

Town of WILMINGTON

Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. _____

Name <i>Bentwell</i>	Date <i>11/28/18</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 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	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In:		
Person in Charge (PIC) <i>Tina</i>	Time Out:		
Inspector <i>Shelly Newman</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)
 - Local Law
 - 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.

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

Inspector's Signature: <i>Shelly Newman</i>	Print:	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Tina</i>	Print:	

Town of Wilmington

Board of Health

Tel. 978-658-4298

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Bentwell</u>	Date <u>5-7-19</u>	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	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In:		
Person In Charge (PIC) <u>Tina</u>	Out:		
Inspector <u>Shelly Newsham</u>			

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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.

- Anti-Choking 590.009 (E) Non-compliance with:
Tobacco 590.009 (F)
Local Law
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
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PROTECTION FROM CONTAMINATION

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12. Prevention of Contamination from Hands

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PROTECTION FROM CHEMICALS

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 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):

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DATE OF RE-INSPECTION:

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

Inspector's Signature: <u>Shelly Newsham</u>	Print: <u>Shelly Newsham</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Tina Kinsella</u>	Print: <u>Tina Kinsella</u>	

TOWN OF WILMINGTON

Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. _____

Name <i>High School</i>	Date <i>11-30-18</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 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	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In:		
Person in Charge (PIC)	Time Out:		
Inspector <i>Sheelagh Whorse</i>			

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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.

Anti-Choking 590.009 (E) Non-compliance with:
Tobacco 590.009 (F)
Local Law
Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

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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

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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.

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		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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DATE OF RE-INSPECTION:

Inspector's Signature: <i>Sheelagh Whorse</i>	Print:	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>[Signature]</i>	Print:	

Town of Wilmington

Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. _____

Name <u>High School</u>	Date <u>5.8.19</u>	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	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In:		
Person in Charge (PIC) <u>Melissa</u>	Out:		
Inspector <u>Shelley Newhouse</u>			

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

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- Anti-Choking 590.009 (E) Non-compliance with:
Tobacco 590.009 (F)
Local Law
Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC
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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
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 11. Good Hygienic Practices

12. Prevention of Contamination from Hands
 13. Handwash Facilities

PROTECTION FROM CHEMICALS

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TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures
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		29. Special Requirements (590.009)
		30. Other

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DATE OF RE-INSPECTION:

Inspector's Signature: <u>Shelley Newhouse</u>	Print: <u>Shelley Newhouse</u>	Page ___ of ___ Pages
PIC's Signature: <u>Melissa Scolastico</u>	Print: <u>Melissa Scolastico</u>	

Town of Wilmington

Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. _____

Name <u>Middle School</u>	Date <u>5-7-19</u>	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	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In:		
Person In Charge (PIC) <u>Michelle</u>	Out:		
Inspector <u>Shelly Newhouse</u>			

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

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Non-compliance with:
 Anti-Choking 590.009 (E) Tobacco 590.009 (F)
 Local Law
 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
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REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

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		27. Physical Facility (FC-6)(590.007)
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DATE OF RE-INSPECTION:

Inspector's Signature: <u>Shelly Newhouse</u>	Print: <u>Shelly Newhouse</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Michelle Pfeffer</u>	Print: <u>Michelle Pfeffer</u>	

Town of Wilmington

Board of Health

Tel. _____

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Norfolk Intermediate</u>	Date <u>11/27</u>	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 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	Risk Level	Permit No. _____	
Telephone	HACCP Y/N		
Owner	Time In:		
Person In Charge (PIC)	Time Out:		
Inspector <u>Shelly Kowalski</u>			

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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.

Anti-Choking 590.009 (E)

Non-compliance with:

Tobacco 590.009 (F)

Local Law

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

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PROTECTION FROM CONTAMINATION

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PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

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REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

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CONSUMER ADVISORY

22. Posting of Consumer Advisories

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C	N	
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		29. Special Requirements (590.009)
		30. Other

Inspector's Signature: <u>Shelly Kowalski</u>	Print: _____	Page <u>2</u> of <u>2</u> Pages
PIC's Signature: <u>Maureen Beraldi</u>	Print: <u>Maureen Beraldi</u>	

Town of Wilmington

Board of Health

Tel. 978-428-4298

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>North</u>	Date <u>5.6.19</u>	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	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person in Charge (PIC)	Time In:		
Inspector <u>Shelly Newnall</u>	Out:		

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

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Local Law
Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

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TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

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19. Hot and Cold Holding

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REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

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		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: <u>Shelly Newnall</u>	Print: <u>Shelly Newnall</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>MOISA</u>	Print:	

Town of WILMINGTON

Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. _____

Name <i>Shaw's keen</i>	Date <i>11/28/10</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 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	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: _____ Out: _____		
Person in Charge (PIC) <i>S. Beckly</i>			
Inspector <i>Shirley F. Kowalski</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.

Anti-Choking 590.009 (E) Non-compliance with:
Tobacco 590.009 (F)
Local Law
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: <i>Shirley F. Kowalski</i>	Print: _____	Page <i>1</i> of <i>2</i> Pages
PIC's Signature: <i>S. Beckly</i>	Print: _____	

Town of Wilmington

Board of Health

Tel. 978-688-4298

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Shawsheen</u>	Date <u>5-7-19</u>	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	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In:		
Person in Charge (PIC) <u>Becky</u>	Out:		
Inspector <u>Shelly Newmark</u>			

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.

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

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DATE OF RE-INSPECTION:

Inspector's Signature: <u>Shelly Newmark</u>	Print: <u>Shelly Newmark</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Becky</u>	Print:	

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. _____

Name <u>Eileen Costello</u>	Date <u>11/27/18</u>	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 <u>West Intermediate</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In:		
Person In Charge (PIC)	Time Out:		
Inspector <u>Sheri Newman</u>			

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)
 - Local Law
 - 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

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

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DATE OF RE-INSPECTION:

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

Inspector's Signature: <u>Sheri Newman</u>	Print:	Page ____ of ____ Pages
PIC's Signature: <u>Eileen Costello</u>	Print:	

Town of WILMINGTON

Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. _____

Name <u>West Intermediate</u>	Date <u>3-7-19</u>	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	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In:		
Person in Charge (PIC) <u>Eileen</u>	Out:		
Inspector <u>Shelley Newhouse</u>			

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.

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

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

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DATE OF RE-INSPECTION: _____

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

Inspector's Signature: <u>Shelley Newhouse</u>	Print: <u>Shelley Newhouse</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Eileen Costello</u>	Print: <u>Eileen Costello</u>	

Town of Wilmington

Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. _____

Name <u>Wildwood</u>	Date <u>11/28/18</u>	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 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	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In:		
Person in Charge (PIC) <u>Patty</u>	Out:		
Inspector <u>Shelly H. ...</u>			

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)
 Local Law
 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):

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DATE OF RE-INSPECTION:

Inspector's Signature: <u>[Signature]</u>	Print: _____	Page ___ of ___ Pages
PIC's Signature: <u>[Signature]</u>	Print: <u>PATRICIA DAWE</u>	

TOWN OR CITY OF

Wilmington

Establishment Name:

Widener

Date:

1/28/11

Page:

1 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
Discussion With Person in Charge:				
<u>See above OK</u>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Voluntary Compliance</p> <p><input type="checkbox"/> Re-Inspection Scheduled</p> <p><input type="checkbox"/> Embargo</p> <p><input type="checkbox"/> Voluntary Disposal</p> </div> <div style="width: 10%; text-align: center;"> <p>Corrective Action Required:</p> </div> <div style="width: 40%;"> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Employee Restriction / Exclusion</p> <p><input type="checkbox"/> Emergency Suspension</p> <p><input type="checkbox"/> Emergency Closure</p> <p><input type="checkbox"/> Other:</p> </div> </div>				

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. _____

Name <u>Wildwood St</u>	Date <u>5-6-19</u>	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 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	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In:		
Person in Charge (PIC) <u>Patty</u>	Out:		
Inspector <u>Shelly Newhouse</u>			

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.

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

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

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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:

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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

Inspector's Signature: <u>Shelly Newhouse</u>	Print: <u>Shelly Newhouse</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Patty Dawson</u>	Print: <u>Patty Dawson</u>	

Town of Wilmington

Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. _____

Name <u>WABUNST</u>	Date <u>11/27</u>	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 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	Risk Level		
Telephone	HACCP Y/N	Permit No.	
Owner	Time In:		
Person In Charge (PIC) <u>Karen</u>	Out:		
Inspector <u>Shay Brennan</u>			

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)
 Local Law
 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
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PROTECTION FROM CONTAMINATION

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PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
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TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures
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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	
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		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: <u>Shay Brennan</u>	Print: _____	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Karen Brennan</u>	Print: <u>Karen Brennan</u>	

Town of Wilmington

Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. _____

Name <u>Woburn St</u>	Date <u>5/10/19</u>	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 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	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In:		
Person in Charge (PIC) <u>KAREN</u>	Out:		
Inspector <u>Sheriffhouse</u>			

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.

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

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

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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

Inspector's Signature: <u>Sheriffhouse</u>	Print: <u>Sheriffhouse</u>	Page ____ of ____ Pages
PIC's Signature: <u>Ta Bourdier</u>	Print: <u>Ta Bourdier</u>	

