

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>Bartlett School</i>	Date <i>4/24/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>179 Wanauncit</i>	Risk Level	Permit No.	
Telephone <i>978-937-8925</i>	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC) <i>Samie Conroy</i>	Out:		
Inspector <i>Jimmy Le</i>			

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

Water Temp 122° Serve-Safe Cert Number 13489641 Expiration Number 4/9/21
11/14/22

Non-compliance with:

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.

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

EMPLOYEE HEALTH

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

PROTECTION FROM CHEMICALS

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

FOOD FROM APPROVED SOURCE

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

PROTECTION FROM CONTAMINATION

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

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

DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: <i>Jimmy Le</i>	Print: <i>Jimmy Le</i>	Page ___ of ___ Pages
PICs Signature: <i>Samie Conroy</i>	Print: <i>Samie Conroy</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>Bartlett School</i>	Date <i>9/6/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>179 Wanning Street St</i>	Risk Level	Permit No.	
Telephone <i>978-9378925</i>	HACCP Y/N		
Owner <i>Laurie Conroy</i>	Time In: Out:		
Person-in-Charge (PIC)			
Inspector <i>Jim [Signature]</i>			

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

Water Temp *120°* Serve-Safe Cert Number *1348964* Expiration Number *4/9/21*
11/14/22

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>Jim [Signature]</i>	
PICs Signature: <i>Laurie Conroy</i>	Print: <i>Laurie Conroy</i>	Page ___ of ___ Pages

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compld

Name <i>Burdette School</i>	Date <i>3/12/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>179 Wannauncit St</i>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: _____ Time Out: _____		
Person-in-Charge (PIC) <i>Laurie Corroy</i>			
Inspector <i>Jimmy</i>			

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

Water Temp 120° Serve-Safe Cert Number 13489641 Expiration Number 4/9/21
11/14/20

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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DATE OF RE-INSPECTION:

Inspector's Signature: <i>Laurie Corroy</i>	Print: <i>Laurie Corroy</i>	Page ___ of ___ Pages
PICs Signature: <i>Laurie Corroy</i>	Print: <i>Laurie Corroy</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Corrective Action Needed
Kitchen Closed

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Bartlett School Cafe</i>	Date <i>9/9/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>179 Wannalancit St</i>	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person-in-Charge (PIC) <i>Larry Connors</i>	Time In:		
Inspector <i>Jimmy G</i>	Time Out:		

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

Water Temp *120°* Serve-Safe Cert Number *13189641* Expiration Number *4/9/21*
11/14/22

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
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		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

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



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DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>Jimmy G</i>	Page ___ of ___ Pages
PICs Signature: <i>Larry Connors</i>	Print: <i>Larry Connors</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Reopened
Compl'd

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Bartlett School Cafe</i>	Date <i>9/9/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input checked="" type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>179 Waverham St</i>	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person-in-Charge (PIC) <i>Lucy Conroy</i>	Time In: Out:		
Inspector <i>Jimmy</i>			

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

Water Temp *120°* Serve-Safe Cert Number *12189641* Expiration Number *4/9/21*

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
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- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

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

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
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DATE OF RE-INSPECTION:

Inspector's Signature: <i>Jimmy</i>	Print: <i>Jimmy</i>	Page ___ of ___ Pages
PICs Signatures: <i>Lucy Conroy</i>	Print: <i>Lucy Conroy</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compliant

Name <i>Butler School</i>	Date <i>8/21/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>1140 Gorham St.</i>	Risk Level	Permit No.	
Telephone <i>978-937-2814</i>	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC) <i>Suzanne Oser</i>	Out:		
Inspector <i>LISA SAM</i>			

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

Water Temp *120°* Serve-Safe Cert Number *10305-958* Expiration Number *8/22/18*

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

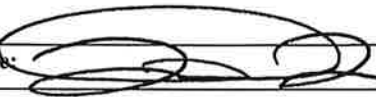
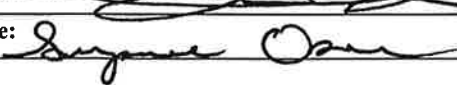
C	N	
<input type="checkbox"/>	<input type="checkbox"/>	23. Management and Personnel (FC-2)(590.003)
<input type="checkbox"/>	<input type="checkbox"/>	24. Food and Food Protection (FC-3)(590.004)
<input type="checkbox"/>	<input type="checkbox"/>	25. Equipment and Utensils (FC-4)(590.005)
<input type="checkbox"/>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

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

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DATE OF RE-INSPECTION:

S: 590/InspeclForm6-14.doc

Inspector's Signature: 	Print: <i>LISA SAM</i>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: 	Print: <i>Suzanne Oser</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compliant

Name	Butler School	Date	9/13/18	Type of Operation(s)	Type of Inspection
Address	1140 Gorham St.	Risk Level		<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone	978-937-2814			<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner		HACCP Y/N		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person-in-Charge (PIC)	Suzanne Oser			<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector	LISA SAM	Time In:		<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
		Time Out:		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
				Permit No.	<input type="checkbox"/> Other

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

Water Temp 125 Serve-Safe Cert Number 16847611 Expiration Number 8/23/23

Non-compliance with:

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.

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 20. Time as a Public Health Control
- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.


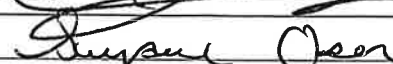
C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: 	Print: LISA SAM	Page 1 of 1 Pages
PIC's Signature: 	Print: SUZANNE OSER	

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Complied

Name <i>Butler School</i>	Date <i>3/14/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>1140 Gorham St.</i>	Risk Level		Permit No.
Telephone <i>978-937-2814</i>	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC) <i>Suzanne Oser</i>	Time Out:		
Inspector <i>LISA SAM</i>			

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

Water Temp *130°* Serve-Safe Cert Number *1684761* Expiration Number *9/23/23*

Non-compliance with:

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.

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

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

DATE OF RE-INSPECTION:

S: 590InspeclForm6-14.doc

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <i>1</i> of <i>1</i> Pages
PICs Signature: <i>[Signature]</i>	Print: <i>SUZANNE OSER</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name Butler School	Date 9/9/19	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address 1140 Gorham St.	Risk Level	Permit No.	
Telephone 978-937-2814	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) SUZANNE Oser			
Inspector LISA SAM			

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

Water Temp 125 Serve-Safe Cert Number 1805958 Expiration Number 8/02/23
16847611

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

- Non-compliance with:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities
- PROTECTION FROM CHEMICALS**
- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

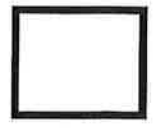
CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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



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



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DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: 	Print: LISA SAM	Page <u>1</u> of <u>1</u> Pages
PICs Signature: 	Print: SUZANNE Oser	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compliant

Name <i>Cardinal School</i>	Date <i>3/22/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>21 Carter St.</i>	Risk Level	Permit No.	
Telephone <i>978-446-7000</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>DONNA J. VERGADAS</i>			
Inspector <i>LISA SAM</i>			

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

Water Temp *120°* Serve-Safe Cert Number *13186572* Expiration Number *NO cafeteria satellite*

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

- no cooking*
1/30/21
- Non-compliance with:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

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

EMPLOYEE HEALTH

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

PROTECTION FROM CHEMICALS

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

FOOD FROM APPROVED SOURCE

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

PROTECTION FROM CONTAMINATION

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <i>1</i> of <i>1</i> Pages
PICs Signature: <i>[Signature]</i>	Print: <i>DONNA J. VERGADAS</i>	

S: 590InspectForm6-14.doc

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name Cardinal School	Date 9/19/18	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address 21 Carter St.	Risk Level	Permit No.	
Telephone 978-446-7000	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC) DONNA J. Vergados	Time Out:		
Inspector LISA SAM			

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

Water Temp 120° Serve-Safe Cert Number 13188572 Expiration Number 1/30/21

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 20. Time as a Public Health Control
- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

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

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



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



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

DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: 	Print: LISA SAM	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: 	Print: DONNA J. Vergados	

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Complied

Name <i>Cardinal School</i>	Date <i>3/12/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>21 Carter St.</i>	Risk Level	Permit No.	
Telephone <i>978-446-7000</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Karen Paciulan</i>			
Inspector <i>LISA SAM</i>			

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

Water Temp *115* Serve-Safe Cert Number *13188572* Expiration Number *1/30/21*

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

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

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

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



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

DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <u><i>1</i></u> of <u><i>1</i></u> Pages
PICs Signature: <i>Karen Paciulan</i>	Print: <i>Karen Paciulan</i>	

City Hall
 375 Merrimack Street
 Lowell, MA
 Tel.: 978-674-4144
 Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Complied

Name <i>Cardinal School</i>	Date <i>9/23/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address <i>21 Carter St.</i>	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Telephone <i>978-446-7000</i>	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Owner	Time In: Out:	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Person-in-Charge (PIC) <i>Caitlin Buxton</i>	Permit No.	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
Inspector <i>LISA SAM</i>		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other _____

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

Water Temp 15° Serve-Safe Cert Number 13188572 Expiration Number 1/30/21

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:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 20. Time as a Public Health Control
- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.


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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: 	Print: <i>LISA SAM</i>	Page <u>1</u> of <u>1</u> Pages
PICs Signature: <i>Caitlin Buxton</i>	Print: <i>Caitlin Buxton</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compliant

Name <i>Charter School</i>	Date <i>3/26/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>206 Jackson St,</i>	Risk Level	Permit No.	
Telephone <i>978-323-0800</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Sharon Ozana</i>			
Inspector <i>LISA SAM</i>			

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

Water Temp *124°* Serve-Safe Cert Number *11123285* Expiration Number *6/6/19*

Non-compliance with:

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

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <u><i>1</i></u> of <u><i>1</i></u> Pages
PIC's Signature: <i>[Signature]</i>	Print: <i>Sharon Ozana</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compliance

Name Charter School	Date 9/12/18	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address 206 Jackson St.	Risk Level	Permit No.	
Telephone 978-323-0800	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) Sharon Ozona			
Inspector LISA SAM			

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

Water Temp _____ Serve-Safe Cert Number **11123285** Expiration Number **6/6/19**

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

12. Prevention of Contamination from Hands
 13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures
 17. Reheating
 18. Cooling
 19. Hot and Cold Holding

20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices_ (Blue Items)

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


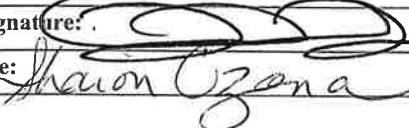
C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements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

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

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

DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: 	Print: LISA SAM	Page 1 of 1 Pages
PIC's Signature: 	Print: Sharon Ozona	

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Complied

Name <i>Charter School</i>	Date <i>3/21/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address <i>206 Jackson St.</i>	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Telephone <i>978-323-0806</i>	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Owner	Time In: Out:	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Person-in-Charge (PIC) <i>Sharon Ozana</i>	Permit No.	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
Inspector <i>LISA SAM</i>		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other _____

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

Water Temp 125° Serve-Safe Cert Number 11123285 Expiration Number 6/6/19

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

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

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

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



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

DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <i>[Signature]</i>	Print: <i>Sharon Ozana</i>	

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Complied

Name Charter School	Date 9-19-2019	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address 206 Jackson St.	Risk Level	Permit No.	
Telephone 978-323-0800	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) Sharon Ozana			
Inspector LISA SAM			

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

Water Temp 120° Serve-Safe Cert Number 11123285 Expiration Number 6/6/19

Non-compliance with:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

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

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: LISA SAM	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <i>[Signature]</i>	Print: Sharon Ozana	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compliant

Name <i>Chestnut Square After School</i>	Date <i>3/15/18</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>77 Chestnut St.</i>	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person-in-Charge (PIC) <i>Nilda Torres</i>	Time In: Out:		
Inspector <i>LISA SAM</i>			

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

Water Temp _____ Serve-Safe Cert Number _____ Expiration Number _____

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <i>1</i> of <i>1</i> Pages
PIC's Signature: <i>[Signature]</i>	Print: <i>Nilda Torres</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name	Chestnut Square After School	Date	9/12/18	Type of Operation(s)	Type of Inspection
Address	77 Chestnut St.	Risk Level		<input type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone	978-454-2870 x113	HACCP Y/N		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	The Caleb Group	Time In:		<input checked="" type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person-in-Charge (PIC)	Elsie Garozzo, PM	Time Out:		<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector	LISA SAM	Permit No.		<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
				<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
					<input type="checkbox"/> Other _____

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

Water Temp 125° Serve-Safe Cert Number — Expiration Number — *no cooking*

Non-compliance with:

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.

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 20. Time as a Public Health Control
- 21. Food and Food Preparation for HSP

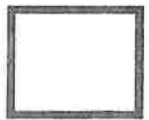
CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature:	Print: LISA SAM	Page 1 of 1 Pages
PIC's Signature:	Print: Elsie Garozzo	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Complied

Name <i>Chestnut Square After Sch.</i>	Date <i>3/15/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>77 Chestnut St.</i>	Risk Level	Permit No.	
Telephone <i>978-454-2870</i>	HACCP Y/N		
Owner <i>Elsie</i>	Time In: Out:		
Person-in-Charge (PIC) <i>Elsie Garozzo PM</i>			
Inspector <i>LISA SAM</i>			

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

Water Temp *125°* Serve-Safe Cert Number _____ Expiration Number _____ *No cooking*

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

Non-compliance with:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

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

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <u>1</u> of <u>1</u> Pages
PICs Signature: <i>[Signature]</i>	Print: <i>Elsie Garozzo</i>	

City Hall
 375 Merrimack Street
 Lowell, MA
 Tel.: 978-674-4144
 Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Complied

Name <i>Chestnut Square after school</i>	Date <i>9/19/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>77 Chestnut St.</i>	Risk Level	Permit No.	
Telephone <i>978-454-2870</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Lidia Perez</i>			
Inspector <i>LISA SAM</i>			

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

Water Temp *120°* Serve-Safe Cert Number _____ Expiration Number _____

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

Non-compliance with:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <i>1</i> of <i>1</i> Pages
PICs Signature: <i>[Signature]</i>	Print: <i>Lidia Perez</i>	

Lowell Board of Health *Compliance*

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Daley School</i>	Date <i>3/29/18</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast Permit No.	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>150 Manning Street</i>	Risk Level		
Telephone <i>(978) 938-8985</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC)			
Inspector <i>Aurea Rivera</i>			

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

Water Temp *112* Serve-Safe Cert Number *1535291* Expiration Number *9-1-2022*

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:**
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

- FOOD PROTECTION MANAGEMENT**
- 1. PIC Assigned/Knowledgeable/Duties
- EMPLOYEE HEALTH**
- 2. Reporting of Diseases by Food Employee and PIC
 - 3. Personnel with Infections Restricted/Excluded
- FOOD FROM APPROVED SOURCE**
- 4. Food and Water from Approved Source
 - 5. Receiving/Condition
 - 6. Tags/Records/Accuracy of Ingredient Statements
 - 7. Conformance with Approved Procedures/HACCP Plans
- PROTECTION FROM CONTAMINATION**
- 8. Separation/Segregation/Protection
 - 9. Food Contact Surfaces Cleaning and Sanitizing
 - 10. Proper Adequate Handwashing
 - 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
 - 13. Handwash Facilities
- PROTECTION FROM CHEMICALS**
- 14. Approved Food or Color Additives
 - 15. Toxic Chemicals
- TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**
- 16. Cooking Temperatures
 - 17. Reheating
 - 18. Cooling
 - 19. Hot and Cold Holding
 - 20. Time as a Public Health Control
- REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)**
- 21. Food and Food Preparation for HSP
- CONSUMER ADVISORY**
- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Aurea Rivera</i>	Print: <i>Aurea Rivera</i>	Page ___ of ___ Pages
PIC's Signature: <i>Tracy Courchaine</i>	Print: <i>Tracy Courchaine</i>	

S: 590InspectForm6-14.doc

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliance

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Daley School</i>	Date <i>9/17/18</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>150 Fleming Street</i>	Risk Level	Permit No.	
Telephone <i>978-937-8985</i>	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC)	Time Out:		
Inspector <i>Aurea Rivera</i>			

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

Water Temp *110°* Serve-Safe Cert Number *15535291* Expiration Number *9-1-2022*,

Non-compliance with:

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.

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

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

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

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



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

DATE OF RE-INSPECTION:

S: 590InspecForm6-14.doc

Inspector's Signature: <i>Aurea Rivera</i>	Print: <i>Aurea Rivera</i>	Page ___ of ___ Pages
PICs Signature: <i>Tracy Courchaine</i>	Print: <i>Tracy Courchaine</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliance

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Daley School</i>	Date <i>4-3-19</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast Permit No.	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>150 Fleming Street</i>	Risk Level		
Telephone <i>978-937-8985</i>	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC)	Time Out:		
Inspector <i>Aurea Rivera</i>			

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

Water Temp *110°* Serve-Safe Cert Number *15535291* Expiration Number *9-1-2022*

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

Non-compliance with:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 20. Time as a Public Health Control
- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

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

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

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



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

DATE OF RE-INSPECTION:

S: 590InspectForm8-14.doc

Inspector's Signature: <i>Aurea Rivera</i>	Print: <i>Aurea Rivera</i>	Page ___ of ___ Pages
PIC's Signature: <i>Tracy Courchaine</i>	Print: <i>Tracy Courchaine</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliance

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Daley School</i>	Date <i>9/12/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>150 Fleming Street</i>	Risk Level	Permit No.	
Telephone <i>(978) 937-8985</i>	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC)	Time Out:		
Inspector <i>Aurea Rivera</i>			

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

Water Temp *110°* Serve-Safe Cert Number *1553529* Expiration Number *9-1-2022*

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

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

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

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

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

DATE OF RE-INSPECTION:

Inspector's Signature <i>Aurea Rivera</i>	Print: <i>Aurea Rivera</i>	Page ___ of ___ Pages
PIC's Signature <i>Tracy Courchaine</i>	Print: <i>Tracy Courchaine</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliment

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Frishman Academy</i>	Date <i>3/22/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>43 French St</i>	Risk Level		
Telephone	HACCP Y/N	Permit No.	
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Billy Seale</i>	Inspector <i>Aden M Phillips</i>		

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

Water Temp 120° Serve-Safe Cert Number 10385757 Expiration Number 8/22/18

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

8/14/20

- Non-compliance with:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

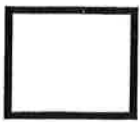
CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Aden M Phillips</i>	Print: <i>Aden M Phillips</i>	Page ___ of ___ Pages
PIC's Signature:	Print:	

Robert Seale *BATTY*

S: 590InspectForm6-14.doc

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>Freshman Academy</i>	Date <i>9/10/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>43 French St</i>	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person-in-Charge (PIC) <i>Michaela Pacimlan</i>	Time In: Out:		
Inspector <i>Jim...</i>			

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

Water Temp 120° Serve-Safe Cert Number 15535309 Expiration Number 9/1/22
8/14/20

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:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>Jim...</i>	Page ___ of ___ Pages
PIC's Signature: <i>Michaela Pacimlan</i>	Print: <i>Michaela Pacimlan</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compliment

Name <i>Freshman Academy</i>	Date <i>9/30/17</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>43 French St</i>	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person-in-Charge (PIC) <i>Michaela Paculan</i>	Time In:		
Inspector	Out:		

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

Water Temp 120° Serve-Safe Cert Number 16847612 Expiration Number 8/23/23

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:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

S: 590InspectForm9-14.doc

Inspector's Signature: <i>[Signature]</i>	Print: <i>Juanita</i>	Page ___ of ___ Pages
PIC's Signature: <i>Michaela Paculan</i>	Print: <i>Michaela Paculan</i>	

City Hall
 375 Merrimack Street
 Lowell, MA
 Tel.: 978-674-4144
 Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliance

Name <i>Gertrude Bailey School</i>	Date <i>4/4/18</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast Permit No.	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>175 Campbell Drive</i>	Risk Level		
Telephone <i>(978) 937-2821</i>	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC)	Time Out:		
Inspector <i>Aurora Rivera</i>			

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

Water Temp *1130* Serve-Safe Cert Number *10305948* Expiration Number *08-22-2018*

Non-compliance with:

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

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

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

EMPLOYEE HEALTH

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

PROTECTION FROM CHEMICALS

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

FOOD FROM APPROVED SOURCE

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

PROTECTION FROM CONTAMINATION

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Aurora Rivera</i>	Print: <i>Aurora Rivera</i>	Page ___ of ___ Pages
PICs Signature: <i>Michelle Berry</i>	Print: <i>Michelle Berry</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compliance

Name <i>Westside Bailey School</i>	Date <i>9/20/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input type="checkbox"/> Routine
Address <i>175 Campbell Drive</i>	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Telephone <i>(978) 937-2821</i>	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Owner	Time In: Out:	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Person-in-Charge (PIC)	Permit No.	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
Inspector <i>Debra Rivera</i>		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other _____

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

Water Temp 110° Serve-Safe Cert Number 16847613 Expiration Number 8-23-2023

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

- Non-compliance with:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

- 12. Prevention of Contamination from Hands

EMPLOYEE HEALTH

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

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

FOOD FROM APPROVED SOURCE

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

PROTECTION FROM CONTAMINATION

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

- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Debra Rivera</i>	Print: <i>Debra Rivera</i>	Page ___ of ___ Pages
PIC's Signature: <i>Jill Pimentel</i>	Print: <i>Jill Pimentel</i>	

Milk droppings.
Kids Eating in Class.
Food permit 2017

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliance

Name <i>Gisela Bailey parax</i>	Date <i>3/20/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>175 Campbell drive</i>	Risk Level	Permit No.	
Telephone <i>(978) 939-2821</i>			
Owner	HACCP Y/N		
Person-in-Charge (PIC)	Time In: Out:		
Inspector <i>Debra Rivera</i>			

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

Water Temp 110° Serve-Safe Cert Number 1684763 Expiration Number 8-23-2023

Non-compliance with:

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.

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 20. Time as a Public Health Control
- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Debra Rivera</i>	Print: <i>Debra Rivera</i>	Page ___ of ___ Pages
PICs Signature: <i>Jill Pimentel</i>	Print: <i>Jill Pimentel</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

*Corrective
Action
Required
Completed*

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Gertrude Bailey School</i>	Date <i>9/12/19</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>175 Campbell Ave</i>	Risk Level	Permit No.	
Telephone <i>(978) 937-2821</i>			
Owner	HACCP Y/N		
Person-in-Charge (PIC)	Time In: Out:		
Inspector <i>Alex Rivera</i>			

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

Water Temp 110 Serve-Safe Cert Number 16847013 Expiration Number 8-23-23

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:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 20. Time as a Public Health Control
- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

9/19/19

Inspector's Signature: <i>Alex Rivera</i>	Print: <i>Alex Rivera</i>	Page ___ of ___ Pages
PIC's Signature: <i>Jill Pimentel</i>	Print: <i>Jill Pimentel</i>	

THE COMMONWEALTH OF MASSACHUSETTS

City Lowell OF Lowell

35 John Street 2nd floor Lowell, MA 01852 Board of Health

Establishment Name: Bailey School

Date: 9-12-19

Page: 2 of 2

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION
PLEASE PRINT CLEARLY

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY	Date Verified
21	590-007	R	Milk coolers not working properly. Must repair/replace.	
27	590-007	R	Stained curing trays. Replace.	

Discussion With Person in Charge:

Corrective Action Required: No Yes

<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliance.

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Gertrude Buckley School</i>	Date <i>10-10-19</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>175 Campbell Drive</i>	Risk Level	Permit No.	
Telephone <i>978-937-2821</i>			
Owner	HACCP Y/N		
Person-in-Charge (PIC)	Time In: Out:		
Inspector <i>Aileen Rivera</i>			

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

Water Temp *112* Serve-Safe Cert Number *16847613* Expiration Number *8-23-2023*

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Aileen Rivera</i>	Print: <i>Aileen Rivera</i>	Page ___ of ___ Pages
PIC's Signature: <i>Jill Pimentel</i>	Print: <i>Jill Pimentel</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>Greenhalge School</i>	Date <i>3/28/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>149 Kennell St</i>	Risk Level		
Telephone	HACCP Y/N	Permit No.	
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Evangelia Aggaris</i>			
Inspector <i>Adam McPhillips</i>			

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

Water Temp *120* Serve-Safe Cert Number *13489645* Expiration Number *4/21*

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices_ (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Adam McPhillips</i>	Print: <i>Adam McPhillips</i>	Page ___ of ___ Pages
PIC's Signature: <i>Evangelia Aggaris</i>	Print: <i>Evangelia Aggaris</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compliant

Name <i>Greenbridge School</i>	Date <i>9/5/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>149 Ennell St</i>	Risk Level	Permit No.	
Telephone <i>978-937-2886</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Elaine Fontes</i>			
Inspector <i>Jimmy L</i>			

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

Water Temp *120°* Serve-Safe Cert Number *13459642* Expiration Number *4/9/21*

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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DATE OF RE-INSPECTION:

Inspector's Signature: <i>Jimmy L</i>	Print: <i>Jimmy L</i>	Page ___ of ___ Pages
PIC's Signature: <i>Elaine Fontes</i>	Print: <i>ELAINE FONTES</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compl.

Name <i>Greenhalge School</i>	Date <i>7/2/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>149 Emmett St</i>	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person-in-Charge (PIC) <i>E. Davis</i>	Time In:		
Inspector <i>J. Murphy</i>	Time Out:		

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

Water Temp 120 Serve-Safe Cert Number 16894665 Expiration Number 9/5/23

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

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

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

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



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

DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: <i>[Signature]</i>	Print: <i>Jimmy L</i>	Page ___ of ___ Pages
PIC's Signature: <i>[Signature]</i>	Print: <i>E. Davis</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

*Corrective
Action Needed*

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>149 Everett St Greenidge School</i>	Date <i>9/10/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>149 Everett St</i>	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person-in-Charge (PIC) <i>Savitree Balkrishan</i>	Time In: Out:		
Inspector <i>Jimmy G</i>			

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

Water Temp 120° Serve-Safe Cert Number 16894665 Expiration Number 9/5/23
8/14/19

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:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 20. Time as a Public Health Control
- 21. Food and Food Preparation for HSP

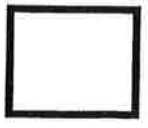
CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Jimmy G</i>	Print: <i>Jimmy G</i>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Savitree Balkrishan</i>	Print: <i>SAVITREE BALKRISHAN</i>	

S: 590InspectForm6-14.doc

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compliant

Name James F. Sullivan School	Date 3/19/18	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address 150 Draper St.	Risk Level	Permit No.	
Telephone 978-937-7685	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC) Mary Ellen Garneau	Time Out:		
Inspector LISA SAM			

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

Water Temp 120° Serve-Safe Cert Number 10309146 Expiration Number 8/22/18

Non-compliance with:

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

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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


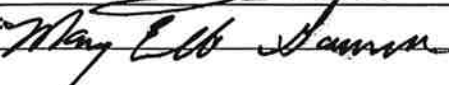
Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



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

DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: 	Print: LISA SAM	Page <u>6</u> of <u>1</u> Pages
PICs Signature: 	Print: Mary Ellen Garneau	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>James F. Sullivan School</i>	Date <i>9/12/18</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>150 Draper St.</i>	Risk Level	Permit No.	
Telephone <i>978-937-7685</i>	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC) <i>Mary Ellen Garner</i>	Time Out:		
Inspector <i>LISA SAM</i>			

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

Water Temp *130°* Serve-Safe Cert Number *103505740* Expiration Number *13489645* *Food test* *4/9/21*

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:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <u><i>1</i></u> of <u><i>1</i></u> Pages
PIC's Signature: <i>Mary Ellen Garner</i>	Print: <i>Mary Ellen Garner</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>James F. Sullivan School</i>	Date <i>2/14/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>150 Draper St.</i>	Risk Level		
Telephone <i>978-937-7685</i>	HACCP Y/N	Permit No.	
Owner	Time In:		
Person-in-Charge (PIC) <i>Mary Ellen Garneau</i>	Time Out:		
Inspector <i>LISA SAM</i>			

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

Water Temp 120° Serve-Safe Cert Number 13489645 Expiration Number 4/9/21

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

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

DATE OF RE-INSPECTION:

S: 590InspecForm6-14.doc

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <u>1</u> of <u>1</u> Pages
PICs Signature: <i>Mary Ellen Garneau</i>	Print: <i>Mary Ellen Garneau</i>	

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Complied

Name <i>James F. Sullivan School</i>	Date <i>9/17/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>150 Draper St.</i>	Risk Level	Permit No.	
Telephone <i>978-937-7685</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Kimberly-A. Landis</i>			
Inspector <i>LISA SAM</i>			

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

Water Temp 120° Serve-Safe Cert Number 13489645 Expiration Number 4/9/21

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:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

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

DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <u>1</u> of <u>1</u> Pages
PICs Signature: <i>[Signature]</i>	Print: <i>Kimberly-A. Landis</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compliant

Name <i>Joseph G. Paine School</i>	Date <i>3/21/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>145 Boulston St.</i>	Risk Level	Permit No.	
Telephone <i>978-970-5484</i>	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC) <i>Deborah Duggan</i>	Out:		
Inspector <i>LISA SAM</i>			

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

Water Temp *120°* Serve-Safe Cert Number *15585292* Expiration Number *9/1/22*

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

S: 590InspectForm6-14.doc

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

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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <u><i>1</i></u> of <u> </u> Pages
PICs Signature: <i>[Signature]</i>	Print: <i>Deborah Duggan</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>Joseph G. Ryne School</i>	Date <i>9/13/18</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>145 Boulton St.</i>	Risk Level	Permit No.	
Telephone <i>978-970-5484</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Deborah Duggan</i>			
Inspector <i>LISA SAM</i>			

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

Water Temp *125°* Serve-Safe Cert Number *15535292* Expiration Number *9/1/22*

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Lisa Sam</i>	Print: <i>LISA SAM</i>	Page <u><i>1</i></u> of <u><i>1</i></u> Pages
PICs Signature: <i>Deborah Duggan</i>	Print: <i>Deborah Duggan</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>Joseph G. Pyne School</i>	Date <i>3/14/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address <i>145 Bolton St.</i>	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Telephone <i>978-970-5484</i>	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Owner		<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Person-in-Charge (PIC) <i>Deborn Duggan</i>	Time In: Out:	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
Inspector <i>LISA SAM</i>		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
		Permit No.	<input type="checkbox"/> Other _____

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

Water Temp 130° Serve-Safe Cert Number 1553292 Expiration Number 9/1/02

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

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

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

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



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

DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <i>1</i> of <i>1</i> Pages
PICs Signature: <i>Deborn Duggan</i>	Print: <i>Deborn Duggan</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>Joseph G. Pyne School</i>	Date <i>9/11/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>145 Baylston St.</i>	Risk Level		
Telephone <i>978-970-5484</i>	HACCP Y/N	Permit No.	
Owner	Time In:		
Person-in-Charge (PIC)	Time Out:		
Inspector <i>LISA SAM</i>			

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

Water Temp *120°* Serve-Safe Cert Number *15535292* Expiration Number *9/1/22*

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 20. Time as a Public Health Control
- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <u>1</u> of <u>1</u> Pages
PICs Signature: <i>[Signature]</i>	Print: <i>Deborah Duggan</i>	

City Hall
 375 Merrimack Street
 Lowell, MA
 Tel.: 978-674-4144
 Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliance

Name <i>Laura Lee School</i>	Date <i>10/17/11</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>335 Powell Street</i>	Risk Level	Permit No.	
Telephone <i>(978) 937-7655</i>	HACCP Y/N		
Owner	Time In: _____ Time Out: _____		
Person-in-Charge (PIC) <i>1</i>			
Inspector <i>Aurea Rivera</i>			

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

Water Temp *110'* Serve-Safe Cert Number _____ Expiration Number _____

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Aurea Rivera</i>	Print: <i>Aurea Rivera</i>	Page ___ of ___ Pages
PICs Signature: <i>Tammy McLaughlin</i>	Print: <i>Tammy McLaughlin</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

compliance

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Laura Lee School</i>	Date <i>9/27/18</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>235 Powell Street</i>	Risk Level		
Telephone <i>978-937-7655</i>	HACCP Y/N	Permit No.	
Owner	Time In: Out:		
Person-in-Charge (PIC)			
Inspector <i>Alicia Rivera</i>			

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

Water Temp 110 Serve-Safe Cert Number _____ Expiration Number _____

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

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

DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: <i>Alicia Rivera</i>	Print: <i>Alicia Rivera</i>	Page ___ of ___ Pages
PICs Signature: <i>Frank C. Vicente</i>	Print: <i>Frank C. Vicente</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliment

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Laura Lee School</i>	Date <i>4/25/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>235 Powell St</i>	Risk Level		
Telephone	HACCP Y/N	Permit No.	
Owner	Time In:		
Person-in-Charge (PIC) <i>Tammy McGaugh</i>	Time Out:		
Inspector <i>Adam McPhillips</i>			

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

Water Temp *120°* Serve-Safe Cert Number _____ Expiration Number _____

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

Non-compliance with:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

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

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Adam McPhillips</i>	Print: <i>Adam McPhillips</i>	Page ___ of ___ Pages
PIC's Signature: <i>Tammy McGaugh</i>	Print: <i>Tammy McGaugh</i>	

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliance

Name <i>Laura Lee School</i>	Date <i>10/11/19</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast Permit No.	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>235 Powell Street</i>	Risk Level		
Telephone <i>(978) 937-7657</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC)			
Inspector <i>Anna Rivera</i>			

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

Water Temp 110° Serve-Safe Cert Number 13188572 Expiration Number 1-30-2021

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:*
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 20. Time as a Public Health Control
- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Anna Rivera</i>	Print: <i>Anna Rivera</i>	Page ___ of ___ Pages
PICs Signature: <i>Tammy McLaughlin</i>	Print: <i>Tammy McLaughlin</i>	

S: 590InspectForm6-14.doc

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compliant

Name <i>LeBlanc School</i>	Date <i>3/19/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>58 Sycamore St.</i>	Risk Level	Permit No.	
Telephone <i>978-970-5467</i>	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC) <i>DONNA J. VERGADOS</i>	Time Out:		
Inspector <i>LISA SAM</i>			

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

Water Temp *120°* Serve-Safe Cert Number *18188530* Expiration Number *1/20/21*

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

- Non-compliance with:**
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

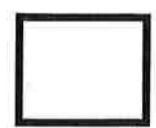
CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Lisa Sam</i>	Print: <i>LISA SAM</i>	Page <u><i>1</i></u> of <u><i>1</i></u> Pages
PIC's Signature: <i>Donna J. Vergados</i>	Print: <i>DONNA J. VERGADOS</i>	

S: 590InspectForm6-14.doc

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complained

Name LeBlanc School	Date 9/19/18	Type of Operation(s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address 58 Sycamore St.	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Telephone 978-970-5467		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Owner	HACCP Y/N	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Person-in-Charge (PIC) DONNA J. VERGADOS	Time In:	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
Inspector LISA SAM	Out:	<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
		Permit No.	<input type="checkbox"/> Other

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

Water Temp 120° Serve-Safe Cert Number 12378960 Expiration Number 5/26/20

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

- Non-compliance with:**
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

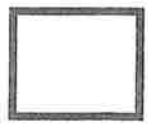
CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature:	Print: LISA SAM	Page <u>1</u> of <u> </u> Pages
PICs Signature:	Print: DONNA J. VERGADOS	

S: 590InspectForm6-14.doc

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Complied

Name <i>LeBlanc School</i>	Date <i>3/14/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>58 Sumner St.</i>	Risk Level	Permit No.	
Telephone <i>978-970-5467</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Carolyn Cuneo</i>			
Inspector <i>LISA SAM</i>			

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

Water Temp 125° Serve-Safe Cert Number D378960 Expiration Number 5/26/20

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

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

DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: <i>LISA SAM</i>	Print: <i>LISA SAM</i>	Page <u>1</u> of <u>1</u> Pages
PICs Signature: <i>Carolyn Cuneo</i>	Print: <i>Carolyn Cuneo</i>	

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Completed

Name <i>Le Blanc School</i>	Date <i>9/17/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>58 Sycamore St.</i>	Risk Level	Permit No.	
Telephone <i>978-970-5467</i>	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC) <i>Natalia Silva</i>	Out:		
Inspector <i>LISA SAM</i>			

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

Water Temp 120° Serve-Safe Cert Number 12378960 Expiration Number 5/26/20

Non-compliance with:

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

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

S: 590InspecForm6-14.doc

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <i>[Signature]</i>	Print: <i>Natalia Silva</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliance

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Lincoln School</i>	Date <i>3/29/18</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>300 Chelmsford Street</i>	Risk Level	Permit No.	
Telephone <i>(978) 937-2852</i>	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC)	Time Out:		
Inspector <i>Aurea Rivera</i>			

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

Water Temp *1120* Serve-Safe Cert Number *15535302* Expiration Number *9-1-2022*

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

Non-compliance with:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

- 12. Prevention of Contamination from Hands

EMPLOYEE HEALTH

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

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

FOOD FROM APPROVED SOURCE

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

PROTECTION FROM CONTAMINATION

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: <i>Aurea Rivera</i>	Print: <i>Aurea Rivera</i>	Page ___ of ___ Pages
PIC's Signature: <i>Donna Dallacine</i>	Print: <i>Donna Dallacine</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliance

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Lincoln School</i>	Date <i>9/20/18</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>300 Cheemsford Street</i>	Risk Level		
Telephone <i>(978) 9637-2852</i>	HACCP Y/N	Permit No.	
Owner	Time In: Out:		
Person-in-Charge (PIC)			
Inspector <i>Queen Rivera</i>			

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

Water Temp 110' Serve-Safe Cert Number 15535302 Expiration Number 9-1-2022

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

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

DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: <i>Queen Rivera</i>	Print: <i>Queen Rivera</i>	Page ___ of ___ Pages
PICs Signature: <i>Ann Marie Smith</i>	Print: <i>Ann Marie Smith</i>	

me

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliance

Name <i>Lincoln School</i>	Date <i>3/13/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>300 Chelmsford Street</i>	Risk Level		
Telephone <i>978 937 2852</i>	HACCP Y/N	Permit No.	
Owner	Time In:		
Person-in-Charge (PIC)	Time Out:		
Inspector <i>Aurea Rivera</i>			

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

Water Temp 110 Serve-Safe Cert Number 14113531 Expiration Number 2-25-2022

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:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities
- PROTECTION FROM CHEMICALS
- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Aurea Rivera</i>	Print: <i>AUREA RIVERA</i>	Page ___ of ___ Pages
PICs Signature: <i>Ana Smith</i>	Print: <i>Ana Smith</i>	

S: 590InspectForm6-14.doc

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

*Corrective
action is
Required*

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Lincoln School</i>	Date <i>9/16/19</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>300 Chelmsford Street</i>	Risk Level	Permit No.	
Telephone <i>978-937-2852</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC)			
Inspector <i>Aurea Rivera</i>			

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

Water Temp *110°* Serve-Safe Cert Number *15535302* Expiration Number *9-1-2022*

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:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

9/24/14

Inspector's Signature: <i>Aurea Rivera</i>	Print: <i>Aurea Rivera</i>	Page ___ of ___ Pages
PICs Signature: <i>Ann Marie Smith</i>	Print: <i>Ann Marie Smith</i>	

THE COMMONWEALTH OF MASSACHUSETTS

Establishment Name: Lincoln School City Lowell OF Lowell
 35 John Street 2nd Floor Lowell, MA 01852 Board of Health
 Date: 9-16-19 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
27	590-007	R.	FLOOR NEXT TO THE Bath SINK in disrepair/repair/replace. 1/2	
27	590-007	R	Stained ceiling tile must Replace. OK	
27	590-007	R	Kitchen garbage sink hose not working. Replace - took out. student	
25	590-005	R	Hood system needs to be serviced. OK 5/23	
27	590-007	R	pipe insulation all torn must be Replaced. OK 10	
Discussion With Person in Charge:				
Corrective Action Required:			<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<input type="checkbox"/>	Voluntary Compliance	<input type="checkbox"/>	Employee Restriction / Exclusion	
<input type="checkbox"/>	Re-inspection Scheduled	<input type="checkbox"/>	Emergency Suspension	
<input type="checkbox"/>	Embargo	<input type="checkbox"/>	Emergency Closure	
<input type="checkbox"/>	Voluntary Disposal	<input type="checkbox"/>	Other	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

compliance.

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Lincoln School</i>	Date <i>10/10/19</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>300 Chelmsford Street</i>	Risk Level		
Telephone <i>(978) 937-2852</i>	HACCP Y/N	Permit No.	
Owner	Time In: Out:		
Person-in-Charge (PIC)			
Inspector <i>Allen Rivera</i>			

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

Water Temp *110* Serve-Safe Cert Number *15535302* Expiration Number *9-1-2022*

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Allen Rivera</i>	Print: <i>Allen Rivera</i>	Page ___ of ___ Pages
PICs Signature: <i>Ann Marie Smith</i>	Print: <i>Ann Marie Smith</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compl. ed

Name <i>Lowell Collegiate Charter School</i>	Date <i>4/10/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>1837 Middlesex St</i>	Risk Level		
Telephone <i>978-458-1399</i>	HACCP Y/N	Permit No.	
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Carl Lystrom</i>			
Inspector <i>Jimmy K</i>			

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

Water Temp *120°* Serve-Safe Cert Number *0173270* Expiration Number *4/15/20*

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

- Non-compliance with:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>Jimmy K</i>	Page ___ of ___ Pages
PICs Signature: <i>[Signature]</i>	Print: <i>Abigail Murphy</i>	

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Complied

Name <i>Lowell Collegiate Charter School</i>	Date <i>02/29/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>1837 Middlesex St</i>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>CHRISTOPHER BASKIN</i>			
Inspector <i>Jimmy G</i>			

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

Water Temp 122° Serve-Safe Cert Number 12173220 Expiration Number 4/5/20

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

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

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

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



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DATE OF RE-INSPECTION:

Inspector's Signature: <i>Jimmy G</i>	Print: <i>Jimmy G</i>	Page ___ of ___ Pages
PIC's Signature: <i>Christopher Baskin</i>	Print: <i>CHRISTOPHER BASKIN</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complief

Name <i>Lowell Collegiate Charter</i>	Date <i>9/25/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>1837 Middlesex St</i>	Risk Level		
Telephone	HACCP Y/N	Permit No.	
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Abigail Murphy</i>			
Inspector <i>J. Dwyer</i>			

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

Water Temp 120° Serve-Safe Cert Number 12173220 Expiration Number 4/5/20

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>J. Dwyer</i>	Print: <i>J. Dwyer</i>	Page ___ of ___ Pages
PICs Signature: <i>Abigail Murphy</i>	Print: <i>Abigail Murphy</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compld

Name <i>Lowell Collegiate Charter School</i>	Date <i>9/30/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>1837 Middlesex St.</i>	Risk Level		
Telephone <i>978-458-1399</i>	HACCP Y/N	Permit No.	
Owner	Time In:		
Person-in-Charge (PIC) <i>Angela Murphy</i>	Time Out:		
Inspector <i>J. Sample</i>			

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

Water Temp *62°* Serve-Safe Cert Number _____ Expiration Number _____

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 20. Time as a Public Health Control
- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices_ (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>J. Sample</i>	Page ___ of ___ Pages
PICs Signature: <i>[Signature]</i>	Print: <i>Angela</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>Lowell High School</i>	Date <i>3/22/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>50 Father Morrisette Blvd</i>	Risk Level		
Telephone	HACCP Y/N	Permit No.	
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Taran Johnston</i>			
Inspector <i>Adam Phillips</i>			

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

Water Temp 120° Serve-Safe Cert Number 15535304 Expiration Number 9/1/22

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

8/14/20

Non-compliance with:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

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

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- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Adam Phillips</i>	Print: <i>Adam Phillips</i>	Page ___ of ___ Pages
PIC's Signature: <i>Taran Johnston</i>	Print: <i>Taran Johnston</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

*Corrective
Action Needed*

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Lowell High Cafe</i>	Date <i>9/10/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>50 Fuller Morrisette</i>	Risk Level	Permit No.	
Telephone <i>978-937-8955</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Paula Trud</i>			
Inspector <i>Jimmy</i>			

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

Water Temp 120 Serve-Safe Cert Number 15535304 Expiration Number 9/1/22

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:

- ServSafe 590.003 (A)
Pest Control 590.007
Anti-Choking 590.009 (E)
Tobacco 590.009 (F)
Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

S: 590InspeclForm6-14.doc

Inspector's Signature: <i>Jimmy</i>	Print: <i>Jimmy</i>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Paula Trud</i>	Print: <i>Paula Trud</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>Lowell High School Cafe</i>	Date <i>3/21/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>50 Father Merritt Blvd</i>	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person-in-Charge (PIC) <i>Taran Johnston</i>	Time In: Out:		
Inspector <i>Jimmy G</i>			

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

Water Temp 120° Serve-Safe Cert Number 15535204 Expiration Number 9/11/22
8/14/20

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

S: 590InspeclForm6-14.doc

Inspector's Signature: <i>[Signature]</i>	Print: <i>Jimmy G</i>	Page ___ of ___ Pages
PICs Signature: <i>[Signature]</i>	Print: <i>Taran Johnston</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>CHS Cafe</i>	Date <i>9/30/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>50 Father Marquette St</i>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC) <i>Taran Johnston</i>	Time Out:		
Inspector <i>Jimmie</i>			

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

Water Temp 120 Serve-Safe Cert Number 155-353-24 Expiration Number 9/1/22
8/14/20

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

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

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Jimmie</i>	Print: <i>Jimmie</i>	Page ___ of ___ Pages
PIC's Signature: <i>Taran Johnston</i>	Print: <i>Taran Johnston</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complited

Name <i>McAuliffe School</i>	Date <i>9/5/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>570 Beacon St</i>	Risk Level	Permit No.	
Telephone <i>978-937-2841</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Deborah Muldoon</i>			
Inspector <i>Jim Myle</i>			

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

Water Temp *122"* Serve-Safe Cert Number *15519218* Expiration Number *8/28/22*

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:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

S: 590InspecForm6-14.doc

Inspector's Signature: <i>Jim Myle</i>	Print: <i>Jim Myle</i>	Page ___ of ___ Pages
PIC's Signature: <i>Deborah Muldoon</i>	Print: <i>Deborah Muldoon</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>McAuliffe School</i>	Date <i>3/14/17</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>570 Beacon St</i>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC) <i>Deborah Muldoon</i>	Time Out:		
Inspector <i>Jimmy G</i>			

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

Water Temp *120°* Serve-Safe Cert Number *15579218* Expiration Number *8/14/20*
8/23/23

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

Non-compliance with:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>Jimmy G</i>	Page ___ of ___ Pages
PIC's Signature: <i>Deborah Muldoon</i>	Print: <i>Deborah Muldoon</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

*Corrective
Action needed*

Name <i>McAuliffe School</i>	Date <i>9/19/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>570 Beacon St</i>	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person-in-Charge (PIC) <i>Deborah Muldoon</i>	Time In:		
Inspector <i>Jimmy Le</i>	Time Out:		

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

Water Temp *120* Serve-Safe Cert Number *1557 9218* Expiration Number *8/28/22*
5/14/20

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Jimmy Le</i>	Print: <i>Jimmy Le</i>	Page ___ of ___ Pages
PIC's Signature: <i>Deborah Muldoon</i>	Print: <i>Deborah Muldoon</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>McAfee School</i>	Date <i>10/23/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>570 Beacon St</i>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Deborah Muldoon</i>			
Inspector <i>Jimmy Le</i>			

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

Water Temp *20°* Serve-Safe Cert Number *8519216* Expiration Number *8/08/22*

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: <i>Jimmy Le</i>	Print: <i>Jimmy Le</i>	Page ___ of ___ Pages
PIC's Signature: <i>Deborah Muldoon</i>	Print: <i>Deborah Muldoon</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compliment

Name <i>McAvinne School</i>	Date <i>9/10/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>131 Mammeth Rd</i>	Risk Level		
Telephone <i>978 937 8873</i>	HACCP Y/N	Permit No.	
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Jeanne Arsenault</i>			
Inspector <i>Jimmy Le</i>			

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

Water Temp 120° Serve-Safe Cert Number 15535248 Expiration Number 9/11/22
8/14/20

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:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices_ (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

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DATE OF RE-INSPECTION:

S: 590InspeclForm6-14.doc

Inspector's Signature: <i>[Signature]</i>	Print: <i>Jimmy Le</i>	Page ___ of ___ Pages
PICs Signature: <i>Jeanne Arsenault</i>	Print: <i>Jeanne Arsenault</i>	

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliment

Name <i>McAvenue School</i>	Date <i>3/12/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>131 Mammath Rd</i>	Risk Level	Permit No.	
Telephone <i>978 937-2879</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>NANCY Kondeau</i>			
Inspector <i>James G</i>			

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

Water Temp 120° Serve-Safe Cert Number 15535293 Expiration Number 9/1/22
5/1/20

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

- 12. Prevention of Contamination from Hands
 - 13. Handwash Facilities
- #### PROTECTION FROM CHEMICALS
- 14. Approved Food or Color Additives
 - 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>James G</i>	Page ___ of ___ Pages
PICs Signature: <i>Nancy Kondeau</i>	Print: <i>Nancy M Kondeau</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

*Corrective
Action Needed*

Name <i>McAvinne School</i>	Date <i>9/9/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast Permit No.	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>131 Mammoth Rd</i>	Risk Level		
Telephone			
Owner	HACCP Y/N		
Person-in-Charge (PIC) <i>Jeanne Arsenault</i>	Time In: Out:		
Inspector <i>Jimmy G</i>			

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

Water Temp 120° Serve-Safe Cert Number 183096301 Expiration Number 5/29/24

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.

- 8/14/20* Non-compliance with:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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DATE OF RE-INSPECTION:

Inspector's Signature: <i>Jimmy G</i>	Print: <i>Jimmy G</i>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Jeanne Arsenault</i>	Print: <i>Jeanne Arsenault</i>	

City OF Lowell

35 John Street 2nd floor Lowell, MA 01852 Board of Health

Establishment Name: McAvinne School Date: 9/9/19 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
27	FC-6	C	Hood does not vent	
27	FC-6	R	Hood cleaning sticker expired	
27	FC-6	C	Hand cleaning sink does not reach temp.	
27	FC-3	C	Evidence of mice	
27	FC-6	R	Hood A/C blowing out bugs	

Discussion With Person in Charge:

<input checked="checked" type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> No <input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

City Hall
 375 Merrimack Street
 Lowell, MA
 Tel.: 978-674-4144
 Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Complied

Name <i>McAvine School</i>	Date <i>6/28/14</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>131 Mammal Ln Rd</i>	Risk Level	Permit No.	
Telephone			
Owner <i>978 937 2878</i>	HACCP Y/N		
Person-in-Charge (PIC) <i>Nancy M Kondew</i>	Time In:		
Inspector <i>Jimmy</i>	Out:		

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

Water Temp *120°* Serve-Safe Cert Number *18309639* Expiration Number *8/28/24*
8/14/20

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:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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DATE OF RE-INSPECTION:

Inspector's Signature: <i>Jimmy</i>	Print: <i>Jimmy</i>	Page ___ of ___ Pages
PICs Signature: <i>Nancy M Kondew</i>	Print: <i>NANCY M Kondew</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Complied

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Malloy School</i>	Date <i>3/27/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>125 Smith St</i>	Risk Level		Permit No.
Telephone	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC) <i>Leanne Holmes</i>	Time Out:		
Inspector <i>Adam M. Phillips</i>			

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

Water Temp *120* Serve-Safe Cert Number *13388484* Expiration Number *3/26/21*

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

10/2/22

Non-compliance with:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Adam M. Phillips</i>	Print: <i>Adam M. Phillips</i>	Page ___ of ___ Pages
PIC's Signature: <i>Leanne Holmes</i>	Print: <i>Leanne Holmes</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Complied

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Malloy School</i>	Date <i>9/16/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>125 Smith St</i>	Risk Level		
Telephone	HACCP Y/N	Permit No.	
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Norina Pelton</i>			
Inspector <i>Adam M. Phillips</i>			

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

Water Temp 120° Serve-Safe Cert Number 13388484 Expiration Number 3/26/21

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

10/2/22

Non-compliance with:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

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

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

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

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

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



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DATE OF RE-INSPECTION:

Inspector's Signature: <i>Adam M. Phillips</i>	Print: <i>Adam M. Phillips</i>	Page ___ of ___ Pages
PIC's Signature: <i>Norina Pelton</i>	Print: <i>Donna Pelton</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Complied

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Mulloy School</i>	Date <i>3/20/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>125 Smith St</i>	Risk Level		
Telephone	HACCP Y/N	Permit No.	
Owner	Time In:		
Person-in-Charge (PIC) <i>Donna Pelton</i>	Time Out:		
Inspector <i>Adam McPhillips</i>			

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

Water Temp *120°* Serve-Safe Cert Number *13188572* Expiration Number *1/30/21*

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.

- 10/26/21* Non-compliance with:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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DATE OF RE-INSPECTION:

Inspector's Signature: <i>Adam McPhillips</i>	Print: <i>Adam McPhillips</i>	Page ___ of ___ Pages
PIC's Signature: <i>Donna Pelton</i>	Print: <i>Donna Pelton</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Complied

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Molloy School</i>	Date <i>9/10/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>106 Smith St</i>	Risk Level		
Telephone	HACCP Y/N	Permit No.	
Owner	Time In:		
Person-in-Charge (PIC) <i>DONNA J. VERGADOS</i>	Time Out:		
Inspector <i>Adan McPhillys</i>			

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

Water Temp *120°* Serve-Safe Cert Number *13188572* Expiration Number *1130/21*

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

10/26/22

- Non-compliance with:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

- 12. Prevention of Contamination from Hands

EMPLOYEE HEALTH

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

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

FOOD FROM APPROVED SOURCE

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

PROTECTION FROM CONTAMINATION

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

- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

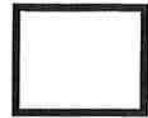
CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices_ (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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DATE OF RE-INSPECTION:

S: 590InspecForm6-14.doc

Inspector's Signature: <i>Adan McPhillys</i>	Print: <i>Adan McPhillys</i>	Page ___ of ___ Pages
PIC's Signature: <i>Donna J. Vergados</i>	Print: <i>DONNA J. VERGADOS</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compliant

Name <i>Moodus School</i>	Date <i>3/15/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>158 Rogers St.</i>	Risk Level	Permit No.	
Telephone <i>978-937-7673</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Laura Hawes</i>			
Inspector <i>LISA SAM</i>			

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

Water Temp *117* Serve-Safe Cert Number *15677876* expiration Number *10/12/22*

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

EMPLOYEE HEALTH

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

PROTECTION FROM CHEMICALS

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

FOOD FROM APPROVED SOURCE

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

PROTECTION FROM CONTAMINATION

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

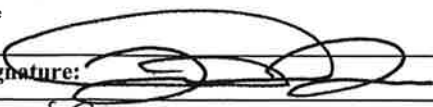
Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



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DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: 	Print: <i>LISA SAM</i>	Page <i>1</i> of <i>1</i> Pages
PIC's Signature: <i>Laura Hawes</i>	Print: <i>Laura Hawes</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>Moody School</i>	Date <i>9/20/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>158 Rogers St.</i>	Risk Level	Permit No.	
Telephone <i>978-987-7673</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Laura Hawes</i>			
Inspector <i>LISA SAM</i>			

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

Water Temp *118°* Serve-Safe Cert Number *15677876* Expiration Number *10/12/22*

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

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

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

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <i>1</i> of <i>1</i> Pages
PICs Signature: <i>Laura Hawes</i>	Print: <i>Laura Hawes</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Complied

Name <i>Moody School</i>	Date <i>3/19/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast Permit No.	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>158 Rogers St.</i>	Risk Level		
Telephone <i>978-837-7673</i>	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC) <i>Laura Hawes</i>	Time Out:		
Inspector <i>LISA SAM</i>			

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

Water Temp 115° Serve-Safe Cert Number 15077876 Expiration Number 10/12/22

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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

FOOD FROM APPROVED SOURCE

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

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
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- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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

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DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <u>1</u> of <u>1</u> Pages
PICs Signature: <i>Laura Hawes</i>	Print: <i>Laura Hawes</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>Moody School</i>	Date <i>9/16/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>158 Rogers St.</i>	Risk Level	Permit No.	
Telephone <i>978-937-7673</i>	HACCP Y/N		
Owner <i>Leanne Holmes</i>	Time In: _____ Out: _____		
Person-in-Charge (PIC)			
Inspector <i>LISA SAM</i>			

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

Water Temp *62.0* Serve-Safe Cert Number *15677876* Expiration Number *10/12/22*
133694544

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

- Non-compliance with:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

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

EMPLOYEE HEALTH

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

PROTECTION FROM CHEMICALS

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

FOOD FROM APPROVED SOURCE

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

PROTECTION FROM CONTAMINATION

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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

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



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

DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <i>1</i> of <i>1</i> Pages
PIC's Signature: <i>Leanne Holmes</i>	Print: <i>Leanne Holmes</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compliance

Name <i>Money School</i>	Date <i>9/13/17</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>130 Pine Street</i>	Risk Level		
Telephone <i>(978) 937-7662</i>	HACCP Y/N	Permit No.	
Owner	Time In: Out:		
Person-in-Charge (PIC)			
Inspector <i>Debra Rivkin</i>			

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

Water Temp *110°* Serve-Safe Cert Number *10305959* Expiration Number *8-22-2018*

Non-compliance with:

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

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

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

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

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

EMPLOYEE HEALTH

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

PROTECTION FROM CHEMICALS

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

FOOD FROM APPROVED SOURCE

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

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

PROTECTION FROM CONTAMINATION

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

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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



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

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Debra Rivkin</i>	Print: <i>Debra Rivkin</i>	Page ___ of ___ Pages
PIC's Signature: <i>Diane Shanley</i>	Print: <i>Diane Shanley</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliance

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Morley School</i>	Date <i>4/3/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>130 Pine Street</i>	Risk Level		
Telephone <i>(978) 937-7662</i>	HACCP Y/N	Permit No.	
Owner	Time In: Out:		
Person-in-Charge (PIC)			
Inspector <i>Allen Rivera</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *112°* Serve-Safe Cert Number *10305909* Expiration Number *8-22-2018*

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:**
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC
 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source
 5. Receiving/Condition
 6. Tags/Records/Accuracy of Ingredient Statements
 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection
 9. Food Contact Surfaces Cleaning and Sanitizing
 10. Proper Adequate Handwashing
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands
 13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures
 17. Reheating
 18. Cooling
 19. Hot and Cold Holding
 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Allen Rivera</i>	Print: <i>Allen Rivera</i>	Page ___ of ___ Pages
PIC's Signature: <i>Diane Shanley</i>	Print: <i>Diane Shanley</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliance

Name <i>Money School</i>	Date <i>9/12/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>130 Pink Street</i>	Risk Level	Permit No.	
Telephone <i>(978) 937-7462</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC)			
Inspector <i>Aurea Rivera</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *71.0* Serve-Safe Cert Number *10305959* Expiration Number *8-22-2018*

Violations Related to Foodborne Illness Interventions and Risk Factors - (Red Items)

- Non-compliance with:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

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

Light in walk in freezer

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illness Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Aurea Rivera</i>	Print: <i>Aurea Rivera</i>	Page ___ of ___ Pages
PICs Signature: <i>Colleen Stanley</i> <i>Oliver Stanley</i>	Print:	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

*Corrective
action is
Required*

Name <i>Moray School</i>	Date <i>01/11/19</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>130 Pine Street</i>	Risk Level	Permit No.	
Telephone <i>(978) 452-7125</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC)			
Inspector <i>Aurea Rivera</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *110°* Serve-Safe Cert Number *16847615* Expiration Number *8-23-2023*

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors - (Red Items)

- ServSafe 590.003 (A)
Pest Control 590.007
Anti-Choking 590.009 (E)
Tobacco 590.009 (F)
Allergen Awareness 590.000 (G)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

12. Prevention of Contamination from Hands

13. Handwash Facilities

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC
 3. Personnel with Infections Restricted/Excluded

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source
 5. Receiving/Condition
 6. Tags/Records/Accuracy of Ingredient Statements
 7. Conformance with Approved Procedures/HACCP Plans

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures
 17. Reheating
 18. Cooling
 19. Hot and Cold Holding

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection
 9. Food Contact Surfaces Cleaning and Sanitizing
 10. Proper Adequate Handwashing
 11. Good Hygienic Practices

20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
	<input checked="" type="checkbox"/>	25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

9-18-19

S: 590InspectForm6-14.doc

Inspector's Signature: <i>Aurea Rivera</i>	Print: <i>Aurea Rivera</i>	Page ___ of ___ Pages
Cs Signature: <i>Diane Shanley</i>	Print: <i>Diane Shanley</i>	

THE COMMONWEALTH OF MASSACHUSETTS

City Lowell

35 John Street 2nd floor Lowell, MA 01852 Board of Health

Establishment Name: Morley School Date: 9-11-19 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Reg. Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
25	590-005	R	walk in freezer not working properly. Broken seal.	10/10
25	990-005	R	Hood system not working properly must have it inspected.	9/20
			Extermination for mice must use a professional company and submit a copy to our office.	9/20
			Bathroom ceiling tiles need to be replaced.	10/10
				delay
				file.

Discussion With Person in Charge:

Corrective Action Required:	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Embargo	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Emergency Suspension	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Emergency Closure	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliance

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Moley School</i>	Date <i>10/10/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>130 Pine Street</i>	Risk Level	Permit No.	
Telephone <i>978-452-7725</i>	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC)	Time Out:		
Inspector <i>Aileen Rivera</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp 110° Serve-Safe Cert Number 16847615 Expiration Number 8-23-2023

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Aileen Rivera</i>	Print: <i>Aileen Rivera</i>	Page ___ of ___ Pages
PICs Signature: <i>Diane Shanley</i>	Print: <i>Diane Shanley</i>	

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliant

Name <i>Murkland School</i>	Date <i>11/5/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>350 Adams St</i>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: _____ Time Out: _____		
Person-in-Charge (PIC) <i>Ann Marie Zeploski</i>			
Inspector <i>Jimmie</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *122°* Serve-Safe Cert Number *14723538* Expiration Number *2/25/22*

Violations Related to Foodborne Illness Interventions and Risk Factors - (Red Items)

- 8/19/20* Non-compliance with:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

12. Prevention of Contamination from Hands

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

13. Handwash Facilities

3. Personnel with Infections Restricted/Excluded

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

15. Toxic Chemicals

5. Receiving/Condition

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

6. Tags/Records/Accuracy of Ingredient Statements

16. Cooking Temperatures

7. Conformance with Approved Procedures/HACCP Plans

17. Reheating

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection

18. Cooling

9. Food Contact Surfaces Cleaning and Sanitizing

19. Hot and Cold Holding

10. Proper Adequate Handwashing

20. Time as a Public Health Control

11. Good Hygienic Practices

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

21. Food and Food Preparation for HSP

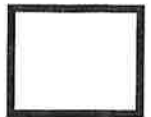
CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

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:

S: 590InspectForm6-14.doc

Inspector's Signature: <i>[Signature]</i>	Print: <i>Jimmie</i>	Page ___ of ___ Pages
PICs Signature: <i>Ann Marie Zeploski</i>	Print: <i>Ann Marie Zeploski</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compl. 2

Name <i>Murkland School</i>	Date <i>3/13/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>350 Adams St</i>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC) <i>Ann Marie Zepkoski</i>	Time Out:		
Inspector <i>Jimmy Le</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp 120 Serve-Safe Cert Number 14283538 Expiration Number 2/25/22
3/14/20

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:

ServSafe	590.003 (A)	<input type="checkbox"/>
Pest Control	590.007	<input type="checkbox"/>
Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.000 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

12. Prevention of Contamination from Hands

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC
 3. Personnel with Infections Restricted/Excluded

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source
 5. Receiving/Condition
 6. Tags/Records/Accuracy of Ingredient Statements
 7. Conformance with Approved Procedures/HACCP Plans

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures
 17. Reheating
 18. Cooling
 19. Hot and Cold Holding

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection
 9. Food Contact Surfaces Cleaning and Sanitizing
 10. Proper Adequate Handwashing
 11. Good Hygienic Practices

20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: <i>Jimmy Le</i>	Print: <i>Jimmy Le</i>	Page ___ of ___ Pages
PICs Signature: <i>Ann Marie Zepkoski</i>	Print: <i>Ann Marie Zepkoski</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Corrective Action Needed

Name <i>Mirkland School</i>	Date <i>10/9/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection
Address <i>350 Adams St</i>	Risk Level	Permit No.	Previous Inspection Date:
Telephone	HACCP Y/N		<input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Ann Marie Zepkoski</i>			
Inspector <i>Jimmy</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *170'* Serve-Safe Cert Number *1478338* Expiration Number *2/25/22*

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:**
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 20. Time as a Public Health Control
- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>Jimmy</i>	Page 1 of 2 Pages
PICs Signature: <i>Ann Marie Zepkoski</i>	Print: <i>Ann Marie Zepkoski</i>	

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Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compl. ed

Name <i>Murkland School</i>	Date <i>10/28/15</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>350 Adams St</i>	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person-in-Charge (PIC) <i>Ann Marie Zeproski</i>	Time In: Out:		
Inspector <i>Jim...</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp 120 Serve-Safe Cert Number 14780538 Expiration Number 2/25/22
5/26/20

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

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Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>Jim...</i>	Page ___ of ___ Pages
PIC's Signature: <i>Ann Marie Zeproski</i>	Print: <i>Ann Marie Zeproski</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Complied

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Pantheon Memorial School</i>	Date <i>3/22/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>425 W Meadow Rd</i>	Risk Level		
Telephone	HACCP Y/N	Permit No.	
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>[Signature]</i>			
Inspector <i>Adam M Phillips</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp 120° Serve-Safe Cert Number 15519225 Expiration Number 8/28/22

Violations Related to Foodborne Illness Interventions and Risk Factors - (Red Items)

12/6/21

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

- Non-compliance with:**
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time as a Public Health Control

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices_ (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>Adam M Phillips</i>	Page ___ of ___ Pages
PICs Signature: <i>[Signature]</i>	Print: <i>Maria Polyzos</i>	

City Hall
 375 Merrimack Street
 Lowell, MA
 Tel.: 978-674-4144
 Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Complied

Name <i>Pawtucket Memorial School</i>	Date <i>9/20/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>425 W Meadow Rd</i>	Risk Level	Permit No.	
Telephone <i>978 441-3715</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Maria Polycos</i>			
Inspector <i>Jimmy Le</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *122*° Serve-Safe Cert Number *15519228* Expiration Number *8/28/22*
12/6/21

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:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: <i>Jimmy Le</i>	Print: <i>Jimmy Le</i>	Page ___ of ___ Pages
PIC's Signature: <i>Maria Polycos</i>	Print: <i>Maria Polycos</i>	

X Complied 5/17/19
Corrective Action Needed

City Hall
 375 Merrimack Street
 Lowell, MA
 Tel.: 978-674-4144
 Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Dan Tucker Memorial School</i>	Date <i>4/24/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>425 W Meadow Rd</i>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC) <i>Maria Polyzos</i>	Time Out:		
Inspector <i>Jimmy G</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp _____ Serve-Safe Cert Number _____ Expiration Number _____

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:**
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

- FOOD PROTECTION MANAGEMENT**
- 1. PIC Assigned/Knowledgeable/Duties
- EMPLOYEE HEALTH**
- 2. Reporting of Diseases by Food Employee and PIC
 - 3. Personnel with Infections Restricted/Excluded
- FOOD FROM APPROVED SOURCE**
- 4. Food and Water from Approved Source
 - 5. Receiving/Condition
 - 6. Tags/Records/Accuracy of Ingredient Statements
 - 7. Conformance with Approved Procedures/HACCP Plans
- PROTECTION FROM CONTAMINATION**
- 8. Separation/Segregation/Protection
 - 9. Food Contact Surfaces Cleaning and Sanitizing
 - 10. Proper Adequate Handwashing
 - 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
 - 13. Handwash Facilities
- PROTECTION FROM CHEMICALS**
- 14. Approved Food or Color Additives
 - 15. Toxic Chemicals
- TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**
- 16. Cooking Temperatures
 - 17. Reheating
 - 18. Cooling
 - 19. Hot and Cold Holding
 - 20. Time as a Public Health Control
- REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)**
- 21. Food and Food Preparation for HSP
- CONSUMER ADVISORY**
- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Jimmy G</i>	Print: <i>Jimmy G</i>	Page ___ of ___ Pages
PIC's Signature: <i>Maria Polyzos</i>	Print: <i>Maria Polyzos</i>	

S: 590InspectForm6-14.doc

THE COMMONWEALTH OF MASSACHUSETTS

City of Lowell

35 John Street 2nd Floor Lowell, MA 01852

Board of Health

Establishment Name: Pawucket Memorials School Date: 4/24/19 Page: 2 of 2

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION

PLEASE PRINT CLEARLY

Table with columns: Item No., Code Reference, C - Critical Item, R - Red Item, DESCRIPTION OF VIOLATION / PLAN OF CORRECTION, Date Verified. Row 27 contains handwritten entry: Fl-6, R, Evidence of leak above Party/Repa - Source of leak, Hood cleaning overdue / Schedule cleaning, Comply by 2 weeks.

Discussion With Person in Charge:

Leaks randomly through ceiling tiles.

Corrective Action Required: [X] No [X] Yes. Options: Voluntary Compliance, Re-inspection Scheduled, Embargo, Voluntary Disposal, Employee Restriction / Exclusion, Emergency Suspension, Emergency Closure, Other.

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compl. ed

Name <i>Pawtucket Maneria</i>	Date <i>9/16/15</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>925 W. Meadow Rd</i>	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person-in-Charge (PIC) <i>Maria Polyzos</i>	Time In:		
Inspector <i>Jimmy G</i>	Time Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *120°* Serve-Safe Cert Number *15519228* Expiration Number *8/28/22*

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

S: 590InspecForm6-14.doc

Inspector's Signature: <i>[Signature]</i>	Print: <i>Jimmy G</i>	Page ___ of ___ Pages
PIC's Signature: <i>[Signature]</i>	Print: <i>Maria Polyzos</i>	

City Hall
 375 Merrimack Street
 Lowell, MA
 Tel.: 978-674-4144
 Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliant

Name <i>Reilly School</i>	Date <i>12/21/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>115 Douglas Rd.</i>	Risk Level	Permit No.	
Telephone <i>978-937-7652</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Bonnie Potell</i>			
Inspector <i>LISA SAM</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *120°* Serve-Safe Cert Number *11865058* Expiration Number *12/18/19*

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors - (Red Items)

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

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DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <u>1</u> of <u>1</u> Pages
PICs Signature: <i>[Signature]</i>	Print: <i>Bonnie Potell</i>	

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Complied

Name <i>Reilly School</i>	Date <i>9/12/18</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>115 Douglas Rd.</i>	Risk Level	Permit No.	
Telephone <i>978-937-7685</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC)			
Inspector <i>LISA SAMI</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *125* Serve-Safe Cert Number *11865058* Expiration Number *12/12/19*

- Non-compliance with:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

Violations Related to Foodborne Illness Interventions and Risk Factors - (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 20. Time as a Public Health Control
- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items). Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

S: 590InspecForm6-14.doc

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAMI</i>	Page <i>1</i> of <i>1</i> Pages
PICs Signature: <i>[Signature]</i>	Print: <i>Donna Pirkle</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>Reilly School</i>	Date <i>3/14/19</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>115 Douglas Rd.</i>	Risk Level	Permit No.	
Telephone <i>978-987-7685</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Bonnie Purtell</i>			
Inspector <i>LISA SAM</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp _____ Serve-Safe Cert Number *11865258* Expiration Number *12/18/19*

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

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Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <i>1</i> of <i>1</i> Pages
PICs Signature: <i>[Signature]</i>	Print: <i>Bonnie Purtell</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>Reilly School</i>	Date <i>9/17/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>115 Douglas Rd.</i>	Risk Level		Permit No.
Telephone <i>978-937-7685</i>	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC) <i>Bonnie Petrell</i>	Time Out:		
Inspector <i>LISA SAM</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *125°* Serve-Safe Cert Number *11865258* Expiration Number *12/18/19*

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <u><i>1</i></u> of <u><i>1</i></u> Pages
PICs Signature: <i>[Signature]</i>	Print: <i>Bonnie Petrell</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compliant

Name <i>Riverside School</i>	Date <i>7/20/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>73 Woburn St.</i>	Risk Level	Permit No.	
Telephone <i>978-453-1115</i>	HACCP Y/N		
Owner	Time In: _____ Out: _____		
Person-in-Charge (PIC) <i>DONNA J. VERGADOS</i>			
Inspector <i>LISA SAM</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *115°* Serve-Safe Cert Number *1318852* Expiration Number *1/30/21*

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

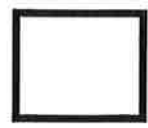
CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <i>1</i> of <i>1</i> Pages
PICs Signature: <i>[Signature]</i>	Print: <i>DONNA J. VERGADOS</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>Riverside Schuzl</i>	Date <i>9/19/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>73 Woburn St.</i>	Risk Level	Permit No.	
Telephone <i>978-453-1115</i>			
Owner	HACCP Y/N		
Person-in-Charge (PIC) <i>DONNA J. VERGADOS</i>	Time In:		
Inspector <i>LISA SAM</i>	Time Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *115* Serve-Safe Cert Number *13188572* Expiration Number *1/30/21*

Non-compliance with:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

Violations Related to Foodborne Illness Interventions and Risk Factors - (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 20. Time as a Public Health Control
- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

S: 590/InspeclForm6-14.doc

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <u><i>1</i></u> of <u><i>1</i></u> Pages
PIC's Signature: <i>[Signature]</i>	Print: <i>DONNA J. VERGADOS</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>Riverside School</i>	Date <i>3/27/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>73 Woburn St.</i>	Risk Level	Permit No.	
Telephone <i>978-453-1115</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Nancy Fisate</i>			
Inspector <i>LISA SAM</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *120°* Serve-Safe Cert Number *13188572* Expiration Number *1/30/21*

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <i>1</i> of <i>1</i> Pages
PIC's Signature: <i>[Signature]</i>	Print: <i>Nancy Fisate</i>	

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Complaid

Name <i>Riverside School</i>	Date <i>9/18/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>73 Woburn St.</i>	Risk Level	Permit No.	
Telephone <i>978-453-1115</i>			
Owner	HACCP Y/N		
Person-in-Charge (PIC) <i>Ellen Spiegel</i>	Time In: Out:		
Inspector <i>LISA SAM</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp 120° Serve-Safe Cert Number B188572 Expiration Number 1/30/21

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other


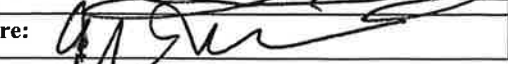
Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



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DATE OF RE-INSPECTION:

S: 590InspectForm8-14.doc

Inspector's Signature: 	Print: <i>LISA SAM</i>	Page <u>1</u> of <u>1</u> Pages
PICs Signature: 	Print: <i>Ellen Spiegel</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complined

Name <i>Robinson School</i>	Date <i>3/28/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>110 June St</i>	Risk Level		
Telephone	HACCP Y/N	Permit No.	
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Denise Rush</i>			
Inspector <i>Adam McPhillips</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp 120° Serve-Safe Cert Number 15519221 Expiration Number 8/28/22

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:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Adam McPhillips</i>	Print: <i>Adam McPhillips</i>	Page ___ of ___ Pages
PICs Signature: <i>Denise Rush</i>	Print: <i>Denise Rush</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Complied

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Robinson School</i>	Date <i>10/26/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input checked="" type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>110 June St</i>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>DeVise Rush</i>			
Inspector <i>Jimmy</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *120* Serve-Safe Cert Number *10519221* Expiration Number *8/08/22*
8/14/20

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:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC
 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source
 5. Receiving/Condition
 6. Tags/Records/Accuracy of Ingredient Statements
 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection
 9. Food Contact Surfaces Cleaning and Sanitizing
 10. Proper Adequate Handwashing
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands
 13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures
 17. Reheating
 18. Cooling
 19. Hot and Cold Holding
 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

S: 590InspeclForm6-14.doc

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>Jimmy</i>	Page ___ of ___ Pages
PIC's Signature: <i>DeVise Rush</i>	Print: <i>DeVise Rush</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliment

Name <i>Robinson School</i>	Date <i>9/24/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>110 June St</i>	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person-in-Charge (PIC) <i>Denise Rush</i>	Time In:		
Inspector <i>Jimmy Le</i>	Time Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp 120° Serve-Safe Cert Number 15719270 Expiration Number 5/08/2022
5/14/20

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:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC
 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source
 5. Receiving/Condition
 6. Tags/Records/Accuracy of Ingredient Statements
 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection
 9. Food Contact Surfaces Cleaning and Sanitizing
 10. Proper Adequate Handwashing
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures
 17. Reheating
 18. Cooling
 19. Hot and Cold Holding

20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Jimmy Le</i>	Print: <i>Jimmy Le</i>	Page ___ of ___ Pages
PIC's Signature: <i>Denise Rush</i>	Print: <i>Denise Rush</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

*Corrective
Action Needed*

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Robinson School</i>	Date <i>9/19/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>110 June St</i>	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person-in-Charge (PIC) <i>Denise Rush</i>	Time In:		
Inspector <i>Jimmy G</i>	Time Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp 120 Serve-Safe Cert Number 1579230 Expiration Number 8/25/22
8/14/20

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:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC
 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source
 5. Receiving/Condition
 6. Tags/Records/Accuracy of Ingredient Statements
 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection
 9. Food Contact Surfaces Cleaning and Sanitizing
 10. Proper Adequate Handwashing
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands
 13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures
 17. Reheating
 18. Cooling
 19. Hot and Cold Holding

20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

S: 590InspectForm8-14.doc

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Jimmy G</i>	Print: <i>Jimmy G</i>	Page <u>1</u> of <u>2</u> Pages
PICs Signature: <i>Denise Rush</i>	Print: <i>Denise Rush</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliant

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Rogers School</i>	Date <i>3/23/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address <i>43 Highland St.</i>	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Telephone <i>978-674-2048</i>	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Owner <i>Janice Ogden</i>	Time In: / Out:	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Person-in-Charge (PIC)	Permit No.	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
Inspector <i>LISA SAM</i>		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other _____

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *125°* Serve-Safe Cert Number *13388484* Expiration Number *03/26/21*

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices_ (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <u><i>1</i></u> of <u><i>1</i></u> Pages
PIC's Signature: <i>[Signature]</i>	Print: <i>Janice Ogden</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>Rogers School</i>	Date <i>9/20/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>43 Highland St.</i>	Risk Level	Permit No.	
Telephone <i>978-674-2048</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Janice Ogden</i>			
Inspector <i>LISA SAM</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp 120° Serve-Safe Cert Number 13388484 Expiration Number 3/26/21

Non-compliance with:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

Violations Related to Foodborne Illness Interventions and Risk Factors - (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 20. Time as a Public Health Control
- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <i>[Signature]</i>	Print: <i>Janice Ogden</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>Rogers School</i>	Date <i>3/10/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>43 Highland St.</i>	Risk Level	Permit No.	
Telephone <i>978-674-2048</i>	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC) <i>Janice Ogden</i>	Time Out:		
Inspector <i>Lisa Sam</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *120°* Serve-Safe Cert Number *B3288484* Expiration Number *3/26/21*

Violations Related to Foodborne Illness Interventions and Risk Factors - (Red Items)

- Non-compliance with:**
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

12. Prevention of Contamination from Hands
 13. Handwash Facilities

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC
 3. Personnel with Infections Restricted/Excluded

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source
 5. Receiving/Condition
 6. Tags/Records/Accuracy of Ingredient Statements
 7. Conformance with Approved Procedures/HACCP Plans

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures
 17. Reheating
 18. Cooling
 19. Hot and Cold Holding
 20. Time as a Public Health Control

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection
 9. Food Contact Surfaces Cleaning and Sanitizing
 10. Proper Adequate Handwashing
 11. Good Hygienic Practices

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: <i>[Signature]</i>	Print: <i>Lisa Sam</i>	Page <u><i>1</i></u> of <u><i>1</i></u> Pages
PIC's Signature: <i>[Signature]</i>	Print: <i>Janice Ogden</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>Rogers School</i>	Date <i>9-10-19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>43 Highland St.</i>	Risk Level	Permit No.	
Telephone <i>978-674-2048</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Janice Ogden</i>			
Inspector <i>LISA SAM</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *120°* Serve-Safe Cert Number *13388484* Expiration Number *3/24/21*

Non-compliance with:

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.

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

S: 590InspectForm6-14.doc

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <i>1</i> of <i>1</i> Pages
PICs Signature: <i>Janice Ogden</i>	Print: <i>Janice Ogden</i>	

City Hall
 375 Merrimack Street
 Lowell, MA
 Tel.: 978-674-4144
 Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliant

Name <i>Shaughnessy School</i>	Date <i>7/21/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>1150 Gotham St.</i>	Risk Level		
Telephone <i>978-441-3734</i>	HACCP Y/N	Permit No.	
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Beverly L. Poni</i>			
Inspector <i>LISA SAM</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp 120° Serve-Safe Cert Number 1025942 Expiration Number 8/22/18

Violations Related to Foodborne Illness Interventions and Risk Factors - (Red Items)

Non-compliance with:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time as a Public Health Control

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



C	N

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 29. Special Requirements (590.009)
- 30. Other

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>LISA SAM</i>	Page <u>1</u> of <u>1</u> Pages
PICs Signature: <i>[Signature]</i>	Print: <i>BEVERLY L. PONI</i>	

S: 590InspecForm6-14.doc

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compliant

Name <i>Shaughnessy School</i>	Date <i>9/13/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>1150 Gorham St.</i>	Risk Level	Permit No.	
Telephone <i>978-441-3734</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Amelia Tuck</i>			
Inspector <i>LISA SAM</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *128°* Serve-Safe Cert Number *15835305* Expiration Number *9/1/22*

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Lisa Sam</i>	Print: <i>LISA SAM</i>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <i>Amelia Tuck</i>	Print: <i>Amelia Tuck</i>	

City Hall
 375 Merrimack Street
 Lowell, MA
 Tel.: 978-674-4144
 Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Complied

Name <i>Shaughnessy School</i>	Date <i>3/12/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>1158 Gorkham St.</i>	Risk Level	Permit No.	
Telephone <i>978-441-3734</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Amelia Tuck</i>			
Inspector <i>LISA SAM</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *130* Serve-Safe Cert Number *15535305* Expiration Number *9/1/22*

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors - (Red Items)

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
 - 13. Handwash Facilities
- #### PROTECTION FROM CHEMICALS
- 14. Approved Food or Color Additives
 - 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

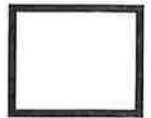
CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

S: 590InspeclForm6-14.doc

Inspector's Signature: <i>LISA SAM</i>	Print: <i>LISA SAM</i>	Page <u><i>1</i></u> of <u><i>1</i></u> Pages
PICs Signature: <i>Amelia Tuck</i>	Print: <i>Amelia Tuck</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name Shaughnessy School	Date 9/9/2019	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address 1158 Gorham St.	Risk Level	Permit No.	
Telephone 978-441-3784	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC) Amelia Tuck	Time Out:		
Inspector LISA SAM			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp 125° Serve-Safe Cert Number 15535305 Expiration Number 9/1/22

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	Item
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature:	Print: LISA SAM	Page <u>1</u> of <u>1</u> Pages
PICs Signature:	Print: Amelia Tuck , 9/9/2019	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>Stock Loss School</i>	Date <i>9/6/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>560 Broadway St</i>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>John Ouellette *</i>			
Inspector <i>Jimmy L.</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp 120° Serve-Safe Cert Number 155-35298 Expiration Number 9/1/22
8/14/18

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:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 20. Time as a Public Health Control
- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Jimmy L.</i>	Print: Jimmy L.	Page ___ of ___ Pages
PIC's Signature: <i>John Ouellette</i>	Print: John Ouellette	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>Stockloss School</i>	Date <i>3/12/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>560 Broadway St</i>	Risk Level	Permit No.	
Telephone <i>978-275-6335</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Gyn Ouellette</i>			
Inspector <i>Jimmie G</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *120°* Serve-Safe Cert Number *16547604* Expiration Number *8/23/23*
8/19/20

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:

ServSafe	590.003 (A)	<input type="checkbox"/>
Pest Control	590.007	<input type="checkbox"/>
Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.000 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC
 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source
 5. Receiving/Condition
 6. Tags/Records/Accuracy of Ingredient Statements
 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection
 9. Food Contact Surfaces Cleaning and Sanitizing
 10. Proper Adequate Handwashing
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures
 17. Reheating
 18. Cooling
 19. Hot and Cold Holding

20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

S: 590InspectForm6-14.doc

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>Jimmie G</i>	Page ___ of ___ Pages
PICs Signature: <i>[Signature]</i>	Print: <i>Gyn Ouellette</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

*Corrective
Action Needed*

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Starklos School</i>	Date <i>9/18/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>560 Broadway St</i>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner <i>[Signature]</i>	Time In: Out:		
Person-in-Charge (PIC) <i>[Signature]</i>			
Inspector <i>[Signature]</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *120°* Serve-Safe Cert Number *15535078* Expiration Number *9/11/22*

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:**
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>Jimmie Quillette</i>	Page 1 of 2 Pages
PIC's Signature: <i>[Signature]</i>	Print: <i>Jimmie Quillette</i>	

S: 590InspectFormB-14.doc

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Complied

Name <i>Stockloss School</i>	Date <i>11/1/19</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>560 Broadway St</i>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Lynn Ouellette</i>			
Inspector <i>Jimmy G</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *120°* Serve-Safe Cert Number *16847604* Expiration Number *8/23/23*

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:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC
 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source
 5. Receiving/Condition
 6. Tags/Records/Accuracy of Ingredient Statements
 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection
 9. Food Contact Surfaces Cleaning and Sanitizing
 10. Proper Adequate Handwashing
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands
 13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures
 17. Reheating
 18. Cooling
 19. Hot and Cold Holding

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

20. Time as a Public Health Control
 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: <i>[Signature]</i>	Print: <i>Jimmy G</i>	Page ___ of ___ Pages
PIC's Signature: <i>[Signature]</i>	Print: <i>Lynn Ouellette</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

*Corrective
Action Needed*

Name <i>Wang School</i>	Date <i>9/20/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>421 W Meadow Rd</i>	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person-in-Charge (PIC) <i>Susan Gannon</i>	Time In:		
Inspector <i>Jimmy</i>	Time Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *120°* Serve-Safe Cert Number *15519222* Expiration Number *8/28/22*
8/14/20

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>Jimmy</i>	Page <u>1</u> of <u>2</u> Pages
PICs Signature: <i>Susan Gannon</i>	Print: <i>SUSAN GANNON</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

*Correction
Action Needed*

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>An Wang School</i>	Date <i>3/14/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>365 W Meadow Rd</i>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC) <i>Susan Cannon</i>	Time Out:		
Inspector <i>Jimmie</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp 120° Serve-Safe Cert Number 15519222 Expiration Number 8/08/22
8/14/20

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices_ (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

S: 590InspecForm6-14.doc

Inspector's Signature: <i>[Signature]</i>	Print: <i>Jimmie</i>	Page <u>1</u> of <u>2</u> Pages
PICs Signature: <i>[Signature]</i>	Print: <i>Susan Cannon</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compl. ad

Name <i>An Wang School</i>	Date <i>4/24/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>365 W Meadow Rd</i>	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person-in-Charge (PIC) <i>Susan Gannon</i>	Time In: Out:		
Inspector <i>Jimmy Le</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp 129° Serve-Safe Cert Number 15519222 Expiration Number 8/14/20

Violations Related to Foodborne Illness Interventions and Risk Factors - (Red Items)

8/28/22

Non-compliance with:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

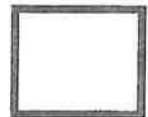
- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>[Signature]</i>	Print: <i>Jimmy Le</i>	Page ___ of ___ Pages
PIC's Signature: <i>Susan Gannon</i>	Print: <i>Susan Gannon</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Corrective Action Needed

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Wang School</i>	Date <i>4/6/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>365 W Meaden Rd</i>	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person-in-Charge (PIC) <i>Susan Gannon</i>	Time In:		
Inspector <i>Jimmy Le</i>	Time Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *120* Serve-Safe Cert Number *15577222* Expiration Number *8/25/22*
8/14/20

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:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Jimmy Le</i>	Print: <i>Jimmy Le</i>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Susan Gannon</i>	Print: <i>Susan Gannon</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compl. red

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Waring School</i>	Date <i>11/5/19</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>365 W Mendon Rd</i>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC) <i>Not Present</i>			
Inspector <i>J. Murray</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *170°* Serve-Safe Cert Number *155K1222* Expiration Number *8/18/22*
8/14/20

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:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC
 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source
 5. Receiving/Condition
 6. Tags/Records/Accuracy of Ingredient Statements
 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection
 9. Food Contact Surfaces Cleaning and Sanitizing
 10. Proper Adequate Handwashing
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands
 13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures
 17. Reheating
 18. Cooling
 19. Hot and Cold Holding

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

20. Time as a Public Health Control
 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: 	Print: <i>J. Murray</i>	Page ___ of ___ Pages
PICs Signature:	Print:	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Compliance

Name <i>Washington School</i>	Date <i>5/1/18</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>1795 Wilder Street</i>	Risk Level		
Telephone <i>(978) 937-7635</i>	HACCP Y/N	Permit No.	
Owner	Time In: Out:		
Person-in-Charge (PIC)			
Inspector <i>Alicia Rivera</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp 110° Serve-Safe Cert Number 11865060 Expiration Number 12-18-2019

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



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DATE OF RE-INSPECTION:

Inspector's Signature: <i>Alicia Rivera</i>	Print: <i>Alicia Rivera</i>	Page ___ of ___ Pages
PICs Signature: <i>Kelly Sullivan</i>	Print: <i>Kelly Sullivan</i>	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliance

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Washington School</i>	Date <i>9/23/18</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>795 Wilder Street</i>	Risk Level		
Telephone <i>(978) 937-7635</i>	HACCP Y/N	Permit No.	
Owner	Time In: Out:		
Person-in-Charge (PIC)			
Inspector <i>Alicia Rivera</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp *110°* Serve-Safe Cert Number *11865000* Expiration Number *12-18-2019*

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:

- ServSafe 590.003 (A)
- Pest Control 590.007
- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

- 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illness Interventions and Risk Factors (Red Items 1-22):



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DATE OF RE-INSPECTION:

S: 590InspectForm6-14.doc

Inspector's Signature: <i>Alicia Rivera</i>	Print: <i>Alicia Rivera</i>	Page ___ of ___ Pages
PICs Signature: <i>Kelley Sills</i>	Print:	

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliance

City Hall
375 Merrimack Street
Lowell, MA
Tel.: 978-674-4144
Fax: 978-446-7103

Name <i>Washington School</i>	Date <i>3/29/19</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>795 Wilder Street</i>	Risk Level	Permit No.	
Telephone <i>978-937-7635</i>	HACCP Y/N		
Owner	Time In: Out:		
Person-in-Charge (PIC)			
Inspector <i>Aurea Rivera</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Water Temp _____ Serve-Safe Cert Number *1186506A* Expiration Number *12-18-2019*

Non-compliance with:

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.

- ServSafe 590.003 (A)
Pest Control 590.007
Anti-Choking 590.009 (E)
Tobacco 590.009 (F)
Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC
 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source
 5. Receiving/Condition
 6. Tags/Records/Accuracy of Ingredient Statements
 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

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 10. Proper Adequate Handwashing
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures
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20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
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S: 590InspectForm6-14.doc

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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DATE OF RE-INSPECTION:

Inspector's Signature <i>Aurea Rivera</i>	Print: <i>Aurea Rivera</i>	Page ___ of ___ Pages
PICs Signature: <i>Kelly Sullivan</i>	Print: <i>KELLY SULLIVAN</i>	

City Hall
 375 Merrimack Street
 Lowell, MA
 Tel.: 978-674-4144
 Fax: 978-446-7103

Lowell Board of Health

FOOD ESTABLISHMENT INSPECTION REPORT

Compliance

Name <i>Washington School</i>	Date <i>9/18/19</i>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>795 Wilder Street</i>	Risk Level		Permit No.
Telephone <i>(978) 937-7635</i>	HACCP Y/N		
Owner	Time In:		
Person-in-Charge (PIC)	Time Out:		
Inspector <i>Aurea Rivera</i>			

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Water Temp 110° Serve-Safe Cert Number 18309642 Expiration Number 8-28-2024

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:
- ServSafe 590.003 (A)
 - Pest Control 590.007
 - Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.000 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

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		26. Water, Plumbing and Waste (FC-5)(590.006)
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		28. Poisonous or Toxic Materials (FC-7)(590.008)
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DATE OF RE-INSPECTION:

Inspector's Signature: <i>Aurea Rivera</i>	Print: <i>Aurea Rivera</i>	Page ___ of ___ Pages
PIC's Signature: <i>Kelly Sullivan</i>	Print: <i>Kelly Sullivan</i>	