

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 REPORT

Name Buffalo Wild Wings	Date 05/21/2018	Type of Operation(s)	Type of Inspection
Address 15 South Ave., BURLINGTON, MA 01803	Risk Level 2	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: 11/21/2017 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Telephone (781) 365-1907	HACCP	Permit No.	
Owner Pat Lennox	Time		
Person In Charge (PIC) Brad Hodgson	In: 10:00 AM Out: 10:45 AM		
Inspector Samantha Hardy			

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

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

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

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

PROTECTION FROM CHEMICALS

0. Chemical-Test

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

- 11. Good Hygienic Practices
- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (PHFs)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

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

C	N	Violation	Code
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
	X	25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
	X	27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
	X	31. Grease Trap	BOH Regulation

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

0

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

DATE OF RE-INSPECTION: 06/05/2018

Inspector's Signature:	Print: Samantha Hardy	Page <u>1</u> of <u>2</u> Pages
PIC's Signature:	Print: Brad Hodgson	

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Establishment Name: Buffalo Wild Wings

Date: 05/21/2018

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Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
25	FC 4-602.13		Glass chillers at bar have broken glass at bottom, clean.	
27	FC 6-501.12		Floors and equipment under frialators heavily soiled with grease, clean.	
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 3/9/18, provide updated log sheet.	

Discussion With Person in Charge: Temperatures in compliance: raw chicken 39F, chicken breast 37F, beef patty 41F, salsa 38F. Handsinks in compliance. Employee restroom in compliance. Dishwasher: wash 156F, rinse 182F. Three bay test strips present. Bar three bay sanitizer 100ppm CL. Bar dishwasher 50ppm CL.	Corrective Action Required: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
	<input type="checkbox"/> Voluntary Compliance <input checked="" type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:

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FOOD ESTABLISHMENT INSPECTION REPORT

Name Buffalo Wild Wings	Date 06/11/2018	Type of Operation(s)	Type of Inspection
Address 15 South Ave., BURLINGTON, MA 01803	Risk Level 2	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Routine <input checked="" type="checkbox"/> Re-inspection Previous inspection Date: 05/21/2018 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Telephone (781) 365-1907	HACCP	Permit No.	
Owner Pat Lennox	Time		
Person in Charge (PIC) Brad Hodgson	In: 3:45 PM Out: 4:00 PM		
Inspector Samantha Hardy			

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

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

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

Non-compliance with:

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

PROTECTION FROM CHEMICALS

- 0. Chemical-Test

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

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

- 11. Good Hygienic Practices
- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (PHFs)

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

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

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

C	N	Description	Code
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
		25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

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

0

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

DATE OF RE-INSPECTION:

Inspector's Signature:	Print: Samantha Hardy	Page <u>1</u> of <u>2</u> Pages
PIC's Signature:	Print: Brad Hodgson	

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Establishment Name: Buffalo Wild Wings

Date: 06/11/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
Discussion With Person in Charge:			Corrective Action Required: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
All violations corrected.			<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:

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FOOD ESTABLISHMENT INSPECTION REPORT

Name Buffalo Wild Wings	Date 11/14/2018	Type of Operation(s)	Type of Inspection
Address 15 South Ave., BURLINGTON, MA 01803	Risk Level 2	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 06/11/2018 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Telephone (781) 365-1907		Permit No.	
Owner Pat Lennox	HACCP		
Person in Charge (PIC) Irwin Edwards	Time In: 5:05 PM Out: 6:00 PM		
Inspector Samantha Hardy			

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

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

Non-compliance with:

Anti-Choking	590.008 (E) <input type="checkbox"/>
Tobacco	590.009 (F) <input type="checkbox"/>
Allergen Awareness	590.009 (G) <input type="checkbox"/>

PROTECTION FROM CHEMICALS

0. Chemical-Test

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

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C	N	Description	Code
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
	X	25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

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

0

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

DATE OF RE-INSPECTION:

Inspector's Signature:	Print: Samantha Hardy	Page <u>1</u> of <u>2</u> Pages
PIC's Signature:	Print: Irwin Edwards	

BURLINGTON BOARD OF HEALTH

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Establishment Name: Buffalo Wild Wings

Date: 11/14/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date 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: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Temperatures in compliance: cut tomato 41F, chili 58F, cut tomato 41F, chicken wings 37F, fries 180F, wings 203F, chicken tender 147F, cheese between packages 41F, cooked chicken 38F. Warewash: wash 166F. Handsinks in compliance. Employee restrooms in compliance.			<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input checked="" type="checkbox"/> Other: As noted

BURLINGTON BOARD OF HEALTH

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

Food Establishment Inspection Report

Name: Buffalo Wild Wings	Date: 05/28/2019	Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness Investigation <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address: 15 South Ave., BURLINGTON, MA 01803	Risk Level: 2		
Telephone: (781) 365-1907	HACCP: N		
Owner: Pat Lennox	Time In: 8:45 AM Time Out: 10:15 AM		
Person-In-Charge: Brad Hodgson			
Inspector: Samantha Hardy			

Number of Violated Provisions Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29):	1	Number of Repeat Violations Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29):	0	Date of Re-inspection:
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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		IN	OUT	N/A	N/O	COS	R	Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision								Protection from Contamination							
1	Person-in-charge present, demonstrates knowledge and performs duties	(IN)	OUT					15	Food separated and protected	(IN)	OUT	N/A	N/O		
2	Certified Food Protection Manager	(IN)	OUT	N/A				16	Food-contact surfaces: cleaned & sanitized	IN	(OUT)	N/A			X
Employee Health								Time/Temperature Control for Safety							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	(IN)	OUT					17	Proper disposition of returned, previously served, reconditioned & unsafe food	IN	OUT				
4	Proper use of restriction and exclusion	(IN)	OUT					18	Proper cooking time & temperatures	IN	OUT	N/A	(N/O)		
5	Procedures for responding to vomiting and diarrheal events	(IN)	OUT					19	Proper reheating procedures for hot holding	IN	OUT	N/A	(N/O)		
Good Hygienic Practices								Consumer Advisory							
6	Proper eating, tasting, drinking or tobacco use	(IN)	OUT	N/A				20	Proper cooling time and temperature	IN	OUT	N/A	(N/O)		
7	No discharge from eyes, nose and mouth	(IN)	OUT	N/A				21	Proper hot holding temperature	IN	OUT	N/A	(N/O)		
Preventing Contamination by Hands								Highly Susceptible Populations							
8	Hands clean & properly washed	(IN)	OUT	N/A				22	Proper cold holding temperature	(IN)	OUT	N/A	N/O		
9	No bare hand contact with ready-to-eat food	(IN)	OUT	N/A	N/O			23	Proper date marking and disposition	(IN)	OUT	N/A	N/O		
10	Adequate handwashing sinks, properly supplied and accessible	(IN)	OUT					24	Time as a Public Health Control	IN	OUT	(N/A)	N/O		
Approved Source								Food/Color Additives and Toxic Substances							
11	Food obtained from approved source	(IN)	OUT					25	Consumer advisory provided for raw/undercooked food	IN	OUT	(N/A)			
12	Food received at proper temperature	(IN)	OUT	N/A	N/O			Conformance with Approved Procedures							
13	Food received in good condition, safe & unadulterated	(IN)	OUT					26	Pasteurized foods used, prohibited foods not offered	IN	OUT	(N/A)			
14	Required records available: shellstock tags, parasite destruction	IN	OUT	(N/A)	N/O			27	Food additives: approved & properly used	IN	OUT	(N/A)			
								28	Toxic substances properly identified, stored & used	(IN)	OUT	N/A			
								29	Compliance with variance/specialized process/HACCP plan	IN	OUT	(N/A)			

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 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. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Signature of Person-in-Charge: Brad Hodgson	Date: 05/28/2019
Signature of Inspector: Samantha Hardy	Date: 05/28/2019

Food Establishment Inspection Report - Town of Burlington, MA

Establishment: Buffalo Wild Wings Date: 05/28/2019 Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS - ONLY SECTIONS

An "X" in box indicates numbered item is not in compliance. An "X" in appropriate box for COS = corrected on site during the inspection and/or R = repeat violation

Compliance Status		OUT	COS	R	Compliance Status		OUT	COS	R
Safe Food and Water					Utensils, Equipment and Vending				
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			
32	Variance obtained for specialized processing methods				Physical Facilities				
Food Temperature Control					50	Hot & cold water available; adequate pressure			
33	Proper cooling methods used; adequate equipment for temperature control				51	Plumbing installed; proper backflow devices			
34	Plant food properly cooked for hot holding				52	Sewage & waste water properly disposed			
35	Approved thawing methods used				53	Toilet facilities: properly constructed, supplied & cleaned			
36	Thermometers provided & accurate				54	Garbage & refuse properly disposed; facilities maintained			
Food Identification					55	Physical facilities installed, maintained & clean			
37	Food properly labeled; original container				56	Adequate ventilation & lighting; designated areas used			
Prevention of Food Contamination					Additional Requirements listed in 105 CMR 590.011				
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 105 590.010				
41	Wiping cloths: properly used & stored				M3	Caterer			
42	Washing fruits & vegetables				M4	Mobile Food Operation			
Proper Use of Utensils					M5	Temporary Food Establishment			
43	In-use utensils properly stored				M6	Public Market; Farmers Market			
44	Utensils, equipment & linens: properly stored, dried & handled				M7	Residential Kitchen; Bed-and-Breakfast Operation			
45	Single-use/single-service articles: properly stored & used				M8	Residential Kitchen: Cottage Food Operation			
46	Gloves used properly				M9	School Kitchen; USDA Nutrition Program			
Utensils, Equipment and Vending					M10	Leased Commercial Kitchen			
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used				M11	Innovative Operation			
					Local Requirements				
					L1	CFPM open to close			
					L2	Grease Trap Regulations	X	X	

Signature of Person-in-Charge: Brad Hodgson  Date: 05/28/2019

Signature of Inspector: Samantha Hardy  Date: 05/28/2019

Food Establishment Inspection Report - Town of Burlington, MA

Establishment: Buffalo Wild Wings Date: 05/28/2019 Page 3 of 3

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
corn/Cold-Hold Unit	41°F	Beef/Cold-Hold Unit	38°F	Chicken/Cold-Hold Unit	38°F
cut tomato/Cold-Hold Unit	38°F	Chicken/Walk-In Cooler	41°F		

Item Number	Section of Code	Description of Violation
16	4-601.11	Knives stored soiled in holder, clean and sanitize knives and holder. Retrain staff to store only clean knives in holder. COS
L2	Burlington Board of Health Regulations	No grease log on site, provide updated log. COS

Discussion with Person-in-Charge:

Signature of Person-in-Charge: Brad Hodgson	Date: 05/28/2019
Signature of Inspector: Samantha Hardy	Date: 05/28/2019

BURLINGTON BOARD OF HEALTH

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

Food Establishment Inspection Report

Name: Buffalo Wild Wings	Date: 07/24/2019	Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other	Type of Inspection: <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input checked="" type="checkbox"/> Illness Investigation <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address: 15 South Ave., BURLINGTON, MA 01803	Risk Level 2		
Telephone: (781) 365-1907			
Owner: Pat Lennox	HACCP: N		
Person-in-Charge: Denis Skorik	Time In: 2:00 PM Out: 3:15 PM		
Inspector: Marlene Johnson			

Number of Violated Provisions Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29):	3	Number of Repeat Violations Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29):	0	Date of Re-Inspection: 08/01/2019
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FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS


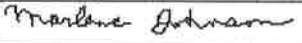
IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R	Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision								Protection from Contamination							
1	Person-in-charge present, demonstrates knowledge and performs duties	(IN)	OUT					15	Food separated and protected	(IN)	OUT	N/A	N/O		
2	Certified Food Protection Manager	(IN)	OUT	N/A				16	Food-contact surfaces: cleaned & sanitized	IN	(OUT)	N/A			
Employee Health								Time/Temperature Control for Safety							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	(IN)	OUT					17	Proper disposition of returned, previously served, reconditioned & unsafe food	(IN)	OUT				
4	Proper use of restriction and exclusion	(IN)	OUT					18	Proper cooking time & temperatures	(IN)	OUT	N/A	N/O		
5	Procedures for responding to vomiting and diarrheal events	IN	(OUT)					19	Proper reheating procedures for hot holding	IN	OUT	(N/A)	N/O		
Good Hygienic Practices								Consumer Advisory							
6	Proper eating, tasting, drinking or tobacco use	(IN)	OUT	N/O				20	Proper cooling time and temperature	IN	OUT	(N/A)	N/O		
7	No discharge from eyes, nose and mouth	(IN)	OUT	N/O				21	Proper hot holding temperature	(IN)	OUT	N/A	N/O		
Preventing Contamination by Hands								Highly Susceptible Populations							
8	Hands clean & properly washed	(IN)	OUT	N/O				22	Proper cold holding temperature	(IN)	OUT	N/A	N/O		
9	No bare hand contact with ready-to-eat food	(IN)	OUT	N/A	N/O			23	Proper date marking and disposition	IN	OUT	(N/A)	N/O		
10	Adequate handwashing sinks, properly supplied and accessible	IN	(OUT)			X		24	Time as a Public Health Control	IN	OUT	(N/A)	N/O		
Approved Source								Food/Color Additives and Toxic Substances							
11	Food obtained from approved source	(IN)	OUT					25	Consumer advisory provided for raw/undercooked food	IN	OUT	(N/A)			
12	Food received at proper temperature	IN	OUT	N/A	(N/O)			Conformance with Approved Procedures							
13	Food received in good condition, safe & unadulterated	(IN)	OUT					26	Pasteurized foods used, prohibited foods not offered	IN	OUT	(N/A)			
14	Required records available: shellstock tags, parasite destruction	IN	OUT	(N/A)	N/O			27	Food additives: approved & properly used	IN	OUT	(N/A)			
								28	Toxic substances properly identified, stored & used	(IN)	OUT	N/A			
								29	Compliance with variance/specialized process/HACCP plan	IN	OUT	(N/A)			

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 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. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Signature of Person-in-Charge: Denis Skorik	Date: 07/24/2019
Signature of Inspector: Marlene Johnson	Date: 07/24/2019

Food Establishment Inspection Report - Town of Burlington, MA

Establishment: Buffalo Wild Wings				Date: 07/24/2019				Page 2 of 3			
GOOD RETAIL PRACTICES AND MASSACHUSETTS - ONLY SECTIONS											
An "X" in box indicates numbered item is not in compliance. An "X" in appropriate box for COS = corrected on site during the inspection and/or R = repeat violation											
Compliance Status			OUT	COS	R	Compliance Status			OUT	COS	R
Safe Food and Water						Utensils, Equipment and Vending					
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					
Food Temperature Control						50	Hot & cold water available; adequate pressure				
33	Proper cooling methods used; adequate equipment for temperature control					51	Plumbing installed; proper backflow devices				
34	Plant food properly cooked for hot holding					52	Sewage & waste water properly disposed				
35	Approved thawing methods used					53	Toilet facilities: properly constructed, supplied & cleaned				
36	Thermometers provided & accurate					54	Garbage & refuse properly disposed; facilities maintained				
Food Identification						55	Physical facilities installed, maintained & clean		X		
37	Food properly labeled; original container					56	Adequate ventilation & lighting; designated areas used		X		
Prevention of Food Contamination						Additional Requirements listed in 105 CMR 590.011					
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 105 590.010					
41	Wiping cloths: properly used & stored					M3	Caterer				
42	Washing fruits & vegetables					M4	Mobile Food Operation				
Proper Use of Utensils						M5	Temporary Food Establishment				
43	In-use utensils properly stored					M6	Public Market; Farmers Market				
44	Utensils, equipment & linens: properly stored, dried & handled					M7	Residential Kitchen; Bed-and-Breakfast Operation				
45	Single-use/single-service articles: properly stored & used					M8	Residential Kitchen: Cottage Food Operation				
46	Gloves used properly					M9	School Kitchen; USDA Nutrition Program				
Utensils, Equipment and Vending						M10	Leased Commercial Kitchen				
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used					M11	Innovative Operation				
Local Requirements						L1	CFPM open to close				
Local Requirements						L2	Grease Trap Regulations				
Signature of Person-in-Charge: Denis Skorik 								Date: 07/24/2019			
Signature of Inspector: Marlene Johnson 								Date: 07/24/2019			

Food Establishment Inspection Report - Town of Burlington, MA


Establishment: Buffalo Wild Wings Date: 07/24/2019 Page 3 of 3

TEMPERATURE OBSERVATIONS

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

Item Number	Section of Code	Description of Violation
5	2-501.11	No vomit & diarrhea clean up procedure found and vomit & 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: Marlene Johnson  Date: 07/24/2019



BURLINGTON BOARD OF HEALTH

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



Public Health
Prevent. Promote. Protect.

Board of Health Investigation Form

Type of Investigation: Suspect Illness Date: 7/23/2019

Location of Incident: Buffalo Wild Wings Taken by: Sarah Courtemanche

Description of Incident: Suspect foodborne illness on 07/21/19.

Information Received From: Complainant

Logged in Database: Yes No

To be Completed by Inspector

Initial Inspection Completed: Yes No Date: 7/24/2019

Order Letter Sent: Yes No Date: 7/24/2019

Re-Inspection : Yes No Date: 8/1/2019

Inspector Name: Marlene Johnson

Inspector Notes: Investigation conducted, see attached inspection report.

Compliance/Completion Date: 8/1/2019

Outcome Logged in Database: Yes No

BURLINGTON BOARD OF HEALTH

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

Food Establishment Inspection Report

Name: Buffalo Wild Wings	Date: 08/01/2019	Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other	Type of Inspection: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Re-Inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness Investigation <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address: 15 South Ave., BURLINGTON, MA 01803	Risk Level 2		
Telephone: (781) 365-1907			
Owner: Pat Lennox	HACCP: N		
Person-in-Charge: Brad Hodgson	Time In: 10:35 AM Out: 11:00 AM		
Inspector: Marlene Johnson			
Number of Violated Provisions Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29):	0	Number of Repeat Violations Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29):	0

Date of Re-Inspection:

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		IN	OUT	N/A	N/O	COS	R	Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision								Protection from Contamination							
1	Person-in-charge present, demonstrates knowledge and performs duties	IN	OUT					15	Food separated and protected	IN	OUT	N/A	N/O		
2	Certified Food Protection Manager	IN	OUT	N/A				16	Food-contact surfaces: cleaned & sanitized	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O		
Employee Health								Time/Temperature Control for Safety							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	IN	OUT					17	Proper disposition of returned, previously served, reconditioned & unsafe food	IN	OUT				
4	Proper use of restriction and exclusion	IN	OUT					18	Proper cooking time & temperatures	IN	OUT	N/A	N/O		
5	Procedures for responding to vomiting and diarrheal events	<input checked="" type="checkbox"/> IN	OUT					19	Proper reheating procedures for hot holding	IN	OUT	N/A	N/O		
Good Hygienic Practices								Consumer Advisory							
6	Proper eating, tasting, drinking or tobacco use	IN	OUT	N/A				20	Proper cooling time and temperature	IN	OUT	N/A	N/O		
7	No discharge from eyes, nose and mouth	IN	OUT	N/A				21	Proper hot holding temperature	IN	OUT	N/A	N/O		
Preventing Contamination by Hands								Highly Susceptible Populations							
8	Hands clean & properly washed	IN	OUT	N/A				22	Proper cold holding temperature	IN	OUT	N/A	N/O		
9	No bare hand contact with ready-to-eat food	IN	OUT	N/A	N/O			23	Proper date marking and disposition	IN	OUT	N/A	N/O		
10	Adequate handwashing sinks, properly supplied and accessible	IN	OUT					24	Time as a Public Health Control	IN	OUT	N/A	N/O		
Approved Source								Food/Color Additives and Toxic Substances							
11	Food obtained from approved source	IN	OUT					25	Consumer advisory provided for raw/undercooked food	IN	OUT	N/A			
12	Food received at proper temperature	IN	OUT	N/A	N/O			Conformance with Approved Procedures							
13	Food received in good condition, safe & unadulterated	IN	OUT					27	Food additives: approved & properly used	IN	OUT	N/A			
14	Required records available: shellstock tags, parasite destruction	IN	OUT	N/A	N/O			28	Toxic substances properly identified, stored & used	IN	OUT	N/A			
								29	Compliance with variance/specialized process/HACCP plan	IN	OUT	N/A			

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 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. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Signature of Person-in-Charge: Brad Hodgson	Date: 08/01/2019
Signature of Inspector: Marlene Johnson	Date: 08/01/2019

Food Establishment Inspection Report - Town of Burlington, MA

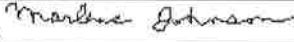
Establishment: Buffalo Wild Wings Date: 08/01/2019 Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS - ONLY SECTIONS

An "X" in box indicates numbered item is not in compliance. An "X" in appropriate box for COS = corrected on site during the inspection and/or R = repeat violation

Compliance Status		OUT	COS	R	Compliance Status		OUT	COS	R
Safe Food and Water					Utensils, Equipment and Vending				
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			
32	Variance obtained for specialized processing methods				Physical Facilities				
Food Temperature Control					50	Hot & cold water available; adequate pressure			
33	Proper cooling methods used; adequate equipment for temperature control				51	Plumbing installed; proper backflow devices			
34	Plant food properly cooked for hot holding				52	Sewage & waste water properly disposed			
35	Approved thawing methods used				53	Toilet facilities: properly constructed, supplied & cleaned			
36	Thermometers provided & accurate				54	Garbage & refuse properly disposed; facilities maintained			
Food Identification					55	Physical facilities installed, maintained & clean			
37	Food properly labeled; original container				56	Adequate ventilation & lighting; designated areas used			
Prevention of Food Contamination					Additional Requirements listed in 105 CMR 590.011				
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 105 590.010				
41	Wiping cloths: properly used & stored				M3	Caterer			
42	Washing fruits & vegetables				M4	Mobile Food Operation			
Proper Use of Utensils					M5	Temporary Food Establishment			
43	In-use utensils properly stored				M6	Public Market; Farmers Market			
44	Utensils, equipment & linens: properly stored, dried & handled				M7	Residential Kitchen; Bed-and-Breakfast Operation			
45	Single-use/single-service articles: properly stored & used				M8	Residential Kitchen: Cottage Food Operation			
46	Gloves used properly				M9	School Kitchen; USDA Nutrition Program			
Utensils, Equipment and Vending					M10	Leased Commercial Kitchen			
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used				M11	Innovative Operation			
					Local Requirements				
					L1	CFPM open to close			
					L2	Grease Trap Regulations			

Signature of Person-in-Charge: Brad Hodgson  Date: 08/01/2019

Signature of Inspector: Marlene Johnson  Date: 08/01/2019

MDPH report form - 10/5/18 version



Food Establishment Inspection Report - Town of Burlington, MA

Establishment: Buffalo Wild Wings Date: 08/01/2019 Page 3 of 3

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

Item Number	Section of Code	Description of Violation

Discussion with Person-in-Charge: All violations corrected.

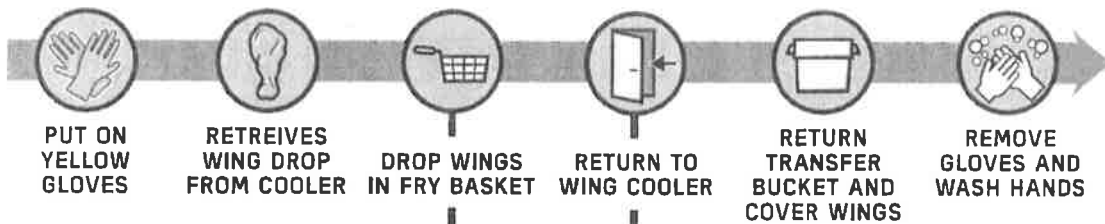
Signature of Person-in-Charge: Brad Hodgson 	Date: 08/01/2019
Signature of Inspector: Marlene Johnson 	Date: 08/01/2019



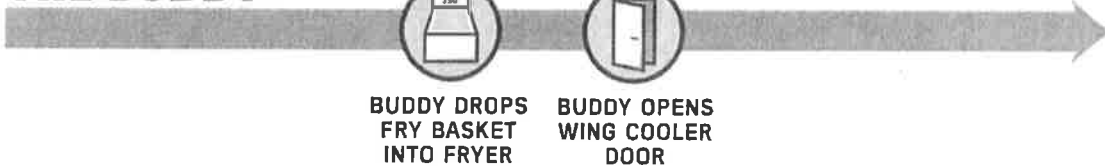
FOOD HANDLERS MUST ALWAYS WEAR GLOVES. THERE ARE TWO TYPES OF VINYL GLOVES, WHITE GLOVES AND YELLOW GLOVES.

YELLOW GLOVES ARE ONLY USED 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



THE BUDDY



BUDDY SYSTEM

WING DROPPER

1. Washes hands
2. 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
4. 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
6. 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
7. 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
9. 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

1. 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.



BURLINGTON BOARD OF HEALTH

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



Public Health
Prevent. Promote. Protect.

Board of Health Investigation Form

Type of Investigation: Food Establishment Date: 8/30/2019

Location of Incident: Buffalo Wild Wings Taken by: Cathy Piccolo

Description of Incident: Saw mouse in dining room at closing time on 8/29, did not report it to a manager/employee. "When you walk into the restaurant, there is the bar side to the left, and the dining side to the right. We were in the dining side on the right. There is a corner booth on the right side, I was seated in the booth against the window adjacent to the corner one, and the mouse was coming from the booth right on the other side of the corner booth. All booths are numbered, I believe the numbers were in the 90 range, if I recall correctly".

Information Received From: Complainant

Logged in Database: Yes No

To be Completed by Inspector

Initial Inspection Completed: Yes No Date: 9/4/2019

Order Letter Sent: Yes No Date: n/a

Re-Inspection : Yes No Date: n/a

Inspector Name: Marlene Johnson

Inspector Notes: Investigation conducted, see attached report.

Compliance/Completion Date: 9/4/2019

Outcome Logged in Database: Yes No

BURLINGTON BOARD OF HEALTH

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

Food Establishment Inspection Report

Name: Buffalo Wild Wings	Date: 09/04/2019	Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other	Type of Inspection: <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness Investigation <input checked="" type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address: 15 South Ave., BURLINGTON, MA 01803	Risk Level 2		
Telephone: (781) 365-1907			
Owner: Pat Lennox	HACCP N		
Person-in-Charge: Jason Lane	Time In: 10:00 AM Out: 10:30 AM		
Inspector: Marlene Johnson			

Number of Violated Provisions Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29):	0	Number of Repeat Violations Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29):	0	Date of Re-Inspection:
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FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS


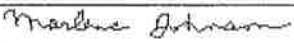
IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R	Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision								Protection from Contamination							
1	Person-in-charge present, demonstrates knowledge and performs duties	IN	OUT					15	Food separated and protected	IN	OUT	N/A	N/O		
2	Certified Food Protection Manager	IN	OUT	N/A				16	Food-contact surfaces: cleaned & sanitized	IN	OUT	N/A			
Employee Health								Time/Temperature Control for Safety							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	IN	OUT					17	Proper disposition of returned, previously served, reconditioned & unsafe food	IN	OUT				
4	Proper use of restriction and exclusion	IN	OUT					18	Proper cooking time & temperatures	IN	OUT	N/A	N/O		
5	Procedures for responding to vomiting and diarrheal events	IN	OUT					19	Proper reheating procedures for hot holding	IN	OUT	N/A	N/O		
Good Hygienic Practices								Consumer Advisory							
6	Proper eating, tasting, drinking or tobacco use	IN	OUT	N/A				20	Proper cooling time and temperature	IN	OUT	N/A	N/O		
7	No discharge from eyes, nose and mouth	IN	OUT	N/A				21	Proper hot holding temperature	IN	OUT	N/A	N/O		
Preventing Contamination by Hands								Highly Susceptible Populations							
8	Hands clean & properly washed	IN	OUT	N/A				22	Proper cold holding temperature	IN	OUT	N/A	N/O		
9	No bare hand contact with ready-to-eat food	IN	OUT	N/A	N/O			23	Proper date marking and disposition	IN	OUT	N/A	N/O		
10	Adequate handwashing sinks, properly supplied and accessible	IN	OUT					24	Time as a Public Health Control	IN	OUT	N/A	N/O		
Approved Source								Food/Color Additives and Toxic Substances							
11	Food obtained from approved source	IN	OUT					25	Consumer advisory provided for raw/undercooked food	IN	OUT	N/A			
12	Food received at proper temperature	IN	OUT	N/A	N/O			Conformance with Approved Procedures							
13	Food received in good condition, safe & unadulterated	IN	OUT					26	Pasteurized foods used, prohibited foods not offered	IN	OUT	N/A			
14	Required records available: shellstock tags, parasite destruction	IN	OUT	N/A	N/O			27	Food additives: approved & properly used	IN	OUT	N/A			
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Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 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. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

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

Food Establishment Inspection Report - Town of Burlington, MA

Establishment: Buffalo Wild Wings				Date: 09/04/2019				Page 2 of 3			
GOOD RETAIL PRACTICES AND MASSACHUSETTS - ONLY SECTIONS											
An "X" in box indicates numbered item is not in compliance. An "X" in appropriate box for COS = corrected on site during the inspection and/or R = repeat violation											
Compliance Status			OUT	COS	R	Compliance Status			OUT	COS	R
Safe Food and Water						Utensils, Equipment and Vending					
30	Pasteurized eggs used where required					48	Warewashing facilities: installed, maintained & used; test strips				
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32	Variance obtained for specialized processing methods					Physical Facilities					
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34	Plant food properly cooked for hot holding					52	Sewage & waste water properly disposed				
35	Approved thawing methods used					53	Toilet facilities: properly constructed, supplied & cleaned				
36	Thermometers provided & accurate					54	Garbage & refuse properly disposed; facilities maintained				
Food Identification						55	Physical facilities installed, maintained & clean				
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Prevention of Food Contamination						Additional Requirements listed in 105 CMR 590.011					
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42	Washing fruits & vegetables					M4	Mobile Food Operation				
Proper Use of Utensils						M5	Temporary Food Establishment				
43	In-use utensils properly stored					M6	Public Market; Farmers Market				
44	Utensils, equipment & linens: properly stored, dried & handled					M7	Residential Kitchen; Bed-and-Breakfast Operation				
45	Single-use/single-service articles: properly stored & used					M8	Residential Kitchen: Cottage Food Operation				
46	Gloves used properly					M9	School Kitchen; USDA Nutrition Program				
Utensils, Equipment and Vending						M10	Leased Commercial Kitchen				
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used					M11	Innovative Operation				
Local Requirements						L1	CFPM open to close				
Local Requirements						L2	Grease Trap Regulations				
Signature of Person-in-Charge: Jason Lane 								Date: 09/04/2019			
Signature of Inspector: Marlene Johnson 								Date: 09/04/2019			

Food Establishment Inspection Report - Town of Burlington, MA

Establishment: Buffalo Wild Wings Date: 09/04/2019 Page 3 of 3

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

Item Number	Section of Code	Description 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



BURLINGTON BOARD OF HEALTH

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



Public Health
Prevent. Promote. Protect.

Board of Health Investigation Form

Type of Investigation: Food Establishment Date: 11/1/2019
Location of Incident: Buffalo Wild Wings Taken by: Cathy Piccolo
Description of Incident: Received undercooked wings on 10/31/19 ~ 8pm, manager informed at the time.

Information Received From: Complainant

Logged in Database: Yes No

To be Completed by Inspector

Initial Inspection Completed: Yes No Date: 11/5/2019

Order Letter Sent: Yes No Date: n/a

Re-Inspection : Yes No Date: n/a

Inspector Name: Marlene Johnson

Inspector Notes: Investigation conducted, see attached report.

Compliance/Completion Date: 11/5/2019

Outcome Logged in Database: Yes No

BURLINGTON BOARD OF HEALTH

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

Food Establishment Inspection Report

Name: Buffalo Wild Wings	Date: 11/05/2019	Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other	Type of Inspection: <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness Investigation <input checked="" type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address: 15 South Ave., BURLINGTON, MA 01803	Risk Level 2		
Telephone: (781) 365-1907			
Owner: Pat Lennox	HACCP N		
Person-In-Charge: Denis Skorik	Time In: 2:00 PM Out: 2:30 PM		
Inspector: Marlene Johnson			

Number of Violated Provisions Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29):	0	Number of Repeat Violations Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29):	0	Date of Re-Inspection:
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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		IN	OUT	N/A	N/O	COS	R	Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision								Protection from Contamination							
1	Person-in-charge present, demonstrates knowledge and performs duties	IN	OUT					15	Food separated and protected	IN	OUT	N/A	N/O		
2	Certified Food Protection Manager	IN	OUT	N/A				16	Food-contact surfaces: cleaned & sanitized	IN	OUT	N/A			
Employee Health								Time/Temperature Control for Safety							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	IN	OUT					17	Proper disposition of returned, previously served, reconditioned & unsafe food	IN	OUT				
4	Proper use of restriction and exclusion	IN	OUT					18	Proper cooking time & temperatures	IN	OUT	N/A	N/O		
5	Procedures for responding to vomiting and diarrheal events	IN	OUT					19	Proper reheating procedures for hot holding	IN	OUT	N/A	N/O		
Good Hygienic Practices								Consumer Advisory							
6	Proper eating, tasting, drinking or tobacco use	IN	OUT	N/A				20	Proper cooling time and temperature	IN	OUT	N/A	N/O		
7	No discharge from eyes, nose and mouth	IN	OUT	N/A				21	Proper hot holding temperature	IN	OUT	N/A	N/O		
Preventing Contamination by Hands								Highly Susceptible Populations							
8	Hands clean & properly washed	IN	OUT	N/A				22	Proper cold holding temperature	IN	OUT	N/A	N/O		
9	No bare hand contact with ready-to-eat food	IN	OUT	N/A	N/O			23	Proper date marking and disposition	IN	OUT	N/A	N/O		
10	Adequate handwashing sinks, properly supplied and accessible	IN	OUT					24	Time as a Public Health Control	IN	OUT	N/A	N/O		
Approved Source								Food/Color Additives and Toxic Substances							
11	Food obtained from approved source	IN	OUT					25	Consumer advisory provided for raw/undercooked food	IN	OUT	N/A			
12	Food received at proper temperature	IN	OUT	N/A	N/O			Conformance with Approved Procedures							
13	Food received in good condition, safe & unadulterated	IN	OUT					27	Food additives: approved & properly used	IN	OUT	N/A			
14	Required records available: shellstock tags, parasite destruction	IN	OUT	N/A	N/O			28	Toxic substances properly identified, stored & used	IN	OUT	N/A			
								29	Compliance with variance/specialized process/HACCP plan	IN	OUT	N/A			

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 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. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Signature of Person-in-Charge: Denis Skorik	Date: 11/05/2019
Signature of Inspector: Marlene Johnson	Date: 11/05/2019

Food Establishment Inspection Report - Town of Burlington, MA

Establishment: Buffalo Wild Wings Date: 11/05/2019 Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS - ONLY SECTIONS

An "X" in box indicates numbered item is not in compliance. An "X" in appropriate box for COS = corrected on site during the inspection and/or R = repeat violation

Compliance Status		OUT	COS	R	Compliance Status		OUT	COS	R
Safe Food and Water					Utensils, Equipment and Vending				
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			
32	Variance obtained for specialized processing methods				Physical Facilities				
Food Temperature Control					50	Hot & cold water available; adequate pressure			
33	Proper cooling methods used; adequate equipment for temperature control				51	Plumbing installed; proper backflow devices			
34	Plant food properly cooked for hot holding				52	Sewage & waste water properly disposed			
35	Approved thawing methods used				53	Toilet facilities: properly constructed, supplied & cleaned			
36	Thermometers provided & accurate				54	Garbage & refuse properly disposed; facilities maintained			
Food Identification					55	Physical facilities installed, maintained & clean			
37	Food properly labeled; original container				56	Adequate ventilation & lighting; designated areas used			
Prevention of Food Contamination					Additional Requirements listed in 105 CMR 590.011				
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 105 590.010				
41	Wiping cloths: properly used & stored				M3	Caterer			
42	Washing fruits & vegetables				M4	Mobile Food Operation			
Proper Use of Utensils					M5	Temporary Food Establishment			
43	In-use utensils properly stored				M6	Public Market; Farmers Market			
44	Utensils, equipment & linens: properly stored, dried & handled				M7	Residential Kitchen; Bed-and-Breakfast Operation			
45	Single-use/single-service articles: properly stored & used				M8	Residential Kitchen: Cottage Food Operation			
46	Gloves used properly				M9	School Kitchen; USDA Nutrition Program			
Utensils, Equipment and Vending					M10	Leased Commercial Kitchen			
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used				M11	Innovative Operation			
					Local Requirements				
					L1	CFPM open to close			
					L2	Grease Trap Regulations			

Signature of Person-in-Charge: Denis Skorik

Date: 11/05/2019

Signature of Inspector: Marlene Johnson

Date: 11/05/2019

Food Establishment Inspection Report - Town of Burlington, MA

Establishment: Buffalo Wild Wings Date: 11/05/2019 Page 3 of 3

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Chicken/Fryer	210F°F	Chicken/Fryer	212F°F		

Item 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  Date: 11/05/2019

Signature of Inspector: Marlene Johnson  Date: 11/05/2019