THE COMMONWEALTH OF MASSACHUSETTS

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803 Ph: (781) 270-1955 • Fax: (781) 273-7687

FOOD ESTABLISHMENT INSPECTION REPO		05/21/2018	T	
	Date	05/21/2018	Type of Operation(s) State of Service	Type of Inspection R Routine
Address 15 South Ave., BURLINGTON, MA 01803		Level	Retail	Re-Inspection
Telephone (781) 365-1907	2		☐ Residential Kitchen☐ Mobile	Previous inspection Date: 11/21/2017
Owner Pat Lennox	HAC	CB	☐ Temporary	☐ Pre-operation
	HAC	GP	☐ Caterer	☐ Suspect Illness
Person in Charge (PIC) Brad Hodgson	Time In:	10:00 AM	☐ Bed & Breakfast	☐ General Complaint☐ HACCP
Inspector Samantha Hardy	Out:		Permit No.	Other
Each violation checked requires an explanation on				provision(s) violated.
Violations Related to Foodborne Illness Intervention				on-compliance with:
Violations marked may pose an Imminent health hazard action as determined by the Board of Health.	and require	immediate	corrective Anti-Choking Tobacco Allergen Aw	590.009 (F)
PROTECTION FROM CHEMICALS		☐ 11, Goo	d Hygienic Practices	
1) 0. Chemical-Test		12. Prev	vention of Contamination from	m Hands
FOOD PROTECTION MANAGEMENT		☐ 13. Han	dwash Facilities	
] 1. PIC Assigned / Knowledgeable / Duties		PROTECTI	ON FROM CHEMICALS	
EMPLOYEE HEALTH		☐ 14. App	roved Food or Color Additive	38
] 2. Reporting of Diseases by Food Employee and PIC		☐ 15. Toxi	c Chemicals	
3. Personnel with Infections Restricted/Excluded		TIME/TEMP	PERATURE CONTROLS (PHF	s)
FOOD FROM APPROVED SOURCE		🖺 16. Coo	king Temperatures	
		☐ 17. Reh	eating	
5. Receiving/Condition		☐ 18. Cool	ling	
6. Tags/Records/Accuracy of Ingredient Statements		☐ 19. Hot	and Cold Holding	
7. Conformance with Approved Procedures/HACCP Plans	2		e As a Public Health Control	
PROTECTION FROM CONTAMINATION	.,	_	ENTS FOR HIGHLY SUSCEP	TIBLE POPULATIONS
3 8. Separation/Segregation/Protection		(HSP)		
Food Contact Surfaces Cleaning and Sanitizing		☐ 21. Food	d and Food Preparation for H	ISP
10, Proper Adequate Handwashing		CONSUME	R ADVISORY	
		22 Post	ing of Consumer Advisories	
/iolations Related to Good Retail Practices (Blue Ite Critical (C) violations marked must be corrected immedi			of Violated Provisions Re	
or within 10 days as determined by the Board of Health. critical (N) violations must be corrected immediately or			Factors (Red Items 1-22)	
within 90 days as determined by the Board of Health.		Official O	rder for Correction: Base	d on an inspection today.
CN		the items ch	necked indicate violations of	105 CMR 590.000/federal
	0.003	Food Code.	. This report, when signed be its agent constitutes an orde	elow by a Board of Health
W 05 5 1	0.004	Failure to o	orrect violations cited in this	report may result in
00 141 1 51 11	0.005 0.006	suspension	or revocation of the food es	tablishment permit and
134 07 71 1 1 7 111	0.007	cessation of	f food establishment operation	ons. If aggrieved by this
	800.0	writing and	nave a right to a hearing. You submitted to the Board of He	ir request must be in
	0.009	within 10 da	rys of receipt of this order.	And at the above address
30. Other BOH Regu X 31. Grease Trap BOH Regu		DATE OF R	RE-INSPECTION: 06/05/20	18
BOH Regu	nation			
Inspector's Signature:	Print: S	amantha Har	⁻ dy	Page 1 of 2 Page
PIC's Signature:	Print: B	rad Hodgson		Page 1 of 2 Pages

61 Center Street, Burlington, MA 01803 Ph: (781) 270-1955 • Fax: (781) 273-7687

Estab!	Ishment Name: Bu	uffalo Wild Wings		Date: 05/21/2018	Page:	_2_of_2							
ltem No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF V	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION									
25	FC 4-602.13		Glass chillers at bar have broken glass at bottom, clean.										
27													
27	FC 6-202.11		Light shield in back storage area by back door out of place, repair.										
31	Gr. Trap Reg. D		Log not updated, last invoice 3/9			1							
Discu	ssion With Person	In Charge:		Corrective Action Required:	□No 図	Yes							
			PF, chicken breast 37F, beef patty nployee restroom in compliance.	☐ Voluntary Compliance	☐ Employee Res Exclusion	triction /							
	asner: wasn 156F, r Initizer 100ppm CL.		pay test strips present. Bar three	r three ⊠ Re-Inspection Scheduled ☐ Emergency St									
•	••		11	☐ Embargo	osure								

☐ Voluntary Disposal

☐ Other:

THE COMMONWEALTH OF MASSACHUSETTS

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803 Ph: (781) 270-1955 • Fax: (781) 273-7687

Name Buffalo Wild Wings		06/11/2018	Ту	pe of Oper	ation(s)	Type of Ins	pection	
Address 15 South Ave., BURLINGTON, MA 01803	Risk 2	Level		Retail		☐ Routine ☑ Re-inspection		
Telephone (781) 365-1907	7			Residenti Mobile	al Kitchen	Previous in Date: 05/2		
Owner Pat Lennox	HAC	CP		Temporar Caterer	у	☐ Pre-ope ☐ Suspect		
Person in Charge (PIC) Brad Hodgson	Time	2:45 DM				☐ General ☐ HACCP	Complaint	
Inspector Samantha Hardy	In: Out:	3:45 PM 4:00 PM	Pe	rmit No.		Other_		
Each violation checked requires an explanation on th	e narrativ	e page(s) a	and	a citation	of specific	provision(s) violated.	
Violations Related to Foodborne Illness Interventions	and Risk	Factors (F	led	Items)	No	n-compliance	with:	
Violations marked may pose an imminent health hazard a action as determined by the Board of Health.	nd require	immediate	corr	ective	Anti-Choking Tobacco Allergen Awa	•	590.009 (E) [590.009 (F) [590.009 (G) [
PROTECTION FROM CHEMICALS		🗍 11. Goo	d Hy	gienic Prad	ctices			
① 0. Chemical-Test		☐ 12. Prev	enti	on of Conta	amination from	n Hands		
FOOD PROTECTION MANAGEMENT		🗍 13. Han	dwa	sh Facilities	S			
1. PIC Assigned / Knowledgeable / Duties		PROTECTION	ON F	ROM CHEN	MICALS			
EMPLOYEE HEALTH		☐ 14. Appr	ove	d Food or (Color Additive	S		
1 2, Reporting of Diseases by Food Employee and PIC		☐ 15. Toxio	Ch	emicals				
3. Personnel with Infections Restricted/Excluded		TIME/TEMP	ERA	TURE CON	TROLS (PHFs	3)		
FOOD FROM APPROVED SOURCE		☐ 16. Cool	king	Temperatu	res			
4. Food and Water from Approved Source		17. Rehe	atin	g				
☐ 5. Receiving/Condition		☐ 18. Cool	ing					
☐ 6. Tags/Records/Accuracy of Ingredient Statements		☐ 19. Hot a	ind i	Cold Holdin	ng			
7. Conformance with Approved Procedures/HACCP Plans					ealth Control			
PROTECTION FROM CONTAMINATION					HLY SUSCEPT	TIBLE POPUI	ATIONS	
3. Separation/Segregation/Protection		(HSP)						
9. Food Contact Surfaces Cleaning and Sanitizing		☐ 21. Food	and	Food Pre	paration for H	SP		
10 Proper Adequate Handwashing		CONSUMER	R AD	VISORY				
		22. Posti	ng c	of Consume	er Advisories			
/iolations Related to Good Retail Practices (Blue Item	s)	Number o	f Vic	olated Pro	visions Rei	ated		
Critical (C) violations marked must be corrected immediate or within 10 days as determined by the Board of Health. No	ely				Interventio		0	
ritical (N) violations must be corrected immediately or)II-	and Risk F	act	ors (Red	Items 1-22):			
vithin 90 days as determined by the Board of Health.		Official Or	der	for Corre	ction: Based	on an inspe	ection today.	
CN		the items ch	eck	ed indicate	violations of	105 CMR 59	0.000/federal	
23. Management and Personnel 590.0		member or	lhi: te a	s report, wh	nen signed be tutes an order	low by a Bo	ard of Health	
24. Food and Food Protection 590.0 25. Equipment and Utensils 590.0		Failure to co	rrec	t violations	cited in this r	eport may re	u or neam. esult in	
26. Water, Plumbing, and Waste 590.0	206	suspension	or re	evocation o	f the food esta	ablishment p	ermit and	
27. Physical Facility 590.0	107	cessation of	foo	d establish	ment operatio	ns. If aggrie	ved by this	
28. Poisonous or Toxic Materials 590.0	800	writing and	ave subn	a right to a nitted to the	hearing. You Board of He	r request mu alth at the al	IST DE IN	
29. Special Requirements 590.0	109	within 10 da	ys o	f receipt of	this order.	aiti at tile ai	Jove address	
30. Other BOH Regulat 31. Grease Trap BOH Regulat	ion	DATE OF R						
PIC's Signature:	Print: Sa	ımantha Har	dy			Page 1 a	f 2 Pages	
PIC's Signature:	Print: Br	ad Hodgson				1, 280 -1-0	rages	

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Estab.	lishment Name:	Buffalo Wild Wings	Date: 06/11/2018 Page:						
item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION						
Discu	Ission With Pers	son in Charge:	Corrective Action Required: ⊠ No □ Y	res .					
All vic	plations corrected	l.	☐ Voluntary Compliance ☐ Employee Rest Exclusion	triction /					
			Re-Inspection Scheduled Emergency Sur	spension					
			□ Embargo □ Emergency Clo	sure					
			☐ Voluntary Disposal ☐ Other:						

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BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803 Ph: (781) 270-1955 • Fax: (781) 273-7687

FOOD ESTABLISHMENT INSPECTION				
Name Buffalo Wild Wings	Date	11/14/2018		ype of Inspection
Address 15 South Ave., BURLINGTON, MA 018	303 Risk	Level		Routine Re-inspection
	2		Residential Kitchen	Previous inspection
Telephone (781) 365-1907				Date: 06/11/2018
Owner Pat Lennox	HAC	СР	☐ Caterer ☐	☐ Pre-operation☐ Suspect Illness
Person in Charge (PIC) Irwin Edwards	Time			☐ General Complaint ☐ HACCP
Inspector Samantha Hardy	In: Out:	5:05 PM 6:00 PM		Other
Each violation checked requires an explana	ation on the narrati	ve page(s)	and a citation of specific p	rovision(s) violated.
Violations Related to Foodborne Iliness Into	erventions and RIs	k Factors (F		-compliance with:
Violations marked may pose an imminent heal	h hazard and requir	e immediate	corrective Anti-Choking	590.009 (E) 590.009 (F) 590.009 (G) 60 cm 590.009 (G)
action as determined by the Board of Health.			Allergen Awar	eness 590.009 (G) 🗍
		□ 11 Goo	d Hygienic Practices	
PROTECTION FROM CHEMICALS			vention of Contamination from	Hands
0 Chemical-Test		1.000	dwash Facilities	1 10211030
FOOD PROTECTION MANAGEMENT			ON FROM CHEMICALS	
☐ 1. PIC Assigned / Knowledgeable / Duties			roved Food or Color Additives	
EMPLOYEE HEALTH				
2. Reporting of Diseases by Food Employee an			c Chemicals	×
3. Personnel with Infections Restricted/Exclude	d		PERATURE CONTROLS (PHFs)	
FOOD FROM APPROVED SOURCE		_	king Temperatures	
4. Food and Water from Approved Source		☐ 17. Reh		
5. Receiving/Condition		☐ 18. Coo	ling	
☐ 6. Tags/Records/Accuracy of Ingredient Statem	ents	□ 19. Hot	and Cold Holding	
7. Conformance with Approved Procedures/HA	CCP Plans	☐ 20. Time	e As a Public Health Control	
PROTECTION FROM CONTAMINATION			HENTS FOR HIGHLY SUSCEPTI	IBLE POPULATIONS
☐ 8. Separation/Segregation/Protection		(HSP)		20
9. Food Contact Surfaces Cleaning and Sanitizi	na	_	d and Food Preparation for HS	SP
☐ 10. Proper Adequate Handwashing	3		R ADVISORY	
		☐ 22. Pos	ting of Consumer Advisories	
Violations Related to Good Retail Practices		Number	of Violated Provisions Rela	ated
Critical (C) violations marked must be correcte		To Foodb	orne Ilinesses Intervention	ns 0
or within 10 days as determined by the Board o		and Risk	Factors (Red Items 1-22):	
critical (N) violations must be corrected immed		Official O	rder for Correction: Based	on an inspection today
within 90 days as determined by the Board of F	ieaitii.		hecked indicate violations of 1	
23. Management and Personnel	590.003		e. This report, when signed bel	
24. Food and Food Protection	590.004		its agent constitutes an order	
X 25. Equipment and Utensils	590.005		correct violations cited in this re n or revocation of the food esta	
26. Water, Plumbing, and Waste	590.006		of food establishment operation	
27. Physical Facility 28. Poisonous or Toxic Materials	590.007 590.008	order, you	have a right to a hearing. Your	request must be in
29. Special Requirements	590.008		submitted to the Board of Hea	alth at the above address
30. Other	BOH Regulation		ays of receipt of this order.	
31. Grease Trap	BOH Regulation	DATE OF	RE-INSPECTION:	
	4			r
Inspector's Signature:		Samantha Ha		Page 1 of 2 Pages
PIC's Signature:	Print:	Irwin Edward	S	

The There

61 Center Street, Burlington, MA 01803 Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Buffalo Wild Wings

Date: 11/14/2018

Page: 2 of 2 Item Code C - Critical Item **DESCRIPTION OF VIOLATION / PLAN OF CORRECTION** Date No. Reference R - Red Item Verified 25 FC 4-501.11 Warewash thermometer reading final rinse 103F, strip turned with minimum surface temp. of 160F, repair/replace. Ticket put in for repair on site. Discussion With Person In Charge: Corrective Action Required: No Yes Temperatures in compliance: cut tomato 41F, chili 58F, cut tomato 41F, ☐ Employee Restriction / Voluntary Compliance chicken wings 37F, fries 180F, wings 203F, chicken tender 147F, cheese Exclusion between packages 41F, cooked chicken 38F. Warewash: wash 166F. ☐ Re-Inspection Scheduled Emergency Suspension Handsinks in compliance. Employee restrooms in compliance. ☐ Embargo Emergency Closure ☐ Voluntary Disposal Other: As noted

61 Center Street, Burlington, MA 01803 Ph: 781-270-1955 • Fax: 781-273-7687

	larne: Buffalo Wild Wings			Date	05	5/28/2019		eration(s):	Type of Inspe	ctio	<u>n</u>
Δ	ddress: 15 South Ave., BURLINGTON, MA	01803		Risk	Le	vel	☑ Food Se	rvice Establishment		00	
T	elephone: (781) 365-1907			_ 2			Residential: Cottage Foods Residential: Bed & Breakfast		☐ Pre-operational		
3	wner: Pat Lennox			HAC	CP	N	☐ Mobile/F		☐ General Co	_	
5	erson-In-Charge: Brad Hodgson			Time):45 AM	☐ Other	ıry Food Estab.	☐ HACCP ☐ Other		
r	spector: Samantha Hardy					0:15 AM					
=,	umber of Violated Provisions Related to codborne Illnesses Risk Factors and terventions (Items 1 though 29):	1	Foodbor	πe Illne	9886	: Vlolations F es Risk Fact is 1 though 2	ors and	0	ate of Re-Insp	ectio	on:
	FOODBORNE ILL	NESS RIS	K FAC	rors	AN	ND PUBLI	C HEALTI	INTERVENTIO	NS	-	
	IN = in compliance OUT = out of compliance	N/O = not ob	served	N/A = n	ot a	pplicable C	OS = correct	ed on-site during inspe	ection R = repea	viola	tion
	Compliance Status	IN OUT N	I/A N/O C	OS R			Compliance	Status	IN OUT N/A	N/O	COS
	Supervision						Prote	ction from Contam	ination	- 3)	
	Person-in-charge present, demonstrates knowledge and performs duties	№ оит			-	Food separ			(IN) OUT N/A	V/O	
	Certified Food Protection Manager	N OUT NA	Α					cleaned & sanitized	IN OUT N/A		X
	Employee Health				17	Proper disp served, reco	osition of re onditioned &	urned, previously unsafe food	IN OUT		
	Management, food employee and conditiona employee; knowledge, responsibilities and	(II) OUT					Time/Te	mperature Control	for Safety		
	reporting	CIN) OUT			18	Proper cook	ting time & t	emperatures	IN OUT N/A	¥/O)	
	Proper use of restriction and exclusion	(N) OUT			19	Proper rehe	ating proced	lures for hot holding	IN OUT N/A	<u>100</u>	
	Procedures for responding to vomiting and diarrheal events	N OUT		1 1				temperature	IN OUT N/A (100	
	Good Hygienic Practic	105		-	21	Proper hot h	olding temp	erature	IN OUT N/A	1/0)	
	Proper eating, tasting, drinking or tobacco	(IN) OUT	N/O	1 1	\rightarrow	Proper cold			OUT N/A	-	
	use				\rightarrow			disposition	(N) OUT N/A N	-	
	No discharge from eyes, nose and mouth	(N) OUT	N/O		24	Time as a P			IN OUT (N/A) N	/0	
	Preventing Contamination b			_				Consumer Advisor	У		
4	Hands clean & properly washed No bare hand contact with ready-to-eat food	(N) OUT N/A	N/O		25	Consumer a raw/underco	dvisory prov oked food	ided for	IN OUT (N/A)		
ł		UN) OUT NA	N/0	+				Susceptible Popu	lations		
	Adequate handwashing sinks, properly supplied and accessible	TUO (M)			26	Pasteurized not offered	foods used,	prohibited foods	IN OUT (N/A)		
	Approved Source				_		ood/Color /	Additives and Toxic	Substances		-
	Food obtained from approved source	TUO (M)			7 1			d & properly used	IN OUT (N/A)		
	Food received at proper temperature	N OUT N/A	. N/O		-			y identified, stored		+	-
	Food received in good condition, safe & unadulterated	IN OUT			8	k used		ce with Approved	(N) OUT N/A		
	Required records available: shellstock tags,	IN OUT (N/A) N/O	1 -	ماد			e/specialized		-	
	parasite destruction			2	P	rocess/HAC	CP plan		IN OUT (N/A)		
t	cial Order for Correction: Based on an inspine 2013 FDA Food Code. This report, when are to correct violations cited in this report blishment operations. If you are subject to a	signed belov may result	w by a B in susp	oard of ension	f He	ealth memb	er or its age	ent constitutes an or	der of the Board	of	Hea

Date: 05/28/2019

Signature of Inspector: Samantha Hardy

MDPH report form - 10/5/18 version

Esta	ablishment: Buffalo Wild Wings					Date: 05/28/2019	Page 2 of	3	
						ACHUSETTS - ONLY SECTIONS			
Ar	n "X" in box indicates numbered item is not in compliance. An	"X" in a			box t	for COS = corrected on site during the inspection and/or	R = repeat v	riolatio	or
	Compliance Status	OUT	cos	R		Compliance Status	OUT	COS	3
	Safe Food and Water					Utensils, Equipment and Vending			
30	Pasteurized eggs used where required				48	Warewashing facilities: Installed, maintained & uss test strips	ed;		
31	Water & ice from approved source				49	Non-food contact surfaces clean			T
32	Variance obtained for specialized processing methods					Physical Facilities			
	Food Temperature Control				50	Hot & cold water available; adequate pressure			T
33	Proper cooling methods used; adequate equipment				51	Plumblng installed; proper backflow devices			Ī
	for temperature control		-	_	52	Sewage & waste water properly disposed			I
34	Plant food properly cooked for hot holding				53	Tollet facilities: properly constructed, supplied & cleaned			T
35	Approved thawing methods used			_	54	Garbage & refuse properly disposed; facilities		\vdash	†
36	Thermometers provided & accurate			-		maintained		-	4
Food Identification					55	Physical facilities installed, maintained & clean		_	4
37	Food properly labeled; original container				56	Adequate ventilation & lightling; designated areas used			
	Prevention of Food Contamination					Additional Requirements listed in 105 CMF	590.011	-	-1-
38	Insects, rodents & animals not present				М1	Anti-choking procedure in food service establishments			I
39	Contamination prevented during food preparation, storage and display				M2	Food allergy awareness			1
40	Personal cleanliness				_	Review of Retail Operations listed in 105	590.010		_
41	Wiping cloths: properly used & stored			-		Caterer			1
_					M4	Mobile Food Operation			
42	Washing fruits & vegetables			[M5	Temporary Food Establishment			
	Proper Use of Utensils			1	M6	Public Market; Farmers Market			T
43	In-use utensils properly stored			1	М7	Residential Kitchen; Bed-and-Breakfast Operation			T
44	Utensils, equipment & linens: properly stored, dried & handled			-		Residential Kitchen: Cottage Food Operation			Į
-	Single-use/single-service articles: properly stored &		-	_		School Kitchen; USDA Nutrition Program	_	-	+
	used				_	Leased Commercial Kitchen Innovative Operation	_	-	+
16	Givoes used properly				VIII	Local Requirements		1	1
	Utensils, Equipment and Vending				L1	CFPM open to close	_	1	Т
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used			-	-	Grease Trap Regulations	X	X	t

Signature of Person-in-Charge: Brad Hodgson	Thomas	Date: 05/28/2019
Signature of Inspector: Samantha Hardy	247	Date: 05/28/2019
MDPH report form - 10/5/18 version		

Signature of Inspector: Samantha Hardy

Establish	nment: Buffalo Wild	Wings		Date: 0	5/28/2019 P	Page 3 of 3	
			TEMPERATURE OBSERVA	ATIONS			
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	
C	orn/Cold-Hold Unit	41°F	Beef/Cold-Hold Unit	38°F	Chicken/Cold-Hold Unit	38°F	
cut t	omato/Cold-Hold Uni	1 38°F	Chicken/Walk-In Cooler	41°F			
Item Number	Section of Code		Descrip	tion of Violatio	n		
	4-601.11	ICOS	in holder, clean and sanitize knives	and holder. Ret	rain staff to store only clean kn	ves in holder.	
L2	Burlington Board of Health Regulations	No grease log on site	e, provide updated log. COS				
Discussi	ion with Person-In	-Charge:					
	of Person-in-Char		7102		Date: 0		

Date: 05/28/2019

61 Center Street, Burlington, MA 01803 Ph: 781-270-1955 • Fax: 781-273-7687

N	ame: Buffalo Wild Wings					Date	07	/24/2019	Type of Oper	and the state of t			Inspectio	n:		
	ddress: 15 South Ave., BURLINGTON, MA	01803			F	Risk	Le	vel 2	Retail Food	⊠ Food Service Establishment □ Retail Food Store □ Residential: Cottage Foods		☐ Routine ☐ Re-inspection ☐ Pre-operational				
T	elephone: (781) 365-1907							3	Residential: Bed & Breakfast		st 🛛	☑ Illness Investigation				
O	wner: Pat Lennox				F				☐ Mobile/Pushcart ☐ Temporary Food Estab.			☐ General Complaint☐ HACCP				
P	erson-in-Charge: Denis Skorik				11.	Time In: 2:00 PM			Other	, ood Estab.		Othe				
ln	spector: Marlene Johnson				-	Out:		3:15 PM								
F	umber of Violated Provisions Related to podborne Illnesses Risk Factors and terventions (Items 1 though 29):	3		Foodb	orne	Illne	88	: Violations I es Risk Faci is 1 though :	tors and	0	Date o 08/01/2	f Re - 2019	-Inspectio	on:		
	FOODBORNE ILL											7-8		5 18		
_	IN = in compliance OUT = out of compliance						ot a	pplicable C	OS = corrected	on-site during ins			repeat viola			
	Compliance Status	IN	OUT N	/A N/O	cos	R			Compliance S	tatus	IV.	ou.	T N/A N/O	COS		
	Supervision	F . 11			1.0	130		731.54	Protect	tion from Cont	aminati	on	evile"			
1	Person-in-charge present, demonstrates knowledge and performs duties		TUC			I ŀ	-		rated and prote	ected eaned & sanitize		OUT	N/A N/O			
2	Certified Food Protection Manager	(N)	OUT N/	A		-	10			rned, previously		-				
	Employee Health	1 42 1			988		17	served, rec	conditioned & u	nsafe food	(N	OUT				
3	Management, food employee and		D.I.T.						Time/Tem	perature Contr	ol for S	afety	girt i se ki	7 3		
3	conditional employee; knowledge, responsibilities and reporting	(M)	DUT				18	Proper coo	king time & ten	nperatures	(N	OUT	N/A N/O			
4	Proper use of restriction and exclusion	(R)	DUT				19 Proper reheating procedures for hot holding				ing IN	OUT	(N/A) N/O			
5	Procedures for responding to vomiting and	IN ((تالت				20	Proper coo	ling time and to	emperature	IN	OUT	N/A N/O			
_	diarrheal events		<u> </u>				-		holding temper		(N	OUT	N/A N/O			
	Good Hygienic Practi	ces		20.5			22	Proper cold	holding tempe	erature	(N	OUT	N/A N/O			
6	Proper eating, tasting, drinking or tobacco use		DUT	N/O		H	-		marking and				N/A) N/O			
7	No discharge from eyes, nose and mouth	(N)	TUC	N/O			24	rime as a r	Public Health C		-	OUT	N/A N/O			
	Preventing Contamination	by Ha	nds				_	O		onsumer Advis	sory					
8	Hands clean & properly washed		TUC	N/O		2	25	raw/underc	advisory provid ooked food	led for	IN	OUT	(N/A)	- 1		
9	No bare hand contact with ready-to-eat food		OUT N/	A N/O			10	J 3 PK-3	Highly S	Susceptible Po	pulatio	ns	10 10	- 1		
0	Adequate handwashing sinks, properly supplied and accessible	IN (DUT		х	2	26	Pasteurized offered	foods used, p	rohibited foods	not IN	ОИТ	N/A			
	Approved Source		204	4- 4			×		Food/Color Ac	ditives and To	xlc Sul	bstan	ces			
1	Food obtained from approved source	(B)	TUC			2	27	Food additiv	ves: approved	& properly used	d IN	OUT	(N/A)			
-	Food received at proper temperature	IN C	UT N/A	(N/O)				Toxic subst	ances properly	identified, store	ed (N)	OUT	N/A			
3	Food received in good condition, safe & unadulterated	(N) c	TU	- 1		-	_1	G 0000	Conformance	e with Approve	ed Proc	edur	es			
4	Required records available: shellstock tags, parasite destruction	ìN O	UT (N/A	D N/O		2	9	Compliance	with variance/	/specialized	IN	OUT	N/A			
t ail sta	icial Order for Correction: Based on an insignee 2013 FDA Food Code. This report, where ure to correct violations cited in this reportablishment operations. If you are subject to ring before the board of health in accordance	n signe rt may a noti with	ed belo y resul ce of s 105 CN	w by a t in su uspens IR 590.	Boa spen sion, 015(ird of ision revo B).	ed f I- o ca	"OUT" indic lealth memi	cated violations ber or its ager of the food	it constitutes ar establishment	order permit	of the	Board of cessation	Healtl of foo		
iç	nature of Person-in-Charge: Denis Skorik		e g	بسريها د							Da	ite: 0	7/24/2019			
	matare of mopoutor, marieno combon	arle.	a g	lodina	٠						Da	ate: 0	7/24/2019			
ıΡ	H report form - 10/5/18 version															

	ablishment: Buffalo Wild Wings	ICEC	A BITS =	1400		ge 2 of	
Aı	m "X" in box indicates numbered item is not in compliance. Ar				ACHUSETTS - ONLY SECTIONS for COS = corrected on site during the inspection and/or R =	repeat	violatio
	Compliance Status	OUT	cos F		Compliance Status	ОИТ	cos
	Safe Food and Water	Viole:	-01-	П	Utensils, Equipment and Vending		1000
30	Pasteurized eggs used where required			48	Warewashing facilities: installed, maintained & used; test strips	X	
31	Water & ice from approved source			49	Non-food contact surfaces clean		-
32	Variance obtained for specialized processing methods				Physical Facilities	5	
	Food Temperature Control		Щ.	50	Hot & cold water available; adequate pressure		
	Proper cooling methods used; adequate equipment			- 51	Plumbing installed; proper backflow devices		
33	for temperature control			52	Sewage & waste water properly disposed		
34	Plant food properly cooked for hot holding			53	Toilet facilities: properly constructed, supplied & cleaned		
35	Approved thawing methods used			54	Garbage & refuse properly disposed; facilities		
36	Thermometers provided & accurate			-	maintained		1
	Food Identification	estil.	100	55	Physical facilities installed, maintained & clean	Х	1_
37	Food properly labeled; original container			56	Adequate ventilation & lightling; designated areas used	X	
0 1	Prevention of Food Contamination	ileu		21/3	Additional Requirements listed in 105 CMR 5	90.011	-
38	Insects, rodents & animals not present			M1	Anti-choking procedure in food service establishments		
39	Contamination prevented during food preparation, storage and display			M2	Food allergy awareness		
40	Personal cleanliness				Review of Retail Operations listed in 105 590	0.010	
41	Wiping cloths: properly used & stored		-	МЗ	Caterer		
42	Washing fruits & vegetables		\vdash	M4	Mobile Food Operation		
42				M5	Temporary Food Establishment		
40	Proper Use of Utensils			M6	Public Market; Farmers Market		
43	In-use utensils properly stored			M7	Residential Kitchen; Bed-and-Breakfast Operation		
44	Utensils, equipment & linens: properly stored, dried & handled			M8	Residential Kitchen: Cottage Food Operation		
	Single-use/single-service articles: properly stored &			M9	School Kitchen; USDA Nutrition Program		
45	used				Leased Commercial Kitchen		
46	Givoes used properly			M11	Innovative Operation	(=====	
	Utensils, Equipment and Vending	-V + []	31.		Local Requirements		
	Food & non-food contact surfaces cleanable, properly			L1	CFPM open to close		
!	designed, constructed & used			L2	Grease Trap Regulations		
ign	ature of Person-In-Charge: Denis Skorik	<u> </u>			Date: 07	/24/2019	3
ign	ature of Person-In-Charge: Denis Skonk Translate: ature of Inspector: Marlene Johnson	John	am	_	Date: 07	24/2019)
PHr	eport form - 10/5/18 version						

Establishment: Buffalo Wild Wings

Date: 07/24/2019

Page 3 of 3

TEMPERATURE OBSERVATIONS

Item/Location
Temp
Item/Location
Temp
Chili/Hot-Hold Unit
171F°F
Chicken/Hot-Hold Unit
174F°F

Item Number	er Section of Code Description of Violation						
5	2-501.11	No vornit & diarrhea clean up procedure found and vornit & diarrhea clean up kit is not fully stocked, provide written procedures and stock clean up kit.					
10	6-301.12	No paper towels at hand wash sink located across from walk-in ref. unit, provide at all times. COS					
16	4-703.11	PIC said high temp. mechanical dishwasher hasn't been working properly for a week, digital readout shows P3, my thermometer showed final rinse below 160F (test 3 times), repair dishwasher and in meantime hand sanitize using ware wash sink located next to dish washer until unit is fix or replaced.					
48	4-302.13(B)	No irreversible temperature indicator (i.e. waterproof, max read thermometer or test strips) as required per new food code, provide. Hot water rinse must be 160F minimum so if using strips ensure you purchase the 160F strips.					
55	6-501.12	Heavy soil build up under cooking equipment in kitchen, lime/hard water build up at dishwashing area and soils at hand wash sinks throughout, clean thorough daily to remove soil build up.					
56	6-202.11	3 light fixtures found in kitchen without shields, provide.					

Discussion with Person-in-Charge: Suspect illness; 3 people ate chicken wings with spicy garlic sauce and honey bourbon sauce on Sunday, 7/21/19 ~ 6:30 PM. All experienced abdominal cramps, nausea and loose stools on 7/22/19 ~ 2 AM - 3 AM. Upon investigation focused on possible cross contamination with raw chicken wings and ready to eat wings. (Wings are cooked using a timer so no issue with possible undercooked wings.) Procedures in place to ensure no cross contamination (1 person handles walk-in door where raw wings are stored) however the date of incident PIC said they were unusually busy so there is no way of knowing if procedures may have been lax that day due to increased business the staff was not prepared for. Other violations were found and cited. Information provided at the Burlington Board of Health food code training need to be reviewed and shared with all managers as most of the violations are specific to those food code changes.

Signature of Person-in-Charge: Denis Skorik

Date: 07/24/2019

Signature of Inspector: Mariene Johnson

Date: 07/24/2019



61 Center Street
Burlington, MA 01803
Tel: 781-270-1955 Fax: 781-273-7687



Board of Health Investigation Form

Type of Investigation:	Suspec	t III	<u>ness</u>	Date:	7/23/2	019	
Location of Incident:	Buffalo	W	ild Wings		Taken	by: §	Sarah Courtemanche
Description of Incident:	Suspect	foo	odborne illne	ss on 07	7/21/19.		
Information Received From:		<u>Co</u>	mplainant				
Logged in Database: X Ye	s		No				
To be Completed by Inspecto	<u>or</u>						
Initial Inspection Completed:		\boxtimes	Yes	□ No		Date	: 7/24/2019
Order Letter Sent:		\boxtimes	Yes	□No		Date	: 7/24/2019
Re-Inspection:		\boxtimes	Yes	□ No		Date	: 8/1/2019
Inspector Name:	Marlene	e Jo	ohnson				
Inspector Notes: <u>Investi</u>	gation co	onc	lucted, see a	attached	inspec	etion 1	report.
Compliance/Completion Date	e: ,	8/1	/2019				
Outcome Logged in Database);	\boxtimes	Yes	□ No			

61 Center Street, Burlington, MA 01803 Ph: 781-270-1955 • Fax: 781-273-7687

Relations (781) 385-1907 Rotal Food Store Related Food Food Food Food Food Food Food Fo	_			Date	Vo	/01/2019	Type of Operation(s):	Type of Inspection:				
Mobile/Pushcart Temporary Food Estab. General Complaint Temporary Food Estab. General Conglaint Te	Address: 15 South Ave., BURLINGTON, MA C Telephone: (781) 365-1907	1803		Risk	Le		Residential: Cottage Foods	Pre-operational				
Time In: 10.35 AM Out: 11.00 AM Out: 1	Owner: Pat Lennox			HAC	ACCP N		☐ Mobile/Pushcart	☐ General Complaint				
Spector: Marlene Johnson Out: 11:00 AM Number of Repeat Violations Related to Foodborne Illnesses Risk Factors and Incerentions (Items 1 though 29): FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat Violation. Compliance Status N/O out N/A N/O COS R Compliance Status N/O out N/A N/O COS R Corrected on-site during inspection R = repeat Violation. Person-in-charge present, demonstrates knowledge and performs duties Certified Food Protection Manager N/O = not	Person-in-Charge: Brad Hodgson	- Video -	-	Time	_							
Proper dependence lilnesses Risk Factors and erventions (Items 1 though 29): No In compliance OUT = out of compli	Inspector: Marlene Johnson											
No	Number of Violated Provisions Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 though 29):	0	Foodbor	ne lilne:	SSE	es Risk Fac	tors and 0	te of Re-Inspection:				
Compliance Status N OUT N/A N/O COS R Compliance Status N OUT N/A N/O COS R Compliance Status N OUT N/A N/O COS R Protection from Contamination. Person-in-charge present, demonstrates N OUT N/A N/O COS R Protection from Contamination. Person-in-charge present, demonstrates N OUT N/A N/O COS R Protection from Contamination. Person-in-charge present, demonstrates N OUT N/A N/O COS R Protection from Contamination. Person-in-charge present, demonstrates N OUT N/A N/O COS R Protection from Contamination. Person-in-charge present, demonstrates N OUT N/A N/O COS R Protection from Contamination. Person-in-charge present, demonstrates N OUT N/A N/O COS R Protection from Contamination. Person-in-charge present, demonstrates N OUT N/A N/O COS R Protection from Contamination. Person-in-charge present, demonstrates N OUT N/A N/O COS R Protection from Contamination. Person-in-charge present, demonstrates N OUT N/A N/O COS R Protection from Contamination. Person-in-charge present, demonstrates N OUT N/A N/O COS R Protection from Contamination. Person-in-charge present, demonstrates N OUT N/A N/O COS Protecoding disposition of returned, previously gerved, reconditioned & unsafe food N OUT N/A N/O Protection from Contamination. Person-in-charge present demonstrates N OUT N/A N/O Protection from Contamination. Person-in-charge present demonstrates N OUT N/A N/O Protection from Contamination. Person-in-charge present demonstrates N OUT N/A N/O Protection from Contamination. Person-in-charge present demonstrates N OUT N/A N/O Protection from Contamination. Person-in-charge present demonstrates N OUT N/A N/O Protection from Contamination. Person-in-charge present demonstrates N OUT N/A N/O Protection from Contamination. Person-in-char	FOODBORNE ILL	NESS RI	SK FACT	ORS	A١	ND PUBLI	C HEALTH INTERVENTION	vs.				
Supervision Protection from Contamination					ot a	pplicable C						
Person-in-charge present, demonstrates knowledge and performs duties Certified Food Protection Manager Employee Health Management, food employee and conditional employees, knowledge, responsibilities and reporting Proper use of restriction and exclusion Proper use of responding to vomiting and diarrheal events Good Hygienic Practices Proper eating, tasting, drinking or tobacco use No discharge from eyes, nose and mouth No OUT No Preventing Contamination by Hands No OUT No No OUT No No OUT No No OUT No Preventing Contamination by Hands Adequate handwashing sinks, properly supplied and accessible Approved Source No OUT No No No No No No No No No N		IN OUT	N/A N/O C	OS R								
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Management, food employee and conditional reporting with a proper use of restriction and exclusion in Out i	Certified Food Protection Manager	IN OUT	N/A		10							
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Food received at proper temperature IN OUT N/A N/O 28 Toxic substances properly identified, stored & IN OUT N/A used IN OUT N/A Conformance with Approved Procedures	Approved Source		nik, si			itts F	ood/Color Additives and Toxic	Substances				
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unadulterated Conformance with Approved Procedures	Food received at proper temperature	IN OUT I	N/A N/O	2			ances properly identified, stored &	IN OUT N/A				
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Required records available: shellstock tags, parasite destruction N OUT N/A N/O 29 Compliance with variance/specialized process/HACCP plan N OUT N/A N	Required records available: shellstock tags, parasite destruction	IN OUT I	N/A N/O	2	9	Compliance	with variance/specialized					
	Approved Source 1 Food obtained from approved source 2 Food received at proper temperature	IN OUT	N/A N/O		27 1	offered Food additive Toxic substa	foods used, prohibited foods not cod/Color Additives and Toxic res: approved & properly used ances properly identified, stored &	IN Sul IN IN				
	the 2013 FDA Food Code. This report, when illure to correct violations cited in this report tablishment operations. If you are subject to a	signed bel may resu notice of	low by a B ult in susp suspension	loard of ension n, revoc	f H or	ealth memb revocation	er or its agent constitutes an or of the food establishment per	der of the Board of Heamit and cessation of f				
cial Order for Correction: Based on an inspection today, the Items marked "OUT" indicated violations of 105 CMR 590.000 and applicable section is 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health member or its agent constitutes an order of the Board of Health member or its agent constitutes an order of the Board of Health member or its agent constitutes an order of the Board of Health member or its agent constitutes an order of the Board of the food establishment permit and cessation of food blishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request ing before the board of health in accordance with 105 CMR 590.015(B).		2		~				Date: 08/01/2019				
e 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health report report in this report may result in suspension or revocation of the food establishment permit and cessation of foolishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request ing before the board of health in accordance with 105 CMR 590.015(B).	gnature of Person-in-Charge: Brad Hodgson	05050 10 12			_		111111111111111111111111111111111111111					

∟st	ablishment: Buffalo Wild Wings					age 2 of	3	
					ACHUSETTS - ONLY SECTIONS		(Six 47)	
Ai	n "X" in box indicates numbered item is not in compliance. Ar							
	Compliance Status	OUT	COS R		Compliance Status	OUT	COS	S
	Safe Food and Water			1	Utensils, Equipment and Vending	I STATE		-
30	Pasteurized eggs used where required			48	Warewashing facilities: installed, maintained & used test strips			
31	Water & ice from approved source			49	Non-food contact surfaces clean			T
32	Variance obtained for specialized processing methods				Physical Facilities	watyr.	15	
-	Food Temperature Control		- P.S.	50	Hot & cold water available; adequate pressure			
	Proper cooling methods used; adequate equipment			51	Plumbing installed; proper backflow devices			
33	for temperature control			52	Sewage & waste water properly disposed			
34	Plant food properly cooked for hot holding			53	Toilet facilities: properly constructed, supplied & cleaned			ŀ
35	Approved thawing methods used			54	Garbage & refuse properly disposed; facilities			1
36	Thermometers provided & accurate	methods used; adequate equipment a control perly cooked for hot holding wing methods used provided & accurate Food Identification labeled; original container Prevention of Food Contamination as & animals not present prevented during food preparation, splay liness properly used & stored & vegetables Proper Use of Utensils			maintained	-	<u> </u>	1
	Food Identification			55	Physical facilities installed, maintained & clean			1
37	Food properly labeled; original container			56	Adequate ventilation & lightling; designated areas used		1	
	Prevention of Food Contamination	Food Identification ed; original container Intion of Food Contamination Inimals not present Ented during food preparation,			Additional Requirements listed in 105 CMR	590.011	433	1
38	Insects, rodents & animals not present			M1	Anti-choking procedure in food service establishments	1	Г	T
39	Contamination prevented during food preparation,			M2	Food allergy awareness		-	t
40	Insects, rodents & animals not present			5/1/3	Review of Retail Operations listed in 105 5	0.010	-	-
				МЗ	Caterer	T		T
41				M4	Mobile Food Operation			t
42	Washing fruits & vegetables			M5	Temporary Food Establishment	1		†
			100	М6	Public Market; Farmers Market			+
43	In-use utensils properly stored			M7	Residential Kitchen; Bed-and-Breakfast Operation		-	t
44	Utensils, equipment & linens: properly stored, dried & handled			M8	Residential Kitchen: Cottage Food Operation			t
	Single-use/single-service articles: properly stored &	-		М9	School Kitchen; USDA Nutrition Program			
45	used			M10	Leased Commercial Kitchen			T
46	Glvoes used properly			M11	Innovative Operation			I
	Utensils, Equipment and Vending	195	1 226		Local Requirements	5.60	uni:	
47	Food & non-food contact surfaces cleanable, properly			L1	CFPM open to close			1
	designed, constructed & used			L2	Grease Trap Regulations			

Date: 08/01/2019

Signature of Inspector: Marlene Johnson MDPH report form - 10/5/18 version

Establish	nment: Buffalo Wild Wil	ngs		Date: 08/0	01/2019	Page 3 of 3
E A HAR		Missie, di Ser	EMPERATURE OBSER	RVATIONS		10000000000000000000000000000000000000
	Item/Location	Temp	Item/Location	Temp	Item/Location	Тетр
Item Number	Section of Code		Desc	ription of Violation		
 Discussi	ion with Person-in-Ch	narge: All violations con	rected.			
		. 0	^ _			
Signature	e of Person-in-Charge: I	Brad Hodgson	<u>~~</u>		Da	te: 08/01/2019

FOOD SAFETY



FOOD HANDLERS MUST ALWAYS WEAR GLOVES.

THERE ARE TWO TYPES OF VINYL GLOVES. WHITE @LOVES AND VELLOW

YELLOW GLOVES ARE <u>ONLY USED</u> WHEN HANDLING RAW CHICKEN AND ARE AN IMPORTANT PART OF PREVENTING CROSS-CONTAMINATION. GLOVE RECEPTACLES OUTSIDE OF THE WING COOLER MUST ALWAYS BE STOCKED WITH YELLOW VINYL GLOVES.

WING DROPPER







RETREIVES WING DROP FROM COOLER



DROP WINGS RETURN TO IN FRY BASKET WING COOLER



RETURN TRANSFER BUCKET AND COVER WINGS

REMOVE GLOVES AND WASH HANDS

THE BUDDY



BUDDY DROPS FRY BASKET INTO FRYER BUDDY OPENS WING COOLER DOOR

BUDDY SYSTEM

WING DROPPER

- 1. Washes hands
- Takes the yellow vinyl gloves inside the cooler and puts them on inside; this helps avoid contamination to the gloves from contact with the door handle
- 3. Scoops pre-drained wings into the transfer pan
- Backs out of the cooler avoid gloved hand contact with the doors and handles to prevent cross-contamination
- 5. Places the wings into fryer basket: 2/3 full
- Staggers wings in every other basket depending on the amount of wings needed. This ensures dropped wing baskets do not impact the same shortening vat Asks Buddy to drop wings
- Asks Buddy to open door to get back into the wing cooler
- 8. Cover wings, place scoop inside transfer pan and set on top of wing cover
- Takes off gloves and discards them in the yellow trash can inside the wing cooler
- 10. Exits, washes hands and replaces white vinyl gloves to continue working in the station

THE BUDDY

- Lowers the wings into the fryer and sets the timers. This prevents the potential for cross-contamination of raw chicken blood/product to various equipment
- 2. Opens the wing cooler from the outside to let the "Wing Dropper" back in the wing cooler

FOOD SAFETY

Wing drops have the most potential for food safety Issues in the Chip/Shake station. Raw poultry must be handled carefully and follow strict procedures. By following the Standard Operating Procedures around wing drops and the handling of raw poultry, we can prevent our Guests and Team Members from coming in contact with potentially contaminated chicken.



61 Center Street Burlington, MA 01803 Tel: 781-270-1955 Fax: 781-273-7687



Board of Health Investigation Form

Type of Investigation:	Food Establish	ment	Date: 8/3	0/2019	
Location of Incident:	Buffalo Wild	Wings	Taken by:	Cathy Piccolo	
Description of Incident: to a manager/employee. "Wh and the dining side to the right booth on the right side, I was one, and the mouse was com booths are numbered, I belief	en you walk in nt. We were in seated in the l ing from the b	to the restaura the dining side pooth against t poth right on th	nt, there is on the righ ne window ne other sid	t. There is a co adjacent to the e of the corner	the left, rner corner booth. All
Information Received From:	Compl	ainant			
Logged in Database: Yes	□ No				
To be Completed by Inspector	<u>e</u>			:80	
Initial Inspection Completed:	⊠ Yes	□ No	Dat	e: 9/4/2019	
Order Letter Sent:	□ Yes	⊠ No	Dat	e: n/a	
Re-Inspection:	☐ Yes	⊠ No	Dat	e: n/a	
Inspector Name:	Marlene Johns	<u>on</u>			
Inspector Notes: <u>Investig</u>	ation conducte	d, see attached	report.		
Compliance/Completion Date	9/4/201	9			
Outcome Logged in Database	⊠ Yes	□ No			

61 Center Street, Burlington, MA 01803 Ph: 781-270-1955 • Fax: 781-273-7687

Name: Buffalo Wild Wings			Date	09	9/04/2019	Type of Ope	ration(s):	Type of Inspection	
Address: 15 South Ave., BURLINGTON, MA C	1803		Risk	L	evel	Food Sen	vice Establishme	nt Routine Re-inspection	
Telephone: (781) 365-1907					2	Residentia	al: Cottage Food al: Bed & Breakfa	s Pre-operational	ion
Owner: Pat Lennox			HAC	CF	N	☐ Mobile/Pu ☐ Temporar	shcart	☐ General Complain ☐ HACCP	
Person-in-Charge: Jason Lane			Time	,		☐ Other	y 1 000 LStab.	Other	
Inspector: Marlene Johnson			In: Out:		10:00 AM 10:30 AM			1	
Number of Violated Provisions Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 though 29):	0	Foodbor	ne Iline	ess	t Violations es Risk Fac ns 1 though	tors and	0	Date of Re-Inspection	n:
FOODBORNE ILLI	NESS R	ISK FACT	TORS	A	ND PUBL	C HEALTH	INTERVENT	IONS	
				ot a	applicable C	COS = corrected	on-site during in		
Compliance Status	IN OUT	N/A N/O C	OS R			Compliance S		IN OUT N/A N/O C	os
Supervision		The state	-	de			tion from Cont	The second secon	. 10
Person-in-charge present, demonstrates knowledge and performs duties	IN OUT					rated and prot		IN OUT N/A N/O	4
2 Certified Food Protection Manager	IN OUT	N/A		16			eaned & sanitiz		_
Employee Health		OUT TO	1	17	served, rec	condition of retu conditioned & u	rned, previously Insafe food	/ IN OUT	
Management, food employee and conditional employee; knowledge, responsibilities and				3		Tlme/Tem	perature Conti	rol for Safety	D. 11
3 employee; knowledge, responsibilities and reporting	IN OUT			18	Proper coo	king time & ter	mperatures	IN OUT N/A N/O	
Proper use of restriction and exclusion	IN OUT			19	Proper rehi	eating procedu	ires for hot hold	ing IN OUT N/A N/O	
Procedures for responding to vomiting and	IN OUT		1 +			ling time and t		IN OUT N/A N/O	
diarrheal events				-		holding tempe		IN OUT N/A N/O	
Good Hygienic Practic	es		1	_		holding temp		IN OUT N/A N/O	
Proper eating, tasting, drinking or tobacco use	IN OUT	N/O	1 6	-		marking and		IN OUT N/A N/O	
No discharge from eyes, nose and mouth	IN OUT	N/O		24	Time as a f	Public Health (IN OUT N/A N/O	
Preventing Contamination by	y Hands	10					onsumer Advis	sory	
Hands clean & properly washed	IN OUT	N/O		25	Consumer : raw/underc	advisory provid ooked food	ded for	IN OUT N/A	1
No bare hand contact with ready-to-eat food	IN OUT	N/A N/O			100	Highly	Susceptible Po	pulations	
Adequate handwashing sinks, properly supplied and accessible	IN OUT			26	Pasteurized offered		prohibited foods		T
Approved Source	A. L	8 7 7 4				Food/Color A	dditives and To	oxic Substances	
Food obtained from approved source	IN OUT		2	27	Food additiv	ves: approved	& properly used	d IN OUT N/A	T
Prood received at proper temperature	IN OUT	N/A N/O	2	28		ances properly	identified, store	ed & IN OUT N/A	
Food received in good condition, safe & unadulterated	IN OUT			1	used	Conformanc	e with Annrow	ed Procedures	
Required records available: shellstock tags,	IN OUT		11		Compliance	with variance		-T	T
parasite destruction	IN OUT			29	process/HA	CCP plan		IN OUT N/A	
ficial Order for Correction: Based on an inspet the 2013 FDA Food Code. This report, when illure to correct violations cited in this report tablishment operations. If you are subject to a aring before the board of health in accordance v	signed be may res notice of	elow by a B sult in susp suspension	loard o ension n. revo	f F	lealth memb	per or its ager	nt constitutes ar	n order of the Board of H	lealt
ignature of Person-in-Charge: Jason Lane	64- S	20 Dodina						Date: 09/04/2019	
/la	А	0.1							

Est	ablishment: Buffalo Wild Wings					The second secon	age 2 of	3	
						ACHUSETTS - ONLY SECTIONS	124	17 A	
A	n "X" in box indicates numbered item is not in compliance. An	-	-		рох	The state of the s			-
_	Compliance Status	OUT	cos	R		Compliance Status	OUT	COS	L
-	Safe Food and Water		-	33	-	Utensils, Equipment and Vending	The right	1000	_
30	Pasteurized eggs used where required		-		48	Warewashing facilities: installed, maintained & used test strips	;		
31	Water & ice from approved source				49	Non-food contact surfaces clean			Γ
32	Variance obtained for specialized processing methods				A	Physical Facilities		14	1
_	Food Temperature Control	-			50	Hot & cold water available; adequate pressure			
-	Proper cooling methods used; adequate equipment		T		51	Plumbing installed; proper backflow devices			Г
33	for temperature control				52	Sewage & waste water properly disposed			
34	Plant food properly cooked for hot holding				53	Toilet facilities: properly constructed, supplied & cleaned			
35	Approved thawing methods used				54	Garbage & refuse properly disposed; facilities		1	T
36	Thermometers provided & accurate					maintained		-	H
	Food Identification	211	a. T	7.	55	Physical facilities installed, maintained & clean	4	-	-
37	Food properly labeled; original container				56	Adequate ventilation & lightling; designated areas used			
	Prevention of Food Contamination	- 37.8				Additional Requirements listed in 105 CMR	590.011	Tarbins.	
38	Insects, rodents & animals not present				M1	Anti-choking procedure in food service establishments			
39	Contamination prevented during food preparation, storage and display				M2	Food allergy awareness			-
40	Personal cleanliness			-	1	Review of Retail Operations listed in 105 5	90.010	1	_
_		-	-	-	МЗ	Caterer	T	T	Г
41	Wiping cloths: properly used & stored		1		M4	Mobile Food Operation			T
42	Washing fruits & vegetables				M5	Temporary Food Establishment			
	Proper Use of Utensils				M6	Public Market; Farmers Market			T
43	In-use utensils properly stored				M7	Residential Kitchen, Bed-and-Breakfast Operation			-
44	Utensils, equipment & linens: properly stored, dried & handled				M8	Residential Kitchen: Cottage Food Operation			
_	Single-use/single-service articles: properly stored &		\vdash	-	М9	School Kitchen; USDA Nutrition Program	1.12		
45	used				M10	Leased Commercial Kitchen			
46	Givoes used properly				M11	Innovative Operation			
al *	Utensils, Equipment and Vending					Local Requirements	1,1		
47	Food & non-food contact surfaces cleanable, properly		П		L1	CFPM open to close			
71	designed, constructed & used				L2	Grease Trap Regulations			
	nature of Person-in-Charge: Jason Lane	Q.			_	Date: 0	9/04/201	9	
ıgı	nature of Person-in-Charge: Jason Lane	a .		_	_		9/04/201		

Date: 09/04/2019 Signature of Inspector: Marlene Johnson MDPH report form - 10/5/18 version

Establish	nment: Buffalo Wild W	/ings		Date: 09/04/2019						
TO X		11201 1 30	TEMPERATURE OBSER	VATIONS	William Strain and the	and a				
	Item/Location	Temp	Item/Location	Temp	Item/Location	Ten				
Item Number	Section of Code		Desc	ription of Violation						

Discussion with Person-in-Charge: On 8/30/19 a customer notified the health dept. that he saw a mouse on 8/29/19 at closing time in the dining room. It was not reported management. Upon investigation this day I reviewed complaint with the PIC. PIC received a customer complaint as well and pest control was contacted and provided service on 8/30/19 after close and follow up on 8/31/19 early morning, 2 mice were caught. I inspected the food preparation and food storage areas for evidence of mice infestation or contamination, none found. I reviewed the last 2 pest control service reports with the PIC. Regular pest control service is provided. I discussed with PIC that management needs to review pest control reports and act on all recommendations noted on the report.

Signature of Person-in-Charge: Jason Lane	Date: 09/04/2019
Signature of Inspector: Marlene Johnson	Date: 09/04/2019





61 Center Street
Burlington, MA 01803
Tel: 781-270-1955 Fax: 781-273-7687

Board of Health Investigation Form

Type of Investigation:	Food I	Esta	<u>blishment</u>		Date:	11/1/2	019
Location of Incident:	Buffal	o W	ild Wings		Taken	by: <u>C</u> ε	thy Piccolo
Description of Incident: informed at the time.	Receiv	ed :	undercooke	d wings	on 10/	31/19 ~	8pm, manager
Information Received From:		<u>Co</u>	mplainant				
Logged in Database: 🛛 Ye	S		No				
To be Completed by Inspecto	or .						
Initial Inspection Completed:		\boxtimes	Yes	□ No		Date:	11/5/2019
Order Letter Sent:			Yes	⊠ No		Date:	n/a
Re-Inspection:			Yes	⊠ No		Date:	n/a
nspector Name:	Marlen	ie Jo	<u>ohnson</u>				
nspector Notes: <u>Investi</u>	gation c	one	lucted, see	attached	report.		
Compliance/Completion Date	e:	11/	5/2019				
Outcome Logged in Database	· ·	\boxtimes	Ves	\square No			

61 Center Street, Burlington, MA 01803 Ph: 781-270-1955 • Fax: 781-273-7687

Tele Owr Pers	ress: 15 South Ave., BURLINGTON, MA 0 phone: (781) 365-1907 er: Pat Lennox on-In-Charge: Denis Skorik ector: Marlene Johnson	1803		Risk L	Le		IVI Food Ser	vice Establishme	nt I	☐ Routine	
Owr Pers	er: Pat Lennox on-In-Charge: Denis Skorik					vel				_	
Pers	on-In-Charge: Denis Skorik					2		al: Coltage Foods	s	Re-inspection Pre-operational	
Insp				HACC	CP.	N	☐ Mobile/Pi	al: Bed & Breakfa ushcart	- 1:	Illness Investigati ☑ General Complais	
Insp				Times	_		☐ Tempora	ry Food Estab.		☐ HACCP	
	natari Marlana lahanan			Time In:	2	2:00 PM	Other			Other	
	ector. Wallene Johnson			Out:	2	2:30 PM					
Food	per of Violated Provisions Related to borne Illnesses Risk Factors and ventions (Items 1 though 29):	0	Foodbor	ne Illnes	sse	Violations I es Risk Fact is 1 though :	tors and	0	Date	of Re-Inspection	n;
1 1	FOODBORNE ILL	NESS RIS	1					INTERVENT	IONS	3 Jan - Ja	X15
Ï	N = in compliance OUT = out of compliance	N/O = not o	bserved 1	VA = not	t a	pplicable C	OS = correcte	d on-site during in:	specti	on R = repeat violat	ion
	Compliance Status	IN OUT	N/A N/O C	OS R			Compliance	Status		IN OUT N/A N/O C	cos
al s	Supervision						Protec	ction from Cont	amin		0.00
	erson-in-charge present, demonstrates owledge and performs duties	IN OUT		1 1	-		rated and pro			IN OUT N/A N/O	I
2 C	ertified Food Protection Manager	IN OUT	N/A	111	-			cleaned & sanitiz		IN OUT N/A	
N. U	Employee Health	14 Ed .	hulle,	1	17	Proper disp served, rec	osition of reti onditioned &	urned, previously unsafe food	/	IN OUT	
	anagement, food employee and conditional	1			8	5- F27		nperature Conti	rol fo	r Safety	*
	nployee; knowledge, responsibilities and porting	IN OUT		1	18	Proper cool	king time & te	mperatures		IN OUT N/A N/O	Т
+	oper use of restriction and exclusion	IN OUT		1	19	Proper rehe	eating proced	ures for hot hold	ing	IN OUT N/A N/O	+
Pr	ocedures for responding to vomiting and			2	20	Proper cool	ling time and	temperature		IN OUT N/A N/O	7
	rrheal events	IN OUT		2	21	Proper hot	holding temp	erature		IN OUT N/A N/O	7
-	Good Hygienic Practic	es	Parts	2	22	Proper cold	holding temp	perature	87	IN OUT N/A N/O	\neg
Pr	oper eating, tasting, drinking or tobacco	IN OUT	N/O	1. 1	-		marking and			IN OUT N/A N/O	
No	discharge from eyes, nose and mouth	IN OUT	N/O	2	4	Time as a F	ublic Health	Control		IN OUT N/A N/O	
	Preventing Contamination by	y Hands	14.24					Consumer Advis	sory	2 11 /- 11 1/1	
-	nds clean & properly washed	IN OUT	N/O	2	5	Consumer a raw/underco	advisory prov ooked food	ided for		IN OUT N/A	
No	bare hand contact with ready-to-eat food	IN OUT I	N/A N/O				Highly	Susceptible Po	pula	tions	×d, i
o Ad	equate handwashing sinks, properly oplied and accessible	IN OUT		26	6	Pasteurized offered	foods used,	prohibited foods	not	IN OUT N/A	T
	Approved Source					F	ood/Color A	dditives and To	oxic S	Substances	11.49
1 Fo	od obtained from approved source	IN OUT		2	7			i & properly used		IN OUT N/A	T
2 Fo	od received at proper temperature	IN OUT N	I/A N/O	25	-			ly identified, store	0	IN OUT N/A	-
Fo	od received in good condition, safe &	IN OUT			1	used	Conforman	nn with Annual			J
Do	quired records available: shellstock tags,				T	Compliance	with variance	ce with Approve	ea Pr	ocedures	
	asite destruction	IN OUT N	I/A N/O	29		process/HA		erspecialized		IN OUT N/A	
ilure tabli	Order for Correction: Based on an inspect 2013 FDA Food Code. This report, when a to correct violations cited in this report shment operations. If you are subject to a before the board of health in accordance v	may resu	ow by a B IIt in susp suspension	oard of ension	H	lealth memb	per or its age	nt constitutes ar	n orde	er of the Board of H	Health

Marlene Antraon.

Date: 11/05/2019

Signature of Inspector: Marlene Johnson
MDPH report form - 10/5/18 version

Est	ablishment: Buffalo Wild Wings					e 2 of	3	-775-
					SACHUSETTS - ONLY SECTIONS	X V		Ï
Ai				1000	for COS = corrected on site during the inspection and/or R =			100
-	Compliance Status	OUT	cos	R	Compliance Status	OUT	cos	1
30	Safe Food and Water			1017	Utensils, Equipment and Vending	T	-	Т
30	Pasteurized eggs used where required			4	Warewashing facilities: installed, maintained & used; test strips			1
31	Water & ice from approved source			4	Non-food contact surfaces clean			t
32	Variance obtained for specialized processing methods				Physical Facilities			Ì
Ell	Food Temperature Control	0.00	1	- 5	Hot & cold water available; adequate pressure	, III , III III		T
	Proper cooling methods used; adequate equipment		1	5	Plumbing installed; proper backflow devices			T
33	for temperature control		1 1	5:	Sewage & waste water properly disposed			T
34	Plant food properly cooked for hot holding			5	Toilet facilities: properly constructed, supplied & cleaned			T
35	Approved thawing methods used			54	Garbage & refuse properly disposed; facilities			t
36	Thermometers provided & accurate			_	maintained		-	+
	Food Identification		11.8	5				1
37	Food properly labeled; original container			56	Adequate ventilation & lightling; designated areas used			
	Prevention of Food Contamination	dis.		y in	Additional Requirements listed in 105 CMR 59	0.011	288	70
38	Insects, rodents & animals not present			М	Anti-choking procedure in food service establishments			T
39	Contamination prevented during food preparation, storage and display			M		-	-	t
40	Personal cleanliness		+	- 12	Review of Retail Operations listed in 105 590	010		+
			\vdash	M			T	T
41	Wiping cloths: properly used & stored		\vdash	- М	Mobile Food Operation		1	t
42	Washing fruits & vegetables			М	Temporary Food Establishment			t
	Proper Use of Utensils			М	Public Market; Farmers Market			t
43	In-use utensils properly stored			М	Residential Kitchen; Bed-and-Breakfast Operation		1	t
44	Utensils, equipment & linens: properly stored, dried & handled			M				t
-	Single-use/single-service articles: properly stored &		-	M	School Kitchen; USDA Nutrition Program			T
45	used			M1	0 Leased Commercial Kitchen			Ī
46	Glvoes used properly			M1	1 Innovative Operation			
	Utensils, Equipment and Vending	2.2			Local Requirements	17	121	A
47	Food & non-food contact surfaces cleanable, properly		П	L'				Ĺ
	designed, constructed & used		السل	L2	Grease Trap Regulations			L

Date: 11/05/2019 Signature of Inspector: Marlene Johnson MDPH report form - 10/5/18 version

Establishment: Buffalo Wild Wings				Date: 11/0	5/2019	Page 3 of 3
			TEMPERATURE OBSER	RVATIONS		
Item/Location		Temp	Item/Location	Temp	Item/Location	Temp
Chicken/Fryer		210F°F	Chicken/Fryer	212F°F		
ltem Number	Section of Code	Description of Violation				

Discussion with Person-in-Charge: Customer said on 10/31/19 ~ 8:00 PM received an order of chicken wings that were undercooked. He spoke to the manager that evening. Upon investigation this day, I asked the PIC to explain and demonstrate the cooking procedure of the wings. Wings are placed into a fryer (preset at 350F) and a timer is used (12 minutes). Once the timer is done, wings sit in basket for 15 or so seconds then are placed in bowl and sauce is added. The final cook temperature of the wings was 210F-212F (in compliance)today. No violations found with the cooking procedures as long as they are followed consistently.

Signature of Person-in-Charge: Denis Skorik

بهج مسجوی

Date: 11/05/2019

Signature of Inspector: Marlene Johnson

Date: 11/05/2019