Board of Health

FOOD ESTABLISHMENT INSPECTION RE	PORT	Tel.	
Name 1301 + 100 1	Date 11	Type of Operation(s)	Type of Inspection  Routine
Address	// / / 0 / 0 Risk	Retail	Re-Inspection
	Level	Residential Kitchen	Previous Inspection
Telephone		☐ Mobile ☐ Temporary	Date:  Pre-operation
Owner	HACCP Y/N	Caterer	☐ Suspect Illness
Person in Charge (PIC)	Time In:	Bed & Breakfast	General Complaint HACCP
Inspector Shellinewn Cul	Out:	Permit No.	Other
Each violation checked requires an explanation on the na violated.	rrative page(s	and a citation of speci	fic provision(s)
Violations Related to Foodborne Illness Interventions an Violations marked may pose an imminent health hazard and action as determined by the Board of Health.	d Risk Factor require immed	liate corrective 590.009 (F	
FOOD PROTECTION MANAGEMENT  1. PIC Assigned / Knowledgeable / Duties	12. Pre	vention of Contamination fror	n Hands
EMPLOYEE HEALTH	☐ 13. Har	ndwash Facilities	
☐ 2. Reporting of Diseases by Food Employee and PIC		N FROM CHEMICALS	
☐ 3. Personnel with Infections Restricted / Excluded		proved Food or Color Additive	S
FOOD FROM APPROVED SOURCE		ic Chemicals	
4. Food and Water from Approved Source		ERATURE CONTROLS (Potentia	ally Hazardous Foods)
5. Receiving / Condition	16, Coc	oking Temperatures	
☐ 6. Tags / Records / Accuracy of Ingredient Statements	☐ 18. Coc	· ·	
7. Conformance with Approved Procedures / HACCP Plans	_	and Cold Holding	
PROTECTION FROM CONTAMINATION		e as a Public Health Control	
8. Separation / Segregation / Protection		ENTS FOR HIGHLY SUSCEPTIB	LE POPULATIONS (HSP)
9. Food Contact Surfaces Cleaning and Sanitizing		d and Food Preparation for H	, , , ,
10. Proper Adequate Handwashing	CONSUMER	·	
11. Good Hygienic Practices	22. Pos	ting 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.  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	To Foodband Risk ( Official Or today, the 590.000/Fe by a Board order of the cited in this the food es establishm have a righ and submit within 10 d	of Violated Provisions Resorne Illnesses Interventing Factors (Red Items 1-22) of the Correction: Base items checked indicate violated Food Code. This resord of Health member or its are Board of Health. Failure is report may result in suspensional to a hearing. Your requested to the Board of Health lays of receipt of this order RE-INSPECTION:	ons icons ic
Inspector's Signature: 2/10/11/11/11/11/11/11/11/11/11/11/11/11/			
PIC's Signature: Print:			Page of Pages

				Discu							Item No.	Esta
		7		ssion With P						Ting 4	Code Reference	Establishment Name:
		, , , , , , , , , , , , , , , , , , ,		Discussion With Person in Charge:							C - Critical Item R - Red Item	
		2000	3.44 T 14						>		1 W.	TOWN OR CITY OF
		E 1	- William			,			The Co		<b>D:</b>	0110
		4	J. M.						£		SCRIPTION O	
										S NOW O	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY	Date:
□ Voluntar	☐ Embargo	□ Re-inspe	□ Voluntar	Corrective A				-3.	1 1224		PLAN OF COP	1/185///
Voluntary Disposal	J	Re-inspection Scheduled	Voluntary Compliance	Corrective Action Required:					Wallow U.K.		RECTION	Page:_
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Other:	Emerge	Emerge	Employee	N <sub>O</sub>								1
	Emergency Closure	Emergency Suspension	Employee Restriction /									of Z
	\v	nsion	on /	Yes							Date Verified	

FOOD ECTABLICITATION INCORPORTION D		1	of Health				
FOOD ESTABLISHMENT INSPECTION R		Tel. 7 18 (0) 4 (1990)					
Sentwell Sentull	5 7 19	Type of Operation(s)  About Service	Type of Inspection  Routine				
Address	Risk	☐' Retail	Re-Inspection				
Telephone	Level	Residential Kitchen  Mobile	Previous Inspection				
Owner	HACCP Y/N	Temporary	Date:				
		☐ Calerer	☐ Suspect Illness				
Person In Charge (PIC)	Time In:	Bed & Breakfast	General Complaint  HACCP				
Inspector Shew Mew Mew Shows	Out:	Permit No.	Other				
Each violation checked requires an explanation on the n	arrative page(s	) and a citation of spec	cific provision(s)				
violated.		THE TAX TO	Non-compliance with				
<u>Violations Related to Foodborne Illness Interventions a</u> Violations marked may pose an imminent health hazard an	nd Risk Factors	s (Red Items) Anti-Cho iate corrective 590.009	•				
action as determined by the Board of Health.	a roquiro illilloa	ate corrective 330.003	Local Law				
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FOOD PROTECTION MANAGEMENT  1. PIC Assigned / Knowledgeable / Duties	12. Prev	ention of Contamination fro	m Hands				
EMPLOYEE HEALTH	√□(13. Han	dwash Facilities					
Reporting of Diseases by Food Employee and PIC	PROTECTIO	N FROM CHEMICALS					
3. Personnel with Infections Restricted / Excluded	🗌 14. Арр	roved Food or Color Additiv	es				
	🗀 15. Toxi	c Chemicals					
FOOD FROM APPROVED SOURCE	TIME/TEMPE	RATURE CONTROLS (Potent	ially Hazardous Foods)				
4. Food and Water from Approved Source	☐ 16. Coo	king Temperatures					
5. Receiving / Condition	☐ 17. Reh	eating					
6. Tags / Records / Accuracy of Ingredient Statements	☐ 18. Coo	lina					
7. Conformance with Approved Procedures / HACCP Plans		and Cold Holding					
PROTECTION FROM CONTAMINATION	_	e as a Public Health Contro	1				
8. Separation / Segregation / Protection		NTS FOR HIGHLY SUSCEPTI					
9. Food Contact Surfaces Cleaning and Sanitizing		and Food Preparation for	` '				
☐ 10. Proper Adequate Handwashing	CONSUMER	· ·	пог				
11. Good Hygienic Practices		ing of Consumer Advisories	;				
Violations Related to Good Retail Practices (Blue	Number of	Violated Provisions R	plated				
tems) Critical (C) violations marked must be corrected		orne Illnesses Interven	4.0.104				
mmediately or within 10 days as determined by the Board	and Risk F	actors (Red Items 1-2)	2):				
of Health. Non-critical (N) violations must be corrected mmediately or within 90 days as determined by the Board		der for Correction: Bas					
if Health.		tems checked indicate v	iolations of 105 CMR eport, when signed belov				
CN		of Health member or its					
23. Management and Personnel (FC-2)(590.003)	order of the	Board of Health. Failure	e to correct violations				
24. Food and Food Protection (FC-3)(590.004)			pension or revocation of				
25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006)		tablishment permit and					
27. Physical Facility (FC-6)(590.007)		ent operations. If aggriev t to a hearing. Your requ					
28. Poisonous or Toxic Materials (FC-7)(590.008)	and submit	ted to the Board of Heal	th at the above address				
29. Special Requirements (590.009)		ays of receipt of this ord					
30. Other	DATE OF F	RE-INSPECTION:					
		THE PARTY OF THE P					
Inspector's Signature: Print	)nam_	lewhan	17				
PIC's Signature: Print	TINE	Kinsella	PageorPages				

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TOWN OR CITY OF CONVERNITO

Date Verified Employee Restriction / Exclusion Emergency Suspension sax 🗖 **Emergency Closure** Other: å ø ٥ Page: Corrective Action Required: Re-inspection Scheduled Voluntary Compliance DESCRIPTION OF VIOLATION / PLAN OF CORRECTION Voluntary Disposal Embargo ٥ PLEASE PRINT CLEARLY Date: 12 てののか Discussion With Person in Charge: C - Critical Item R - Red Item Establishment Name:\_ Code Reference Item No.

Form 734 B A.M. Sulkin Co., Charlestown, MA

### THE COMMONWEALTH OF MASSACHUSETTS TOWN OF WIMINGTON

**Board of Health** 

FOOD ESTABLISHMENT INSPECTION RE	PORT	Tel				
Name	Date // 30 H	Type of Operation(s)  Food Service	Type of Inspection			
Address	Risk	Retail	☐ Routine ☐ Re-inspection			
Telephone	Level	Residential Kitchen	Previous Inspection			
		Mobile Temporary	Date: ☐ Pre-operation			
Owner	HACCP Y/N	Caterer	Suspect Illness			
Person In Charge (PIC)	Time In:	Bed & Breakfast	General Complaint HACCP			
Inspector Shellynewhouse	Out:	Permit No.	Other			
Each violation checked requires an explanation on the na	rrative page(s	and a citation of specif	ic provision(s)			
Violations Related to Foodborne Illness Interventions an	d Dick Easter	c (Pod Itomo) Aut Obald	Non-compliance with:			
Violations marked may pose an imminent health hazard and action as determined by the Board of Health.	require immed	s (Red Items) Anti-Choki liate corrective 590.009 (E	•			
•		Allergen Awarene	ess 590.009 (G) 🗆			
FOOD PROTECTION MANAGEMENT  1. PIC Assigned / Knowledgeable / Duties	☐ 12. Pre	vention of Contamination from	Hands			
EMPLOYEE HEALTH	🗌 13. Har	ndwash Facilities				
	PROTECTIO	N FROM CHEMICALS				
<ul> <li>2. Reporting of Diseases by Food Employee and PIC</li> <li>3. Personnel with Infections Restricted / Excluded</li> </ul>	☐ 14. App	proved Food or Color Additives	3			
FOOD FROM APPROVED SOURCE	☐ 15. Toxi	ic Chemicals				
_	TIME/TEMPE	RATURE CONTROLS (Potentia	lly Hazardous Foods)			
4. Food and Water from Approved Source	☐ 16. Coc	oking Temperatures				
5. Receiving / Condition	☐ 17. Ref	neating ?				
6. Tags / Records / Accuracy of Ingredient Statements	☐ 18. Coc	bling				
7. Conformance with Approved Procedures / HACCP Plans PROTECTION FROM CONTAMINATION	☐ 19. Hot	and Cold Holding				
	☐ 20. Tim	e as a Public Health Control				
8. Separation / Segregation / Protection	REQUIREME	NTS FOR HIGHLY SUSCEPTIBL	LE POPULATIONS (HSP)			
9. Food Contact Surfaces Cleaning and Sanitizing	21. Foo	d and Food Preparation for H	SP			
10. Proper Adequate Handwashing	CONSUMER					
11. Good Hygienic Practices	22. Pos	ting of Consumer Advisories				
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected	Number o	f Violated Provisions Re				
mmediately or within 10 days as determined by the Board		orne Illnesses Interventic Factors (Red Items 1-22)				
of Health. Non-critical (N) violations must be corrected		der for Correction: Base				
mmediately or within 90 days as determined by the Board of Health.	today, the	items checked indicate vio	lations of 105 CMR			
CN	590.000/Fe	ederal Food Code. This rep I of Health member or its a	port, when signed below			
23. Management and Personnel (FC-2)(590.003)		e Board of Health, Failure				
24. Food and Food Protection (FC-3)(590.004)		s report may result in susp				
25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006)		stablishment permit and ce ent operations. If aggrieve				
27. Physical Facility (FC-6)(590.007)		nt to a hearing. Your reques				
28. Poisonous or Toxic Materials (FC-7)(590,008)	and submit	ited to the Board of Health	at the above address			
29. Special Requirements (590.009)		ays of receipt of this order	1			
The state of the s	DATE OF	RE-INSPECTION:				
Inspectous Standards Constant			7			
Inspector's Signature: Print:			1 / 23			
PIC's Signature: Print:			PageofPages			

		15 1011 11 X1110(X	Discussion With Person in Charge:									Item Code C - Critical Item No. Reference R - Red Item	TOWN OR CITY OF
												DESCRIPTION OF VIOLATION / PLAN PLEASE PRINT CLEARLY	Date:
<ul><li>Embargo</li><li>Voluntary Disposal</li></ul>	☐ Re-inspection Scheduled	Voluntary Compliance	Corrective Action Required:									RLY OF CORRECTION	1130 1 Page:
<ul><li>Emergency Closure</li><li>Other:</li></ul>	□ Emergenc	□ Employee Exclusion	8	i A									1.
y Closure	Emergency Suspension	Employee Restriction /	□ Yes					24.2				Date Verified	of

TAIN OF WINTER

Board of Health

FOOD ESTABLISHMENT INSPECTION I	REPORT	Tel.					
Name / (ach ) C /a x a	Date & I (1	Type of Operation(s)	Type of Inspection				
Address	58./4 Risk	☐ Pood Service	Routine Re-inspection				
The state of the s	Level	Residential Kitchen	Previous Inspection				
Telephone		☐ Mobile ☐ Temporary	Date:  Pre-operation				
Owner	HACCP Y/N	☐ Caterer	☐ Suspect Illness				
Person in Charge (PIC) MACUSS G	Time in:						
Inspector Solutification of the sector Solution of the sector of the sec	Out:	Permit No.	Other				
Each violation checked requires an explanation on the	narrative page(s	and a citation of speci	fic provision(s)				
violated. <u>Violations Related to Foodborne Illness Interventions</u>	and Diek Easter	o (Dad Hama) A. II al I	Non-compliance with:				
Violations marked may pose an imminent health hazard a	nd require immed	s (Red Items) Anti-Choi liate corrective 590,009 (I	(ing Tobacco E) ☐ 590.009 (F) ☐				
action as determined by the Board of Health.			Local Law 🖂				
FOOD PROTECTION MANAGEMENT	[] 12 Pro	Allergen Awaren vention of Contamination fror	ess 590.009 (G)				
1. PIC Assigned / Knowledgeable / Duties		dwash Facilities	n manos				
EMPLOYEE HEALTH			<				
2. Reporting of Diseases by Food Employee and PIC	_	N FROM CHEMICALS					
3. Personnel with Infections Restricted / Excluded		roved Food or Color Additive c Chemicals	5				
FOOD FROM APPROVED SOURCE			-U ()				
4. Food and Water from Approved Source		ERATURE CONTROLS (Potential	any nazardous Foods)				
5. Receiving / Condition	☐ 17. Reh	king Temperatures					
☐ 6. Tags / Records / Accuracy of Ingredient Statements	☐ 18. Coo	-					
☐ 7. Conformance with Approved Procedures / HACCP Plans							
PROTECTION FROM CONTAMINATION		and Cold Holding					
8. Separation / Segregation / Protection		e as a Public Health Control	I E BOBUL ATIONS (USE)				
9. Food Contact Surfaces Cleaning and Sanitizing		NTS FOR HIGHLY SUSCEPTIB	, ,				
☐ 10. Proper Adequate Handwashing	CONSUMER	d and Food Preparation for H	ISP				
11. Good Hygienic Practices	_	ting of Consumer Advisorles					
Violations Related to Good Retail Practices (Blue		f Violated Provisions Re	hatak				
tems) Critical (C) violations marked must be corrected		rne liinesses interventi					
mmediately or within 10 days as determined by the Board		Factors (Red Items 1-22)					
of Health. Non-critical (N) violations must be corrected mmediately or within 90 days as determined by the Board	Official Or	der for Correction: Base	d on an inspection				
if Health.	today, the i	tems checked indicate vicederal Food Code. This re	plations of 105 CMR				
CN	by a Board	of Health member or its a	agent constitutes an				
23. Management and Personnel (FC-2)(590,003) 24. Food and Food Protection (FC-3)(590,004)	order of the	Board of Health. Failure	to correct violations				
24. Food and Food Protection (FC-3)(590.004)  P5. Equipment and Utensils (FC-4)(590.005)	cited in this	s report may result in susp stablishment permit and ce	ension or revocation of				
/26. Water, Plumbing and Waste (FC-5)(590.006)	establishme	ent operations. If aggrieve	d by this order, you				
27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008)	have a righ	t to a hearing. Your reque	st must be in writing				
29. Special Requirements (590.009)		ted to the Board of Health ays of receipt of this order					
30. Other		RE-INSPECTION:	•				
	n						
Inspector's Signature:	nt: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Billon Norman K	1				
PIC's Signature: Prin		Despondie	PageofPages				
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TOWN OR CITY OF COLLMINITO

Establishment Name:\_

Date: S - 8 / 9

Page:

Date Verified Emergency Suspension Employee Restriction / Exclusion Emergency Closure 0 Other: No σ ٥ Corrective Action Required: Re-inspection Scheduled Voluntary Compliance DESCRIPTION OF VIOLATION / PLAN OF CORRECTION Voluntary Disposal Embargo 0 ۵ PLEASE PRINT CLEARLY ひまるいろがられ ンロノンロハイルグ Discussion With Person in Charge: C - Critical Item R - Red Item Code Reference Item No.

Form 734 B A.M. Sulkin Co., Charlestown, MA

Taux of W/H/	1470, 1	- College V							
15 30 d 16 m	)	Board o	f Health						
FOOD ESTABLISHMENT INSPECTION RE		Tel	T						
Name Hiddle School	Date	Type of Operation(s)    Food Service	Type of Inspection  Routine						
Address	Risk								
Telephone	Level	Residential Kitchen	Previous Inspection						
		│	Date:  Pre-operation						
Owner	HACCP Y/N	Calerer	Suspect Illness						
Person in Charge (PIC)	Time Bed & Breakfast General Comple								
Inspector Shery newhars	In: Out:	Permit No.	HACCP Other						
Each violation checked requires an explanation on the na- violated.	rrative page(s	) and a citation of speci	ific provision(s)						
Violations Related to Foodborne Illness Interventions an Violations marked may pose an imminent health hazard and action as determined by the Board of Health.	d Risk Factor require immed	liate corrective 590.009 (	E)						
FOOD PROTECTION MANAGEMENT	[m] .o. m	•	ness 590,009 (G)						
1. PIC Assigned / Knowledgeable / Duties		vention of Contamination from	m Hands						
EMPLOYEE HEALTH		ndwash Facilities							
☐ 2. Reporting of Diseases by Food Employee and PIC	PROTECTIO	N FROM CHEMICALS							
3. Personnel with Infections Restricted / Excluded	🗌 14. Арр	roved Food or Color Additive	es						
FOOD FROM APPROVED SOURCE	☐ 15. Toxi	ic Chemicals							
4. Food and Water from Approved Source	TIME/TEMPE	RATURE CONTROLS (Potenti	ally Hazardous Foods)						
	☐ 16. Cod	king Temperatures							
5. Receiving / Condition	17. Reheating								
6. Tags / Records / Accuracy of Ingredient Statements	☐ 18. Cooling								
7. Conformance with Approved Procedures / HACCP Plans	☐ 19. Hot and Cold Holding								
PROTECTION FROM CONTAMINATION	20. Time	e as a Public Health Control							
8. Separation / Segregation / Protection	REQUIREME	NTS FOR HIGHLY SUSCEPTIE	BLE POPULATIONS (HSP)						
9. Food Contact Surfaces Cleaning and Sanitizing	21. Food and Food Preparation for HSP								
10. Proper Adequate Handwashing	CONSUMER ADVISORY								
11. Good Hygienic Practices	22. Pos	ting of Consumer Advisories							
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected mmediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected mmediately or within 90 days as determined by the Board of Health.	Number of To Foodboard Risk official Ortical Ortical Space 1590.000/Fe	of Violated Provisions Recorne Illnesses Intervent Factors (Red Items 1-22 Ider for Correction: Base Items checked indicate violederal Food Code. This reserved	elated ions 2): ed on an inspection olations of 105 CMR eport, when signed below						
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	order of the cited in this the food es establishme have a righ and submit within 10 d	of Health member or its e Board of Health. Failure is report may result in suspetablishment permit and coent operations. If aggrieve it to a hearing. Your requested to the Board of Health ays of receipt of this order.	to correct violations pension or revocation of essation of food ed by this order, you est must be in writing h at the above address						

Inspector's Signature:	Print:	
PIC's Signature:	Print:	PageofPages

TOWN OR CITY OF...

Date Verified Employee Restriction / Exclusion Emergency Suspension Emergency Closure Other: S N Ò, ٥ Page:\_ Corrective Action Required: Re-inspection Scheduled Voluntary Compliance DESCRIPTION OF VIOLATION / PLAN OF CORRECTION Voluntary Disposal Embargo a 0 PLEASE PRINT CLEARLY Date: Discussion With Person in Charge: C - Critical Item R - Red Item Form 734 B A.M. Sulkin Co., Charlestown, MA Establishment Name:\_ Code Reference Item No.

Board of Health

FOOD ESTABLISHMENT INSPECTION REP	PORT	Doard o	i neam				
Name Middle School	Date 5-7-19	Type of Operation(s)	Type of Inspection  Routine				
Address	Risk	Retail	☐ Re-Inspection				
Telephone	Level	Residential Kitchen  Mobile	Previous Inspection Date:				
Owner	HACCP Y/N	☐ Pre-operation					
Decree in Charge (NO)	Time	Suspect Illness General Complaint					
Minula	in:	Bed & Breakfast	HACCP				
SICE IN TELESTIFICATION IN THE	Out:	Permit No.	☐ Other				
Each violation checked requires an explanation on the nar	rative page(s	) and a citation of speci	fic provision(s)				
Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and raction as determined by the Board of Health.	I Risk Factor equire immed	liate corrective 590.009 (					
FOOD PROTECTION MANAGEMENT	☐ 12 Pre	vention of Contamination from					
1. PIC Assigned / Knowledgeable / Duties		idwash Facilities	II Dallus				
EMPLOYEE HEALTH		N FROM CHEMICALS					
2. Reporting of Diseases by Food Employee and PIC		roved Food or Color Additive	·s.				
3. Personnel with Infections Restricted / Excluded		c Chemicals					
FOOD FROM APPROVED SOURCE		RATURE CONTROLS (Potenti	aliv Hazardous Foods)				
4. Food and Water from Approved Source		king Temperatures					
5. Receiving / Condition	☐ 17. Reh	- '					
6. Tags / Records / Accuracy of Ingredient Statements	☐ 18. Coo	_					
7. Conformance with Approved Procedures / HACCP Plans	_	and Cold Holding					
PROTECTION FROM CONTAMINATION		e as a Public Health Control					
8. Separation / Segregation / Protection		NTS FOR HIGHLY SUSCEPTIE	LE POPULATIONS (HSP)				
9. Food Contact Surfaces Cleaning and Sanitizing	admin.	d and Food Preparation for F					
10. Proper Adequate Handwashing	CONSUMER						
11. Good Hygienic Practices	22. Pos	ting of Consumer Advisories	N				
Violations Related to Good Retail Practices (Blue litems) Critical (C) violations marked must be corrected mmediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected mmediately or within 90 days as determined by the Board of Health.  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	To Foodbe and Risk I Official Or today, the i 590.000/Fe by a Board order of the cited in this the food es establishme have a righ and submit within 10 de	f Violated Provisions Reprine Illnesses Intervention Factors (Red Items 1-22) der for Correction: Base tems checked indicate violated Food Code. This report may result in suspetablishment permit and codent operations. If aggrieve to a hearing. Your requested to the Board of Health ays of receipt of this order RE-INSPECTION:	dons cons consider of the constitutes an an inspection of the constitutes and to correct violations of ension or revocation of essation of food and by this order, you get must be in writing an at the above address				
Inspector's Signature: West Value Print: PIC's Signature: Print: Print:	Shelly	Deynau	Page   of Pages				

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	0.00	7 5 A C	ssion With F						>	Code Reference	Establishment Name:
			Discussion With Person in Charge:	=						C - Critical Item R - Red Item	
		WOLLD THE					BENNING WILLIAMS A	1	T EDITORIAN ON A	DESCRIPTION	HINNU SCHOOL
		MULTRIANCE					(M) 3		0 (3.5)800	DESCRIPTION OF VIOLATION / PLAN PLEASE PRINT CLEARLY	Date:
Voluntary Disposal	Embargo	<ul><li>Voluntary Compliance</li><li>Re-inspection Scheduled</li></ul>	의 의				- Bluj (1111)		WELL EURD	AN OF CORRECTION	7 / 4 Page:
		0 0	0								
Other:	Emergency Closure	Employee Restriction / Exclusion Emergency Suspension	No Des				1			Date Verified	9
								$\checkmark$		ed	1

### THE COMMONWEALTH OF MASSACHUSETTS TOUR OF WILLIAMON

EOOD ESTABLICITATENE INCRECTION DE	DORT	Board of	f Health						
Name  Name  Name	Date	Type of Operation(s)	Type of Inspection						
Address A JOHN WUNNEdiald	Risk	Food Service	☐ Routine ☐ Re-inspection						
	Level	Residential Kitchen	Previous Inspection						
Telephone		☐ Mobile ☐ Temporary	Date:						
Owner	HACCP Y/N	ACCP Y/N							
Person in Charge (PIC)	Time	☐ Bed & Breakfast	General Complaint						
Inspector Shu William has	In: Out:	Permit No.	☐ HACCP ☐ Other						
Each violation checked requires an explanation on the na	rrative page(s	and a citation of speci							
Violations Related to Foodborne Illness Interventions an	d Bick Factor	s (Red Items) Anti-Chol	Non-compliance with						
Violations marked may pose an imminent health hazard and action as determined by the Board of Health.	require immed	iate corrective 590.009 (I	Ē) ☐ 590.009 (F) ☐ Local Law ☐						
FOOD PROTECTION MANAGEMENT	∏ 12 Pro	ention of Contamination from	ess 590.009 (G)						
1. PIC Assigned / Knowledgeable / Duties		dwash Facilities	II Hallus						
EMPLOYEE HEALTH		N FROM CHEMICALS							
2. Reporting of Diseases by Food Employee and PIC			_						
3. Personnel with Infections Restricted / Excluded		roved Food or Color Additive c Chemicals	5						
FOOD FROM APPROVED SOURCE			elle Maraudana Edal						
4. Food and Water from Approved Source		RATURE CONTROLS (Potenti	ally nazardous roods)						
5. Receiving / Condition		king Temperatures							
☐ 6. Tags / Records / Accuracy of Ingredient Statements	17. Reh								
7. Conformance with Approved Procedures / HACCP Plans	∐ 18. Coo								
PROTECTION FROM CONTAMINATION	_	and Cold Holding							
8. Separation / Segregation / Protection	_	e as a Public Health Control							
9. Food Contact Surfaces Cleaning and Sanitizing		NTS FOR HIGHLY SUSCEPTIE	, ,						
10. Proper Adequate Handwashing		d and Food Preparation for F	<del>I</del> SP						
11. Good Hygienic Practices	CONSUMER  22. Post	ADVISORY ting of Consumer Advisories							
Violations Related to Good Retail Practices (Blue		f Violated Provisions Re							
Items) Critical (C) violations marked must be corrected mmediately or within 10 days as determined by the Board		orne Illnesses Interventi Factors (Red Items 1-22							
of Health. Non-critical (N) violations must be corrected		der for Correction: Base							
mmediately or within 90 days as determined by the Board		tems checked indicate vic							
of Health.		deral Food Code. This re							
23. Management and Personnel (FC-2)(590.003)		of Health member or its a Board of Health. Fallure							
24. Food and Food Protection (FC-3)(590.004)		report may result in susp							
25. Equipment and Utensils (FC-4)(590.005)	the food es	tablishment permit and co	essation of food						
26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007)		ent operations. If aggrieve							
28. Poisonous or Toxic Materials (FC-7)(590.008)		t to a hearing. Your reque ted to the Board of Health							
29. Special Requirements (590,009)		ays of receipt of this orde							
30. Other	DATE OF I	RE-INSPECTION:							
Inspector's Signature: Print:	T-10	,	-54.						
PIC's Signature! Print:	Mouveer	1 Beraldi	Pageof_Pages						

			Discu										Item No.	Esta		
			SSION WITH F										Code Reference	Establishment Name:		
		W 6 (D)	Discussion with Person in Charge:										C - Critical Item R - Red Item	Name:	TOWN	
		January 10 M								· ·	TO SEMBLY MEDING IN	153/20 110 a - 010 11	DESCRIPTION OF VIOLATION / PLAN	Determine Date:	TOWN OR CITY OF	
□ Voluntary Disposal	☐ Embargo	Re-inspection Scheduled	=								18 1 2 1 - 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D	LAN OF CORRECTION	Page:		
<b>교</b> 원	D En															
Other:	Emergency Closure	Employee Restriction / Exclusion Emergency Suspension	Yes										Dat Ven	of		
													Date Verified			

### THE COMMONWEALTH OF MASSACHUSETTS TOWN OF WILLIAM YOU Board of Health FOOD ESTABLISHMENT INSPECTION REPORT Tel. Name Date Type of Operation(s) Type of Inspection Food Service Routine Risk ☐ Retail ☐ Re-inspection Address Level ☐ ResidentIal Kitchen Previous Inspection Telephone ☐ Mobile Date: Temporary Pre-operation HACCP Y/N Owner ☐ Caterer ☐ Suspect Illness General Complaint Person in Charge (PIC) Time ☐ Bed & Breakfast in: ☐ HACCP Inspector Out: Permit No. Other Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated. Non-compliance with: Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items) Anti-Choking Tobacco Violations marked may pose an imminent health hazard and require immediate corrective 590.009 (E) 🗆 590.009 (F) [ action as determined by the Board of Health. Local Law | Allergen Awareness 590,009 (G) **FOOD PROTECTION MANAGEMENT** 12. Prevention of Contamination from Hands 1. PIC Assigned / Knowledgeable / Duties 13. Handwash Facilities **EMPLOYEE HEALTH PROTECTION FROM CHEMICALS** 2. Reporting of Diseases by Food Employee and PIC 14. Approved Food or Color Additives 3. Personnel with Infections Restricted / Excluded ☐ 15. Toxic Chemicals FOOD FROM APPROVED SOURCE TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods) 4. Food and Water from Approved Source ☐ 16. Cooking Temperatures 5. Receiving / Condition ☐ 17. Reheating 6. Tags / Records / Accuracy of Ingredient Statements ☐ 18. Cooling 7. Conformance with Approved Procedures / HACCP Plans 19. Hot and Cold Holding PROTECTION FROM CONTAMINATION 20. Time as a Public Health Control 8. Separation / Segregation / Protection REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP) 9. Food Contact Surfaces Cleaning and Sanitizing 21. Food and Food Preparation for HSP ☐ 10. Proper Adequate Handwashing **CONSUMER ADVISORY** 11. Good Hygienic Practices 22. Posting of Consumer Advisories Violations Related to Good Retail Practices (Blue Number of Violated Provisions Related Items) Critical (C) violations marked must be corrected To Foodborne Illnesses Interventions immediately or within 10 days as determined by the Board and Risk Factors (Red Items 1-22): of Health, Non-critical (N) violations must be corrected Official Order for Correction: Based on an inspection immediately or within 90 days as determined by the Board today, the items checked indicate violations of 105 CMR of Health. 590.000/Federal Food Code. This report, when signed below CN by a Board of Health member or its agent constitutes an 23. Management and Personnel (FC-2)(590,003) order of the Board of Health. Failure to correct violations 24. Food and Food Protection (FC-3)(590.004) cited in this report may result in suspension or revocation of 25. Equipment and Utensils (FC-4)(590.005) the food establishment permit and cessation of food 26. Water, Plumbing and Waste (FC-5)(590.006) establishment operations. If aggrieved by this order, you 27. Physical Facility (FC-6)(590.007) have a right to a hearing. Your request must be in writing 28. Poisonous or Toxic Materials (FC-7)(590,008) and submitted to the Board of Health at the above address 29. Special Requirements (590.009)within 10 days of receipt of this order. 30. Other DATE OF RE-INSPECTION:

Inspector's Signature: Print: Shelly / Pulling Page of Pages

TOWN OR CITY OF.

Date Verified Employee Restriction / Exclusion Emergency Suspension □ Yes Emergency Closure of Other: ON TO ٥ Page:\_ Corrective Action Required: Re-inspection Scheduled D Moluntary Compliance DESCRIPTION OF VIOLATION / PLAN OF CORRECTION Voluntary Disposal Embargo 0 PLEASE PRINT CLEARLY Date:\_ Discussion With Person in Charge: C - Critical Item
R - Red Item Form 734 B A.M. Sulkin Co., Charlestown, MA Establishment Name:\_ Code Reference Item No.

EOOD ESTABLISHMENT INSPECTION	I DEDODE	Board of	Health
FOOD ESTABLISHMENT INSPECTION		Tel	
Strus leen	Date, 1/78/1/	Type of Operation(s)  Food Service	Type of Inspection  Routine
Address	Risk	Retail	Re-inspection
Telephone	Level	☐ Residential Kitchen ☐ Mobile	Previous Inspection Date:
Owner	HACCP Y/N	Temporary	Pre-operation
		Caterer	Suspect Illness
Person in Charge (PIC) & POCKLI	Time In:	☐ Bed & Breakfast	General Complaint HACCP
Inspector Shituil Reconcil V	Out:	Permit No.	Other
Each violation checked requires an explanation on the violated.	ne narrative page(s	) and a citation of specif	ic provision(s)
Violations Related to Foodborne Illness Intervention Violations marked may pose an imminent health hazard action as determined by the Board of Health.	ns and Risk Factors I and require immed	iate corrective 590.009 (E	590.009 (F)   Local Law
FOOD PROTECTION MANAGEMENT	[ 10 Bro	Allergen Awarene ention of Contamination from	ess 590,009 (G)
1. PIC Assigned / Knowledgeable / Duties			Hands
EMPLOYEE HEALTH		dwash Facilities	
□ 2. Reporting of Diseases by Food Employee and PIC		N FROM CHEMICALS	
☐ 3. Personnel with Infections Restricted / Excluded		roved Food or Color Additives	3
FOOD FROM APPROVED SOURCE		c Chemicals	
4. Food and Water from Approved Source	<u> </u>	RATURE CONTROLS (Potentia	lly Hazardous Foods)
5. Receiving / Condition		king Temperatures	
6. Tags / Records / Accuracy of Ingredient Statements	17. Reh	5	
7. Conformance with Approved Procedures / HACCP Plans	☐ 18. Coo	·	
PROTECTION FROM CONTAMINATION	☐ 19. Hot	and Cold Holding	
8. Separation / Segregation / Protection		as a Public Health Control	
9. Food Contact Surfaces Cleaning and Sanitizing	REQUIREME	NTS FOR HIGHLY SUSCEPTIBI	E POPULATIONS (HSP)
10. Proper Adequate Handwashing	☐ 21. Food	and Food Preparation for H	SP
11. Good Hygienic Practices	CONSUMER		
El 777 desa riygionio i rasinoos	☐ 22. Post	ing of Consumer Advisories	
Violations Related to Good Retail Practices (Blue tems) Critical (C) violations marked must be corrected mmediately or within 10 days as determined by the Boar of Health. Non-critical (N) violations must be corrected mmediately or within 90 days as determined by the Boar of Health.  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	To Foodbod and Risk Foodbod and Risk Foodbod and Risk Foodbod and Risk Foodbod and Foodbod and Foodbod and Submit within 10 days and Submit Submi	Violated Provisions Reprine Illnesses Intervention Factors (Red Items 1-22) der for Correction: Based tems checked indicate violet deral Food Code. This report Health member or its a Board of Health. Failure report may result in suspitablishment permit and cent operations. If aggrieved to a hearing. Your requested to the Board of Health ays of receipt of this order.	d on an inspection lations of 105 CMR bort, when signed belongent constitutes an to correct violations ension or revocation of ssation of food d by this order, you at the above address
Inspector's Signature: MMWM 1259() I	Print:	141	3
PIC's Signature:	Print:		Page / of Pages

Discussion With Person in Charge: No. **Establishment Name:** Code Reference C - Critical Item R - Red Item 5.202.R TOWN OR CITY OF (2) 14/11/0/TU DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY Date: \_/ Corrective Action Required: 15 Voluntary Compliance Voluntary Disposal Re-inspection Scheduled Embargo 1 Page: N 0 Other. Emergency Suspension Emergency Closure Employee Réstriction / Exclusion of. Ø Yes Verified Date

### THE COMMONWEALTH OF MASSACHUSETTS TAM OF WIMITO **Board of Health** FOOD ESTABLISHMENT INSPECTION REPORT Date Type of Operation(s) Type of Inspection Saw) (hook Food Service Routine ☐ Retail Re-Inspection Address Residential Kitchen Level Previous Inspection Telephone ☐ Mobile Date: ☐ Temporary ☐ Pre-operation HACCP Y/N Owner ☐ Caterer ☐ Suspect Illness Person in Charge (PIC) Time ☐ Bed & Breakfast General Complaint ☐ HACCP In: Inspector Out: Permit No. Other Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated. Non-compliance with: Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items) Anti-Choking Tobacco Violations marked may pose an imminent health hazard and require immediate corrective 590.009 (E) 590.009 (F) Local Law action as determined by the Board of Health. Allergen Awareness 590,009 (G) **FOOD PROTECTION MANAGEMENT** ☐ 12. Prevention of Contamination from Hands 1. PIC Assigned / Knowledgeable / Duties ☐ 13. Handwash Facilities **EMPLOYEE HEALTH** PROTECTION FROM CHEMICALS 2. Reporting of Diseases by Food Employee and PIC 14. Approved Food or Color Additives 3. Personnel with Infections Restricted / Excluded ☐ 15. Toxic Chemicals FOOD FROM APPROVED SOURCE TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods) 4. Food and Water from Approved Source 16. Cooking Temperatures 5. Receiving / Condition ☐ 17. Reheating ☐ 6. Tags / Records / Accuracy of Ingredient Statements ☐ 18. Cooling 7. Conformance with Approved Procedures / HACCP Plans 19. Hot and Cold Holding PROTECTION FROM CONTAMINATION 20. Time as a Public Health Control ■ 8. Separation / Segregation / Protection REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP) 9. Food Contact Surfaces Cleaning and Sanitizing 21. Food and Food Preparation for HSP 10. Proper Adequate Handwashing CONSUMER ADVISORY 11. Good Hygienic Practices 22. Posting of Consumer Advisories Violations Related to Good Retail Practices (Blue **Number of Violated Provisions Related** Items) Critical (C) violations marked must be corrected To Foodborne Illnesses Interventions immediately or within 10 days as determined by the Board and Risk Factors (Red Items 1-22): of Health. Non-critical (N) violations must be corrected Official Order for Correction: Based on an inspection immediately or within 90 days as determined by the Board today, the items checked indicate violations of 105 CMR of Health. 590.000/Federal Food Code. This report, when signed below CN by a Board of Health member or its agent constitutes an 23. Management and Personnel (FC-2)(590.003) order of the Board of Health. Failure to correct violations 24. Food and Food Protection (FC-3)(590.004) cited in this report may result in suspension or revocation of 25. Equipment and Utensils (FC-4)(590.005) the food establishment permit and cessation of food 26. Water, Plumbing and Waste (FC-5)(590.006) establishment operations. If aggrieved by this order, you 27. Physical Facility (FC-6)(590.007) have a right to a hearing. Your request must be in writing

Inspector's Signature:	)	JULIA MILLIVOUR	Print: Shelle New York	1 2
PIC's Signature:	I	Much vely 7	Print:	PageofPages

(590.009)

29. Special Requirements

30. Other

28. Poisonous or Toxic Materials (FC-7)(590,008)

DATE OF RE-INSPECTION:

within 10 days of receipt of this order.

and submitted to the Board of Health at the above address

TOWN OR CITY OF STANKED A

Est	Establishment Name:_	Name:	W. W. S.	Date: Page:	of of	
No.	Code	C - Critical Item R - Red Item	DESCRIPTION OF	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY		Date Verified
			DELLINGER JANUARIO	are costa.		
(3)			Chock of the State	S TO THE TOTAL DROUM	(FDU 5"	
			PAIN SIN WOLL IN	1505 1000 to the 10000	7	
Disc	ussion With	Discussion With Person in Charge:		Corrective Action Required:	e S	Xes
	3	17 W.T.	1880	Voluntary Compliance     Re-inspection Scheduled	Employee Restriction / Exclusion Emergency Suspension	tion /
				Embargo		ā
		,		D Voluntary Disposal	Other.	
Form 73	34 B A.M. Sulkin C.	Form 734 B A.M. Sulkin Co., Charlestown, MA				

44

THE OF WILL	MOTOL	)	
EOOD ECTABLICULARNIT INCORPORTATION	'nor-		of Health
FOOD ESTABLISHMENT INSPECTION RE	PORT	Tel	Town of Inquestion
Address Water Walder		☐ Pood Service	Type of Inspection ☐ Routine ☐ Re-inspection
Telephone	Level	Residential Kitchen Mobile	Previous Inspection Date:
Owner	HACCP Y/N	Temporary	☐ Pre-operation
Person in Charge (PIC)	Time	Caterer Bed & Breakfast	Suspect Illness General Complaint
Inspector Shelling Melli	In: Out:	Permit No.	☐ HACCP☐ Other
Each violation checked requires an explanation on the na	rrative page(s	and a citation of spec	ific provision(s)
Violated. <u>Violations Related to Foodborne Illness Interventions ar</u> Violations marked may pose an imminent health hazard and action as determined by the Board of Health.	id Risk Factor require immed	late corrective 590.009 (	
FOOD PROTECTION MANAGEMENT	☐ 12. Pre	vention of Contamination fro	m Hands
1. PIC Assigned / Knowledgeable / Duties  EMPLOYEE HEALTH	☐ 13. Han	dwash Facilities	
2. Reporting of Diseases by Food Employee and PIC	PROTECTIO	N FROM CHEMICALS	
3. Personnel with Infections Restricted / Excluded	☐ 14. App	roved Food or Color Additive	es es
FOOD FROM APPROVED SOURCE	☐ 15. Toxi	ic Chemicals	
4. Food and Water from Approved Source	TIME/TEMPE	ERATURE CONTROLS (Potenti	ially Hazardous Foods)
5. Receiving / Condition	☐ 16. Coo	king Temperatures	
	🔲 17. Reh	eating	
6. Tags / Records / Accuracy of Ingredient Statements	🗌 18. Coo	ling	
7. Conformance with Approved Procedures / HACCP Plans PROTECTION FROM CONTAMINATION	☐ 19. Hot	and Cold Holding	
	☐ 20. Time	e as a Public Health Control	
8. Separation / Segregation / Protection	REQUIREME	NTS FOR HIGHLY SUSCEPTII	BLE POPULATIONS (HSP)
9. Food Contact Surfaces Cleaning and Sanitizing	☐ 21. Foo	d and Food Preparation for I	HSP
10. Proper Adequate Handwashing	CONSUMER	ADVISORY	
11. Good Hygienic Practices	22. Pos	ting of Consumer Advisories	
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected mmediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected mmediately or within 90 days as determined by the Board of Health.	To Foodbe and Risk I Official Or today, the i 590.000/Fe	f Violated Provisions Reported Illnesses Intervent Factors (Red Items 1-22) der for Correction: Base Items checked indicate violederal Food Code, This red of Health member or its	ions P): ed on an inspection olations of 105 CMR eport, when signed belo
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	order of the cited in this the food es establishme have a righ and submit within 10 d	Board of Health. Failure or its each of Health. Failure or report may result in sustablishment permit and cent operations. If aggrievant to a hearing. Your requested to the Board of Healt ays of receipt of this order in the Board of Healt ays of receipt of this order.	e to correct violations pension or revocation of ressation of food ed by this order, you est must be in writing hat the above address

Inspector's Signature: MIGNUS WUGA	Print:	
PIC's Signature:	Print:	PageofPages

DATE OF RE-INSPECTION:

Page:\_\_ TOWN OR CITY OF. Establishment Name:

Date							ζ	Ch No Co Yes	<ul> <li>Eníployee Restriction / Exclusion</li> </ul>	☐ Emergency Suspension	<ul> <li>Emergency Closure</li> </ul>	□ Other:
ON / PLAN OF CORRECTION TI CLEARLY								Corrective Action Required:	☐ Voluntary Compliance	Re-inspection Scheduled	□ Embargo	Uoluntary Disposal
DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY									their on			
C - Critical Item R - Red Item								Discussion With Person in Charge:	7 1011	0		
Code								sion With F	<i>x</i> ×	,		
Item No.								Discus				

Form 734 B A.M. Sulkin Co., Charlestown, MA

### THE COMMONWEALTH OF MASSACHUSETTS TOUT OF WINTED Board of Health

FOOD ESTABLISHMENT INSPECTION RE	PORT		T Health.
Name West Interpreducte	Date	Type of Operation(s)	Type of Inspection
Address	57-19 Risk	Food Service	Re-inspection
	Level	Residential Kitchen	Previous Inspection
Telephone		│	Date:
Owner	HACCP Y/N	Caterer	Suspect Illness
Person in Charge (PIC) % LLLM	Time In:	☐ Bed & Breakfast	General Complaint  HACCP
Inspector Shelly 11 Jers Mers V	Out:	Permit No.	Other
Each violation checked requires an explanation on the na	arrative page(s	) and a citation of spec	lfic provision(s)
Violated. <u>Violations Related to Foodborne Illness Interventions ar</u> Violations marked may pose an imminent health hazard and action as determined by the Board of Health.	nd Risk Factor I require immed	iate corrective 590.009 (	E)
FOOD PROTECTION MANAGEMENT	[] 10 Dra	Allergen Awarer vention of Contamination fro	ess 590,009 (G)
1. PIC Assigned / Knowledgeable / Duties	_	dwash Facilities	ii nanos
EMPLOYEE HEALTH			
☐ 2. Reporting of Diseases by Food Employee and PIC	_	N FROM CHEMICALS	
☐ 3. Personnel with Infections Restricted / Excluded		roved Food or Color Additive c Chemicals	75
FOOD FROM APPROVED SOURCE		RATURE CONTROLS (Potenti	ally Hazardoue Foods\
☐ 4. Food and Water from Approved Source		king Temperatures	any nazardous roous)
5. Receiving / Condition	17. Reh	-	
6. Tags / Records / Accuracy of Ingredient Statements	18. Cod		
7. Conformance with Approved Procedures / HACCP Plans	_	-	
PROTECTION FROM CONTAMINATION	_	and Cold Holding e as a Public Health Control	
3. Separation / Segregation / Protection		E as a Public Health Control	DI E DODIII ATIONE (HED)
9. Food Contact Surfaces Cleaning and Sanitizing			, ,
10. Proper Adequate Handwashing	CONSUMER	d and Food Preparation for I	151
11. Good Hygienic Practices		ting of Consumer Advisories	
Violations Related to Good Retail Practices (Blue tems) Critical (C) violations marked must be corrected mmediately or within 10 days as determined by the Board	Number o To Foodbe and Risk	f Violated Provisions Rorne Ilinesses Intervent Factors (Red Items 1-22	elated ions
of Health. Non-critical (N) violations must be corrected mmediately or within 90 days as determined by the Board of Health.	today, the 590.000/Fe	der for Correction: Base items checked indicate vi ederal Food Code. This re	olations of 105 CMR eport, when signed bek
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)	order of the cited in this the food es establishm	of Health member or its Board of Health. Failure is report may result in sus stablishment permit and cent operations. If aggriev	e to correct violations pension or revocation of essation of food ed by this order, you
27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009) 30. Other	and submi within 10 d	nt to a hearing. Your requited to the Board of Healt lays of receipt of this order RE-INSPECTION:	h at the above address
Inspector's Signature: SALL MALL Prints	Shell	y Newshins	
PIC's Signature: Print:	Elleer	5 Costello	PageofPages

Discussion With Person in Charge: No. Establishment Name: Code Reference C - Critical Item R - Red Item TOWN OR CITY OF. ·(') 0 このけん DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY Date: J. Corrective Action Required: Re-inspection Scheduled Voluntary Disposal Embargo Voluntary Compliance 12 Page: Other: Emergency Closure Emergency Suspension Employee Restriction / Exclusion Ö 6 Yes Date Verified

			Board (	of Health
FOOD ESTABLISHMENT INSPE	CTION REF	PORT	Tel.	
Name WIGUROS		Date 11 7811	Type of Operation(s)  Food Service	Type of Inspection  Routine
Address		RISK COLO	Retail	Re-inspection
		Level	Residential Kitchen	Previous Inspection
Telephone			Mobile	Date:
Owner		HACCP Y/N	☐ Temporary ☐ Caterer	☐ Pre-operation☐ Suspect Iliness
Person in Charge (PIC)		Time	Bed & Breakfast	General Complaint
Inspector Should Had need	f: .	ln: Out:	Permit No.	HACCP Other
Each violation checked requires an explana	-A	rative page(s	) and a citation of spec	cific provision(s)
MISSYLVIAN IN A STATE OF COLUMN SCA		Dial Faston	(Ded Bered) Autor	Non-compliance with:
Violations Related to Foodborne Illness In Violations marked may pose an imminent heaction as determined by the Board of Health.	alth hazard and re	equire immed	s (Red Items) Anti-Cho iate corrective 590.009	oking Tobacco (E)
FOOD BROTPOYION MANAGEMENT		_	•	ness 590.009 (G) 🗌
FOOD PROTECTION MANAGEMENT  1. PIC Assigned / Knowledgeable / Duties			ention of Contamination fro	om Hands
EMPLOYEE HEALTH		🗌 13. Han	dwash Facilities	
2. Reporting of Diseases by Food Employee at	ad BIC	PROTECTION	N FROM CHEMICALS	
3. Personnel with Infections Restricted / Exclude		☐ 14. App	roved Food or Color Additiv	/es
	160	15. Toxid	c Chemicals	
FOOD FROM APPROVED SOURCE		TIME/TEMPE	RATURE CONTROLS (Poten	tially Hazardous Foods)
4. Food and Water from Approved Source		☐ 16. Coo	king Temperatures	
5. Receiving / Condition		☐ 17. Reh	eating	
6. Tags / Records / Accuracy of Ingredient Stat	ements	☐ 18. Coo	•	
7. Conformance with Approved Procedures / H.	ACCP Plans		and Cold Holding	
PROTECTION FROM CONTAMINATION			e as a Public Health Contro	ı
8. Separation / Segregation / Protection			NTS FOR HIGHLY SUSCEPTI	
9. Food Contact Surfaces Cleaning and Sanitiz	ing	_		, ,
☐ 10. Proper Adequate Handwashing		CONSUMER.	d and Food Preparation for	HSP
☐ 11. Good Hygienic Practices			ing of Consumer Advisories	s
			_	
Violations Related to Good Retail Practices (tems) Critical (C) violations marked must be a mmediately or within 10 days as determined but Health. Non-critical (N) violations must be commediately or within 90 days as determined but Health.	corrected y the Board prrected	To Foodbo and Risk F Official Or today, the i 590.000/Fe		tions 2): sed on an inspection iolations of 105 CMR report, when signed below
	2)(590.003)		of Health member or its Board of Health, Failur	
1 - 1 - 1	3)(590.004)			spension or revocation of
25. Equipment and Utensils (FC-	4)(590.005)		tablishment permit and	
	5)(590.006)	establishme	ent operations. If aggriev	ed by this order, you
27. Physical Facility (FC- 28. Poisonous or Toxic Materials (FC-	6)(590.007)		t to a hearing. Your requ	
29. Special Requirements	(590.009)		ted to the Board of Heal ays of receipt of this ord	th at the above address
30. Other	,/		RE-INSPECTION:	OI,
		VI		
Inspector's Signature:	Print:	~	2000-0-1	

Inspector's Signature:	Print:	
PIC's Signature: Stallen Shi	Print: HREIA DAWENI	PageofPages

Establishment Name: TOWN C	TOWN OR CITY OF WILLIAM OF CORRECTION  Date: // /////  Date: // /////  Description of Violation / Plan of Correction	Page:	of C	Date
		-	5	
Discussion With Person in Charge:		Corrective Action Required:	No.	☐ Yes
TURIN TOWN	X	□ Voluntary Compliance	<ul><li>Employee Restriction / Exclusion</li></ul>	estriction /
0		Re-inspection Scheduled	Emergency Suspension	Suspension
			☐ Emergency Closure	Closure
		Voluntary Disposal	Other:	

### TAUN OF WIMING TO W

Board of Health

FOOD ESTABLISHMENT INSPECTION RE	PORT	Tel	North Control of the							
Name Wildward St	Date	Type of Operation(s)	Type of Inspection Routine							
Address	J-0-19 Risk	Retail	Re-inspection							
	Level	Residential Kitchen	Previous Inspection							
Telephone	MARCE WILL	│	Date:  Pre-operation							
Owner	HACCP Y/N	☐ Caterer	Suspect Illness							
Person in Charge (PIC) Patta	Time In:	Bed & Breaklast	General Complaint HACCP							
Inspector Shelli Hewhous 8	Out:	Permit No.	Other							
Each violation checked requires an explanation on the na	rrative page(s	) and a citation of spec	ific provision(s)							
Violations Polated to Foodbarns Illness Interventions on	d Diale Fastor	o (Dad Hama) Aut Chal	Non-compliance with:							
Violations Related to Foodborne Illness Interventions an Violations marked may pose an imminent health hazard and	require immed	<u>s (Red Items)</u> Anti-Chol liate corrective 590.009 (	<b>—</b>							
action as determined by the Board of Health.	•		Local Law							
FOOD PROTECTION MANAGEMENT	T 40 Erro	Allergen Awaren vention of Contamination froi	ess 590,009 (G)							
1. PIC Assigned / Knowledgeable / Duties		vention of Contamination not idwash Facilities	ii Hallus							
EMPLOYEE HEALTH		N FROM CHEMICALS								
2. Reporting of Diseases by Food Employee and PIC	_		25							
3. Personnel with Infections Restricted / Excluded		roved Food or Color Additive ic Chemicals	<b>75</b>							
FOOD FROM APPROVED SOURCE		ERATURE CONTROLS (Potenti	Inlly Hazardous Foods)							
4. Food and Water from Approved Source		oking Temperatures	ally riazardous roods)							
5. Receiving / Condition	17. Reh	- '								
☐ 6. Tags / Records / Accuracy of Ingredient Statements	☐ 18. Coc	•								
7. Conformance with Approved Procedures / HACCP Plans		and Cold Holding								
PROTECTION FROM CONTAMINATION		e as a Public Health Control								
8. Separation / Segregation / Protection	_	ENTS FOR HIGHLY SUSCEPTIE	DI E DODIII ATIONS (USB)							
9. Food Contact Surfaces Cleaning and Sanitizing										
☐ 10. Proper Adequate Handwashing	CONSUMER	d and Food Preparation for t	101							
☐ 11. Good Hygienic Practices	No.	ting of Consumer Advisories								
Waterland Balanda Cond Barell Burnellon (Bloo	Maranhau	of Violated Provisions R	alatad land							
<u>Violations Related to Good Retail Practices</u> (Blue Items) Critical (C) violations marked must be corrected		orne ilinesses intervent								
immediately or within 10 days as determined by the Board		Factors (Red Items 1-22								
of Health. Non-critical (N) violations must be corrected		rder for Correction: Bas								
immediately or within 90 days as determined by the Board of Health.		items checked indicate vi ederal Food Code. This re								
CN		agent constitutes an								
23. Management and Personnel (FC-2)(590.003)		order of the Board of Health. Failure to correct violations								
24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005)		cited in this report may result in suspension or revocation								
26. Water, Plumbing and Waste (FC-5)(590.006)	the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you									
27. Physical Facility (FC-6)(590.007)		nt to a hearing. Your requi								
28. Poisonous or Toxic Materials (FC-7)(590,008)		tted to the Board of Healt								
29. Special Requirements (590.009)		lays of receipt of this orde	er.							
Other	DATE OF	RE-INSPECTION:								
T	~ ~ I	и								
Inspector's Signature: Print:	spelly.	Hewnous (	- 12-							
PIC's Signature: Print:	1aHy	DAW DW	PageofPages							

FORM 734A (REV. 9/2010) HOBBS & WARREN - BOSTON

This Form Approved by the Massachusetts Department of Public Health

Page:\_ Date: TOWN OR CITY OF. Establishment Name:\_

Date Verifie										Yes	ction /	ension	J.e	
									7	0 N D	<ul><li>Employee Restriction / Exclusion</li></ul>	☐ Emergency Suspension	☐ Emergency Closure	Other:
LAN OF CORRECTION										Corrective Action Required:	U Voluntary Compliance	☐ Re-inspection Scheduled	□ Embargo	Uvoluntary Disposal
DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	1. M. S. C.													
	1200 WT14100													
C - Critical Item R - Red Item										Discussion With Person in Charge:				
Code Reference										sion With I				
ltem No.										Discus				

Form 734 B A.M. Sulkin Co., Charlestown, MA

**Board of Health** 

FOOD ESTABLISHMENT INSPECTION RE	PORT	Tel		
Name WBunST	Date 	Type of Operation(s)  Food Service  Retail	Type of Inspection Routine Re-inspection	
Address	Level	Residential Kitchen	Previous Inspection	
Telephone		Mobile	Date:	
Owner	HACCP Y/N	Temporary  Caterer	☐ Pre-operation☐ Suspect Illness	
Person in Charge (PIC)	Time	☐ Bed & Breakfast	General Complaint	
Inspector Shell 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	In: Out:	Permit No.	☐ HACCP☐ Other	
Each violation checked requires an explanation on the na	A STATE OF THE STA			
violated.	munto page(s	, and a citation of spec	Non-compliance with	
Violations Related to Foodborne Illness Interventions ar Violations marked may pose an imminent health hazard and action as determined by the Board of Health.	nd Risk Factor require immed	liate corrective 590.009 (	•	
FOOD PROTECTION MANAGEMENT	☐ 12 Pre	vention of Contamination fro		
☐ 1. PIC Assigned / Knowledgeable / Duties	_	ndwash Facilities	iii Hands	
EMPLOYEE HEALTH		N FROM CHEMICALS		
2. Reporting of Diseases by Food Employee and PIC	_	roved Food or Color Additive	200	
3. Personnel with Infections Restricted / Excluded		ic Chemicals	35	
FOOD FROM APPROVED SOURCE			iolly Housedove Foods	
4. Food and Water from Approved Source		ERATURE CONTROLS (Potention of the control of the c	iany nazardous roods)	
5. Receiving / Condition		•		
☐ 6. Tags / Records / Accuracy of Ingredient Statements	17. Reh	•		
7. Conformance with Approved Procedures / HACCP Plans	☐ 18. Coo	_		
PROTECTION FROM CONTAMINATION		and Cold Holding		
8. Separation / Segregation / Protection		e as a Public Health Control		
9. Food Contact Surfaces Cleaning and Sanitizing		NTS FOR HIGHLY SUSCEPTII	• •	
☐ 10. Proper Adequate Handwashing	CONSUMER	d and Food Preparation for I	HSP	
11. Good Hygienic Practices		ADVISORY ting of Consumer Advisories		
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected mmediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected	To Foodbe	f Violated Provisions Rorne Illnesses Intervent Factors (Red Items 1-22) and for Correction: Base	ions 2):	
mmediately or within 90 days as determined by the Board of Health.	today, the i 590.000/Fe	items checked indicate vielderal Food Code. This re of Health member or its	olations of 105 CMR aport, when signed belo	
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)	order of the cited in this	e Board of Health. Fallure s report may result in sus	e to correct violations pension or revocation o	
26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007)	establishm have a righ	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		
28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009) 30. Other	within 10 d	tted to the Board of Healt ays of receipt of this orde RE-INSPECTION:		
	zm yr			
Inspector's Signature:  PIC's Signature:  Print:  Print:	Forer	Doudlear	Page of Pages	

TOWN OR CITY OF.

Establishment Name:\_

Date:

Page:\_\_

Date Verified Employee Restriction / Exclusion Emergency Suspension Emergency Closure 0 Other: No. 9 ٥ Corrective Action Required: Re-inspection Scheduled Voluntary Compliance DESCRIPTION OF VIOLATION / PLAN OF CORRECTION Voluntary Disposal Embargo 0 0 ٥ PLEASE PRINT CLEARLY Discussion With Person in Charge: C - Critical Item R - Red Item Code Reference Item No.

Board of Health

FOOD ESTABLISHMENT INSPECTION RE	PORT	Tel	
Name // Abanda	Date	Type of Operation(s)	Type of Inspection
Address	S (0 / 4	Food Service	☐ Routine ☐ Re-inspection
	Level	Residential Kitchen	Previous Inspection
Telephone		Mobile	Date:
Owner	HACCP Y/N	☐ Temporary ☐ Caterer	☐ Pre-operation☐ Suspect Illness
Person in Charge (PIC) KAREM	Time	☐ Bed & Breakfast	☐ General Complaint
Inspector Shellilleinhuse	In: Out:	Permit No.	☐ HACCP ☐ Other
Each violation checked requires an explanation on the na	rrative page(s	and a citation of speci	
violated.		•	Non-compliance with
Violations Related to Foodborne Illness Interventions an	d Risk Factor	s (Red Items) Anti-Chok	•
Violations marked may pose an imminent health hazard and action as determined by the Board of Health.	require immed	liate corrective 590.009 (E	E)
adien ad adienimod by the board of floating		Allergen Awaren	ess 590,009 (G)
FOOD PROTECTION MANAGEMENT	☐ 12. Pre	vention of Contamination fron	n Hands
1. PIC Assigned / Knowledgeable / Duties  EMPLOYEE HEALTH	☐ 13. Har	ndwash Facilities	
	PROTECTIO	N FROM CHEMICALS	
<ul> <li>☐ 2. Reporting of Diseases by Food Employee and PIC</li> <li>☐ 3. Personnel with Infections Restricted / Excluded</li> </ul>	□ 14. Арр	proved Food or Color Additive	S
FOOD FROM APPROVED SOURCE	☐ 15. Tox	ic Chemicals	
4. Food and Water from Approved Source	TIME/TEMPE	ERATURE CONTROLS (Potentia	illy Hazardous Foods)
5. Receiving / Condition	☐ 16. Cod	king Temperatures	
	☐ 17. Ref	neating	
	☐ 18. Coc	oling	
7. Conformance with Approved Procedures / HACCP Plans PROTECTION FROM CONTAMINATION	☐ 19. Hot	and Cold Holding	
<u> </u>	☐ 20. Tím	e as a Public Health Control	
8. Separation / Segregation / Protection	REQUIREME	NTS FOR HIGHLY SUSCEPTIB	LE POPULATIONS (HSP)
9. Food Contact Surfaces Cleaning and Sanitizing     10. Proper Adequate Handwashing	☐ 21. Foo	d and Food Preparation for H	ISP
		CONSUMER ADVISORY	
11. Good Hygienic Practices	22. Pos	ting of Consumer Advisories	gueranninamog
Violations Related to Good Retail Practices (Blue	Number o	f Violated Provisions Re	lated
Items) Critical (C) violations marked must be corrected		orne Illnesses Interventi	
mmediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected		Factors (Red Items 1-22)	F
mmediately or within 90 days as determined by the Board		rder for Correction: Base items checked indicate vic	
of Health.	590.000/Fe	ederal Food Code. This re	port, when signed belov
C N		of Health member or its a	
23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004)		e Board of Health. Failure s report may result in susp	
25. Equipment and Utensils (FC-4)(590.005)		stablishment permit and ce	
26. Water, Plumbing and Waste (FC-5)(590.006)		ent operations. If aggrieve	
27. Physical Facility (FC-6)(590.007)	have a righ	nt to a hearing. Your reque	st must be in writing
28. Poisonous or Toxic Materials (FC-7)(590,008)		tted to the Board of Health	
29. Special Requirements (590.009)		ays of receipt of this order	r.
	DATE OF	RE-INSPECTION:	
Inspector's Signature: X/14   17 / 170 / Print:	P 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- <del></del>
O WARRIED VIOLAL	STERM	M	
PIC's Signature: Ja Soudi Cer Print:	Tolan K	Soudlean	PageofPages

TOWN OR CITY OF

Date Verified Employee Restriction / Exclusion Emergency Suspension □ Yes **Emergency Closure** of. Other: ON D ٥ o Page:\_ Corrective Action Required: Re-inspection Scheduled ■ Voluntary Compliance DESCRIPTION OF VIOLATION / PLAN OF CORRECTION Voluntary Disposal Embargo 0 PLEASE PRINT CLEARLY 13411 Date: Discussion With Person in Charge: C - Critical Item R - Red Item Establishment Name:\_ Code Reference Item No.

Form 734.B A.M. Sulkin Co., Charlestown, MA