory

Hood-8-8-18 (Annoy) Dumpster Bush/Hand Storage ✓

PLEASE BE ADVISED

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 26 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

Name <i>William F Stanley School</i>	Date <i>7/16/17</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>250 South St.</i>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: <i>10:35</i> Out: <i>1:50</i>		
Person In Charge (PIC) <i>[Signature]</i>			
Inspector <i>[Signature]</i>			

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 690.009 (F)

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.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties *1/4*

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.

Y	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 REINSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>Ivan A. Colon</i>	Page ___ of ___ Pages
PIC's Signature: <i>[Signature]</i>	Print: <i>LISA S. MULLA</i>	
Date Last Inspected: <i>5-30-19</i>	Inspected by: <i>M.D.</i>	

Satisfactory

PLEASE BE ADVISED *[Signature]*

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 28 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.