

Establishment: BELMONT COMMUNITY		Date: 6-12-19
Address: 170 BELMONT ST		Score: _____
Telephone: 508-799-3590	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: CITY OF WORM	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Person in charge (PIC): DEBBIE GONZYKA	<input type="checkbox"/> Temporary	<input type="checkbox"/> Reinspection
Inspector: DEREK A EVERETT	<input type="checkbox"/> Other	<input type="checkbox"/> Complaint
		<input type="checkbox"/> Investigation
		<input type="checkbox"/> New Establishment
		<input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1 PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD

2 Food and Water from approved source	3-201, 5-101			4
3 Food Labeling/containers	3-302, 602			1

FOOD PROTECTION

4 PHF Temperatures	3-401, 402, 403			4
5 Facilities hot & cold holding	3-501			4
6 PHF Cooked & cooled	3-501			4
7 Cross contamination	3-301, 302, 304			4
8 Spoiled foods	3-101, 701			2
9 Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices

14 Employee Health	2-201			4
15 Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils

17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities

	N	C	S
25 Sewage			4
26 Insects/Rodents			4
27. Hand-washing facilities/procedures			4
28. Plumbing			1
29 Toilet Rooms			2
30. Hand-washing methods			2
31. Garbage/refuse/outside disposal			2
32. Outer openings			1
33. Pesticides/Rodenticide Application			1
34. Floors/Walls/Ceilings			2
35. Lighting			1
36. Ventilation			1
37. Dressing Rooms			1

Other

38 Toxic Materials	7-201, 102			4
39 Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43 Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control

	Yes	No	N/A
46. Grease Interceptor Inspection	X		
47. Grease Interceptor Maintenance Log	X		
48. Grease Interceptor Signage	X		
49. Rendering Documentation	X		
50. Allergen Awareness Compliance §90.009(G)			

Item No.	Description
	* HOT WATER TEMP OK
	* REFRIGERATION/FREEZER TEMPS OK
	* PLASTIC GLOVES/HAIR NETT AVAILABLE
	* PEST CONTROL DONE MONTHLY
	* SERV SAFE AND ALLERGEN CERTIFICATE AVAILABLE
	OK TO PERMIT FOR 2019

N = Non-Critical C = Critical S = Score Minus 20 Pts. (See Reverse Side)

Number of Critical Violations _____

These items require IMMEDIATE attention

Received By: *Debbie Gonzyka*
Inspected By: *[Signature]*

Reinspection Date: _____

Establishment: <u>BURNLOAT HIGH SCHOOL</u>		Date: <u>6-5-19</u>
Address: <u>179 BURNLOAT ST.</u>		Score: _____
Telephone: <u>508-999-3132</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>BURNLOAT WOLF</u>	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Mobile	
Person in charge (PIC): <u>DIANE CHORVAK</u>	<input type="checkbox"/> Temporary <input type="checkbox"/> Caterer	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Inspector: <u>DEWEKA EVERS</u>	<input type="checkbox"/> Other	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
		<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1. PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD				
2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling/containers	3-302, 602			1

FOOD PROTECTION				
4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices				
14. Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils				
17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities		N	C	S
25. Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other				
38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control		Yes	No	N/A
46. Grease Interceptor Inspection	§90.009(G)	X		
47. Grease Interceptor Maintenance Log		X		
48. Grease Interceptor Signage		X		
49. Rendering Documentation		X		
50. Allergen Awareness Compliance	§90.009(G)	X		

Item No. _____

HOT WATER TEMP OK

REFRIGERATOR TEMP OK

PLASTIC GLOVES AVAILABLE

SEW SAFE AND ALLERGEN CERTIFICATE AVAILABLE

OK TO PERMIT FOR 2019

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention

Received By: Diane Chorvak

of Seats _____

FOOD ESTABLISHMENT INSPECTION REPORT

Page _____ of _____

Establishment: BURNCOAT MIDDLE SCHOOL		Date: 6.5.19
Address: 135 BURNCOAT ST.		Score: _____
Telephone: 508-799-3398	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: CITY OF WORC	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Mobile	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): MARIA TSOUTSIS	<input type="checkbox"/> Temporary <input type="checkbox"/> Caterer	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: DEREK A. EVERS	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1 PIC Assigned/Knowledgeable/Duties	2-101, 102			4
FOOD				
2 Food and Water from approved source	3-201, 5-101			4
3 Food Labeling/containers	3-302, 602			1
FOOD PROTECTION				
4 PHF Temperatures	3-401, 402, 403			4
5 Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7 Cross contamination	3-301, 302, 304			4
8 Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13 Food temperature measuring device	4-204, 203, 302			1
Personal Hygienic Practices				
14 Employee Health	2-201			4
15 Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1
Equipment/Utensils				
17 Sanitation Methods	4-702, 703			4
18 Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities		N	C	S
25 Sewage	5-402, 403, 404			4
26 Insects/Rodents	6-501			4
27 Hand washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1
Other				
38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1
Fats, Oil, and Grease Control				
46. Grease Interceptor Inspection		X		
47. Grease Interceptor Maintenance Log		X		
48. Grease Interceptor Signage		X		
49. Rendering Documentation		X		
50. Allergen Awareness Compliance: §90.009(G)		X		

Item No.	Description
	* HOT WATER TEMP OK
	* REFRIGERATOR TEMP OK
	* PLASTIC GLOVES AVAILABLE
	* SERV SAFE AND ALLERGEN CERTIFICATE AVAILABLE
	* MANAGER/MAINTENANCE STATES PET CONTROL BEING DONE
	OK TO PERMIT FOR 2019

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: _____
[Signature]
 Received By: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention

of Seats _____

FOOD ESTABLISHMENT INSPECTION REPORT

Page _____ of _____

Establishment: <u>BUNCOAT PREP SCHOOL</u>		Date: <u>6-5-19</u>
Address: <u>526 BUNCOAT ST</u>		Score: _____
Telephone: <u>508-799-3539</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>CITY OF WOAC</u>	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Mobile	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): <u>ANGELA GAVIN</u>	<input type="checkbox"/> Temporary <input type="checkbox"/> Caterer	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: <u>DEWEKA EVERT</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1. PIC Assigned/Knowledge/Duties	2-101, 102			4
FOOD				
2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling /containers	3-302, 602			1
FOOD PROTECTION				
4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1
Personal Hygienic Practices				
14. Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1
Equipment/Utensils				
17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-104, 4-502, 904			1

Sanitary Facilities		N	C	S
25. Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			6
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	3-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1
Other				
38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pests	6-501			1
Fats, Oil, and Grease Control				
46. Grease Interceptor Inspection		Yes	No	N/A
47. Grease Interceptor Maintenance Log				
48. Grease Interceptor Signage				
49. Rendering Documentation				
50. Allergen Awareness Compliance §90.009(G)				

Item No. _____

** HOT WATER TEMP OK*

** REFRIGERATOR TEMP OK*

** PLASTIC GLOVES AVAILABLE*

** SCRUBS AND ALLERGEN CONTROLS AVAILABLE*

** MAINTENANCE SCHEDULE CONTROL BEING DONE*

OK to permit for 2019

N = Non-Critical C = Critical S = Score Minus 20 Pts. (See Reverse Side) Reinspection Date: _____

Number of Critical Violations _____

These items require IMMEDIATE attention

Received By: [Signature] Inspected By: [Signature]

of Seats _____

FOOD ESTABLISHMENT INSPECTION REPORT

Page 1 of 1

Establishment: <u>Canterbury St School</u>		Date: <u>6/14/19</u>
Address: <u>129 Canterbury St</u>		Score: <u>96/100</u>
Telephone: <u>799-3492</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>WPS</u>	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Mobile	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): <u>Jane Kobel</u>	<input type="checkbox"/> Temporary <input type="checkbox"/> Caterer	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: <u>James Racicot</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1 PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD		N	C	S
2 Food and Water from approved source	3-201, 5-101			4
3 Food Labeling/containers	3-302, 602			1

FOOD PROTECTION		N	C	S
4 PHF Temperatures	3-401, 402, 403			4
5 Facilities hot & cold holding	3-501			4
6 PHF Cooked & cooled	3-501			4
7 Cross contamination	3-301, 302, 304			4
8 Spoiled foods	3-101, 701			2
9 Damaged Foods	6-404			2
10 PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices		N	C	S
14 Employee Health	2-201			4
15 Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils		N	C	S
17 Sanitation Methods	4-702, 703			4
18 Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities		N	C	S
25. Sewage	5-402, 401, 404			4
26. Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-301, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other		N	C	S
38 Toxic Materials	7-201, 102			4
39 Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44 Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control		Yes	No	N/A
46. Grease Interceptor Inspection		<input checked="" type="checkbox"/>		
47. Grease Interceptor Maintenance Log		<input checked="" type="checkbox"/>		
48. Grease Interceptor Signage		<input checked="" type="checkbox"/>		
49. Rendering Documentation		<input checked="" type="checkbox"/>		
50. Allergen Awareness Compliance	890.009(G)	<input checked="" type="checkbox"/>		

Item No.	Description
1)	Fix non-operable cooler (-2)
2)	Replace hand towel by hand wash sink (-2)
<p>No Critical Violations</p> <p>Operation is in good sanitary condition</p> <p>Grease Trap is maintained regularly</p> <p>OK for 2019</p>	

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: N/A

Number of Critical Violations 0
These items require IMMEDIATE attention

Received By Jane Kobel

Inspected By [Signature]

Establishment: <u>CENTRAL MASS COLLAB</u>		Date: <u>6-18-19</u>
Address: <u>14 NEW BOND ST.</u>		Score: _____
Telephone: <u>508-713-8765</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>CITY OF WORC</u>	<input checked="" type="checkbox"/> Food-Service	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): <u>KEIM BENSON</u>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: <u>GENEVA EVERETT</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1 PIC Assigned/Knowledge/Duties	2-101, 102			4

FOOD

2 Food and Water from approved source	3-201, 5-101			4
3 Food Labeling /containers	3-302, 602			1

FOOD PROTECTION

4 PHF Temperatures	3-401, 402, 403			4
5 Facilities hot & cold holding	3-501			4
6 PHF Cooked & cooled	3-501			4
7 Cross contamination	3-301, 302, 304			4
8 Spoiled foods	3-101, 701			2
9 Damaged Foods	6-404			2
10 PHF Thawing	3-501			2
11 Food Protection/Storage	3-303, 305, 306, 6-403			2
12 Food Handling	3-301, 304			2
13 Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices

14 Employee Health	2-201			4
15 Employee Hygiene	2-401, 403			4
16 Employee Clothing	2-304, 2-402			1

Equipment/Utensils

17 Sanitation Methods	4-702, 703			4
18 Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19 Food contact surfaces	4-202, 501, 701			2
20 Non-Food contact surfaces	4-101, 601			2
21 Sponges/wiping cloths	4-101, 901			1
22 Manual/Mechanical ware washing facilities	4-301, 501			1
23 Equipment/utensil storage	3-304, 4-903			1
24 Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities

	N	C	S
25 Sewage			4
26 Insects/Rodents			4
27 Hand-washing facilities/procedures			4
28 Plumbing			1
29 Toilet Rooms			2
30 Hand-washing methods			2
31 Garbage/refuse/outside disposal			2
32 Outer openings			1
33 Pesticides/Rodenticide Application			1
34 Floors/Walls/Ceilings			2
35 Lighting			1
36 Ventilation			1
37 Dressing Rooms			1

Other

38 Toxic Materials	7-201, 102			4
39 Consumer Advisory	3-603			2
40 HSP Requirements	3-801			2
41 Conformance with HACCP Plans	8-201, 202, 203			1
42 Premises	6-501			1
43 Living Areas	6-202			1
44 Linen	4-801, 802, 803			1
45 Pets	6-501			1

Fats, Oil, and Grease Control

	Yes	No	N/A
46 Grease Interceptor Inspection	X		
47 Grease Interceptor Maintenance Log	X		
48 Grease Interceptor Signage	X		
49 Rendering Documentation	X		
50 Allergen Awareness Compliance	X		

Item No.

1- ADJUST THE HOT WATER IN THE WENT RESTROOM OFF THE KITCHEN TO AT LEAST 100°F.
 * 94°F AT TIME OF INSPECTION
 * MAKE EMPLOYEES OR PROVIDERS TO WASH HANDS IN RESTROOM AND THEN AGAIN IN KITCHEN HAND WASH SINK BEFORE
 2- SUPPLY EMPLOYEES WITH WASH HAND SIGNS TO BE REGENERATION/FRESHLY TEMP 012
 * PLASTIC GLOVES/HAIR NET AVAILABLE
 * PEST CONTROL DONE MONTHLY
 * SERV SAFE AND ALLERGEN CERTIFICATE AVAILABLE
 OK TO PERMIT FOR 2019

N = Non-Critical C = Critical S = Score Minus 20 Pts. (See Reverse Side)

Number of Critical Violations _____

These items require IMMEDIATE attention

Received By: Amber Benson Inspected By: _____

Reinspection Date: 6-25-19

Establishment: <u>CHALLENGE E ROACH CTR</u>		Date: <u>3-20-19</u>	
Address: <u>15 HARLOW ST</u>		Score: _____	
Telephone: <u>508-799-3084</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:	
Owner: <u>WOLL PUBLIC</u>	<input type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine	<input type="checkbox"/> Reinspection
Person in charge (PIC): <u>JOE MARTINO</u>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Complaint	<input type="checkbox"/> Investigation
Inspector: <u>DEREK A EVERT</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment	<input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1. PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD

2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling /containers	3-302, 602			1

FOOD PROTECTION

4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-401			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices

14. Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils

17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities

	N	C	S
25. Sewage			4
26. Insects/Rodents			4
27. Hand-washing facilities/procedures			4
28. Plumbing			1
29. Toilet Rooms			2
30. Hand-washing methods			2
31. Garbage/refuse/outside disposal			2
32. Outer openings			1
33. Pesticides/Rodenticide Application			1
34. Floors/Walls/Ceilings			2
35. Lighting			1
36. Ventilation			1
37. Dressing Rooms			1

Other

38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control

	Yes	No	N/A
46. Grease Interceptor Inspection			
47. Grease Interceptor Maintenance Log			
48. Grease Interceptor Signage			
49. Rendering Documentation			
50. Allergen Awareness Compliance			

Item No.

*	FOOD BROUGHT IN FROM NORTH HIGH SCHOOL
*	REFRIGERATOR TEMP OK
*	PLASTIC GLOVES AVAILABLE
*	PET CONTROL BY RANFORD

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention

Joe Martino
 Received By

[Signature]
 Inspected By

Establishment: <u>CHANDLER ELEMENTARY</u>		Date: <u>6.6.19</u>
Address: <u>114 CHANDLER ST.</u>		Score: _____
Telephone: <u>508.789.3572</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>CITY OF WORC</u>	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Mobile	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): <u>JANE BARBOVA</u>	<input type="checkbox"/> Temporary <input type="checkbox"/> Caterer	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: <u>DEREK A. EVERS</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1 PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD		N	C	S
2 Food and Water from approved source	3-201, 5-101			4
3. Food Labeling/containers	3-302, 602			1

FOOD PROTECTION		N	C	S
4 PHF Temperatures	3-401, 402, 403			4
5 Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7 Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices		N	C	S
14 Employee Health	2-201			4
15 Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils		N	C	S
17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities		N	C	S
25 Sewage	5-402, 403, 404			4
26 Insects/Rodents	6-501			4
27 Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-301			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other		N	C	S
38 Toxic Materials	7-201, 102			4
39 Consumer Advisory	1-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43 Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control		Yes	No	N/A
46. Grease Interceptor Inspection		X		
47. Grease Interceptor Maintenance Log		X		
48. Grease Interceptor Signage		X		
49. Rendering Documentation		X		
50. Allergen Awareness Compliance §90.009(G)		X		

Item No. _____

* HOT WATER TEMP OK

* REFRIGERATOR TEMP OK

* PLASTIC GLOVES AVAILABLE

* PEST CONTROL DONE MONTHLY

OK TO PERMIT FOR 2019

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention

Received By: [Signature] Inspected By: [Signature]

Establishment: CHANDLER MARKET		Date: 6-17-19
Address: 525 CHANDLER ST.		Score: _____
Telephone: 508-799-3452	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: CITY OF ANGLIS	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): EILEEN MARTELL	<input type="checkbox"/> Temporary	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: DEWEK A. EVERETT	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1. PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD

2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling / containers	3-302, 602			1

FOOD PROTECTION

4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-401			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices

14. Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils

17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities

	N	C	S
25. Sewage			4
26. Insects/Rodents			4
27. Hand-washing facilities/procedures			4
28. Plumbing			1
29. Toilet Rooms			2
30. Hand-washing methods			2
31. Garbage/refuse/outside disposal			2
32. Outer openings			1
33. Pesticides/Rodenticide Application			1
34. Floors/Walls/Ceilings			2
35. Lighting			1
36. Ventilation			1
37. Dressing Rooms			1

Other

38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control

	Yes	No	N/A
46. Grease Interceptor Inspection			
47. Grease Interceptor Maintenance Log			
48. Grease Interceptor Signage			
49. Rendering Documentation			
50. Allergen Awareness Compliance 590.009(G)			

Item No. _____

** HOT WATER Temp OK*

** REFRIGERATION Temp OK*

** PLASTIC GLOVES / HAND NETS AVAILABLE*

** PEST CONTROL DONE MONTHLY*

** SERV SAFE AND ALLERGEN CERTIFICATION AVAILABLE*

OK TO PERMIT FOR 6/20/19

N = Non-Critical C = Critical S = Score

Min 20 Pts. (See Reverse Side)

Reinspection Date: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention

Received By: *[Signature]*

Inspected By: *[Signature]*

Establishment: <u>CLAREMONT WOODLAND</u>		Date: <u>6.6.19</u>
Address: <u>15 CLAREMONT ST.</u>		Score: _____
Telephone: <u>508-799-3668</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>CITY OF WPALE</u>	<input type="checkbox"/> Food Service	<input type="checkbox"/> Routine
Person in charge (PIC): <u>SHERYL #272</u>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Reinspection
Inspector: <u>DEREK A EVERS</u>	<input type="checkbox"/> Other	<input type="checkbox"/> Complaint
		<input type="checkbox"/> Investigation
		<input type="checkbox"/> New Establishment
		<input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1 PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD		N	C	S
2 Food and Water from approved source	3-201, 5-101			4
3. Food Labeling / containers	3-302, 602			1

FOOD PROTECTION		N	C	S
4 PHF Temperatures	3-401, 402, 403			4
5 Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7 Cross contamination	3-301, 302, 304			4
8 Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-401			2
12. Food Handling	3-301, 304			2
13 Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices		N	C	S
14 Employee Health	2-201			4
15 Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils		N	C	S
17 Sanitation Methods	4-702, 703			4
18 Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities		N	C	S
25. Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other		N	C	S
38 Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control		Yes	No	N/A
46. Grease Interceptor Inspection		X		
47. Grease Interceptor Maintenance Log		X		
48. Grease Interceptor Signage		X		
49. Rendering Documentation		X		
50. Allergen Awareness Compliance §90.009 (G)		X		

Item No.	Description
	* HOT WATER TEMPR OK
	* REFRIGERATOR TEMPR OK
	* PLASTIC GROUT AVAILABLE
	* PEST CONTROL DONE MONTHLY
	* SERV SAFE AND ALLERGEN CERTIFICATES AVAILABLE
	OK TO PERMIT FOR 2019

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: _____

Number of Critical Violations _____
These items require IMMEDIATE attention

Received By: Sheryl

Inspected By: [Signature]

Establishment: <u>CLARK STREET SCHOOL</u>		Date: <u>6.13.19</u>
Address: <u>200 CLARK STREET</u>		Score: _____
Telephone: <u>508-799-_____</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>CITY OF WORC</u>	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): <u>DIANE TRAVENT</u>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: <u>DEREK A. EVERETT</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1 PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD				
2 Food and Water from approved source	3-201, 5-101			4
3. Food Labeling / containers	3-302, 602			1

FOOD PROTECTION				
4 PHF Temperatures	3-401, 402, 403			4
5 Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7 Cross contamination	3-301, 302, 304			4
8 Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11 Food Protection/Storage	3-303, 305, 306, 6-401			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices				
14 Employee Health	2-201			4
15 Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils				
17. Sanitation Methods	4-702, 703			4
18 Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities		N	C	S
25 Sewage	5-402, 403, 404			4
26 Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other				
38. Toxic Materials	7-201, 102			4
39 Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control		Yes	No	N/A
46. Grease Interceptor Inspection				
47. Grease Interceptor Maintenance Log				
48. Grease Interceptor Signage				
49. Rendering Documentation				
50. Allergen Awareness Compliance §90.009(G)				

Item No.

	* HOT WATER TEMP OK
	* REFRIGERATION TEMP OK
	* PLASTIC GLOVES/HAIR NETS AVAILABLE
	* PEST CONTROL DONE MONTHLY
	* SERV SAFE AND ALLERGEN CERTIFICATES AVAILABLE
	OK TO PERMIT FOR 2019

N = Non-Critical C = Critical S = Score Minus 20 Pts. (See Reverse Side)

Reinspection Date: _____
[Signature]
 Received By: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention

Establishment: <u>COLUMBUS PARK SCHOOL</u>		Date: <u>6-17-19</u>
Address: <u>75 LOVELL ST</u>		Score: _____
Telephone: <u>508-799-3493</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>CITY OF WORCESTER</u>	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Person in charge (PIC): <u>TAMMY GIVINS</u>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Reinspection
Inspector: <u>DEBRA A EVERETT</u>	<input type="checkbox"/> Other	<input type="checkbox"/> Complaint
		<input type="checkbox"/> Investigation
		<input type="checkbox"/> New Establishment
		<input type="checkbox"/> HACCP

Food Protection Management

		N	C	S
1 PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD

2 Food and Water from approved source	3-201, 5-101			4
3. Food Labeling / containers	3-302, 602			1

FOOD PROTECTION

4 PHF Temperatures	3-401, 402, 403			4
5 Facilities hot & cold holding	3-501			4
6 PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8 Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices

14 Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils

17 Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities

		N	C	S
25. Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other

38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control

	Yes	No	N/A
46. Grease Interceptor Inspection			
47. Grease Interceptor Maintenance Log			
48. Grease Interceptor Signage			
49. Rendering Documentation			
50. Allergen Awareness Compliance §90.009(G)			

Item No. _____

* HOT WATER TEMP OK

* REFRIGERATION / FREEZER TEMP OK

* PLASTIC GLOVES / HAIR NETT AVAILABLE

* PET CONTROL DONE MONTHLY

* SERV SAFE AND ALLERGEN CERTIFICATES AVAILABLE

OK TO PERMIT FOR 2019

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention

Received By: [Signature] Inspected By: [Signature]

Establishment: <u>DOHERTY HIGH SCHOOL</u>		Date: <u>6-26-19</u>
Address: <u>299 HIGHLAND STREET</u>		Score: _____
Telephone: <u>508-799-3270</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>CITY OF WORC.</u>	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): <u>BRENDAN BUCKLEY</u>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: <u>DEREK A. EVERETT</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1. PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD

2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling / containers	3-302, 602			1

FOOD PROTECTION

4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-401			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices

14. Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils

17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities

25. Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other

38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control

	Yes	No	N/A
46. Grease Interceptor Inspection	<input checked="" type="checkbox"/>		
47. Grease Interceptor Maintenance Log	<input checked="" type="checkbox"/>		
48. Grease Interceptor Signage	<input checked="" type="checkbox"/>		
49. Rendering Documentation	<input checked="" type="checkbox"/>		
50. Allergen Awareness Compliance §90.009(G)	<input checked="" type="checkbox"/>		

Item No. 1 CLEAN, WASH AND SANITIZE THE INDUSTRIAL CAN OPENER. (ROUTINE BASIS)

* HOT WATER TEMP OK

* REFRIGERATOR TEMP OK

* PLASTIC GLOVES/HAIR NETS AVAILABLE

* PET CONTROL DONE MONTHLY

* SERV SAFE AND ALLERGEN CERTIFICATE AVAILABLE

OK TO PERMIT FOR 2019

of Seats _____

FOOD ESTABLISHMENT INSPECTION REPORT

Page _____ of _____

Establishment: <u>ELM PARK COMMUNITY</u>		Date: <u>6-18-19</u>
Address: <u>23 NORTH ASHLAND</u>		Score: _____
Telephone: <u>508-799-3568</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>CITY OF WORE</u>	<input type="checkbox"/> Food Service	<input type="checkbox"/> Routine
Person in charge (PIC): <u>LINDA VILLAMORE</u>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Reinspection
Inspector: <u>DEREK A. EVANS</u>	<input type="checkbox"/> Other	<input type="checkbox"/> Complaint
		<input type="checkbox"/> Investigation
		<input type="checkbox"/> New Establishment
		<input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1. PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD				
2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling/containers	3-302, 602			1

FOOD PROTECTION				
4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices				
14. Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils				
17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 301			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities		N	C	S
25. Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other				
38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pcu	6-501			1

Fats, Oil, and Grease Control		Yes	No	N/A
46. Grease Interceptor Inspection				/
47. Grease Interceptor Maintenance Log				/
48. Grease Interceptor Signage				/
49. Rendering Documentation				/
50. Allergen Awareness Compliance	90.009(G)			

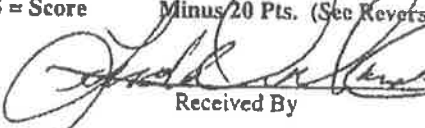
Item No.

	* HOT WATER TEMPS OK
	* REFRIGERATION / FREEZER TEMP OK
	* PLASTIC GLOVES / HAIR NETS AVAILABLE
	* PEST CONTROL DONE MONTHLY
	* SERV SAFE AND ALLERGEN CERTIFICATES AVAILABLE
	OK TO PERMIT FOR 2019

N = Non-Critical C = Critical S = Score Minus 20 Pts. (See Reverse Side)

Reinspection Date: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention


 Received By


 Inspected By

of Seats N/A

FOOD ESTABLISHMENT INSPECTION REPORT

Page 1 of 1

Establishment: <u>Flagg Street School</u>		Date: <u>4/17/19</u>	
Address: <u>115 Flagg Street</u>		Score:	
Telephone: <u>508-749-3522</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:	
Owner: <u>School Nutrition</u>	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine	<input type="checkbox"/> Reinspection
Person in charge (PIC): <u>Nancy Isildakli</u>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Complaint	<input type="checkbox"/> Investigation
Inspector: <u>Tara Molanar</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment	<input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1. PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD		N	C	S
2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling /containers	3-302, 602			1

FOOD PROTECTION		N	C	S
4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices		N	C	S
14. Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils		N	C	S
17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities		N	C	S
25. Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 304			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other		N	C	S
38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control		Yes	No	N/A
46. Grease Interceptor Inspection				
47. Grease Interceptor Maintenance Log				
48. Grease Interceptor Signage				
49. Rendering Documentation				
50. Allergen Awareness Compliance §90.009(G)				

Item No.	Description
	No violations found during inspection
	Extermination in 11/ month No issues seen at inspection
	Kitchen sanitary - Hot H ₂ O temp - good

N = Non-Critical C = Critical S = Score Minus 20 Pts. (See Reverse Side)

Number of Critical Violations 0

These items require IMMEDIATE attention

Received By: Nancy Isildakli Inspected By: Tara Molanar

Reinspection Date: N/A

Establishment: FOREST GROVE MIDDLE		Date: 6-26-19	
Address: 495 GROVE ST.		Score: _____	
Telephone: 508-799-3420	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:	
Owner: CITY OF WORC	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine	<input type="checkbox"/> Reinspection
Person in charge (PIC): DAIAN MURPHY	<input type="checkbox"/> Temporary	<input type="checkbox"/> Complaint	<input type="checkbox"/> Investigation
Inspector: DEREK A. EVERS	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment	<input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1. PIC Assigned/Knowledgeable/Duties	2-101, 302			4

FOOD

2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling / containers	3-302, 602			1

FOOD PROTECTION

4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	1-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-401			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices

14. Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils

17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities

	N	C	S
25. Sewage			4
26. Insects/Rodents			4
27. Hand-washing facilities/procedures			4
28. Plumbing			1
29. Toilet Rooms			2
30. Hand-washing methods			2
31. Garbage/refuse/outside disposal			2
32. Outer openings			1
33. Pesticides/Rodenticide Application			1
34. Floors/Walls/Ceilings			2
35. Lighting			1
36. Ventilation			1
37. Dressing Rooms			1

Other

38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control

	Yes	No	N/A
46. Grease Interceptor Inspection	X		
47. Grease Interceptor Maintenance Log	X		
48. Grease Interceptor Signage	X		
49. Rendering Documentation	X		
50. Allergen Awareness Compliance §90.009(G)	X		

Item No.	Description
	* HOT WATER TEMP OK
	* REFRIGERATOR TEMP OK
	* PLASTIC GLOVES/HAIR NETT AVAILABLE
	* PEST CONTROL DONE MONTHLY
	* CERT SAYS AND ALLERGEN CERTIFICATOR AVAILABLE
	OK TO PERMIT FOR 2019

N = Non-Critical C = Critical S = Score Minus 20 Pts. (See Reverse Side)

Number of Critical Violations _____

These items require IMMEDIATE attention

Received By: [Signature] Inspected By: [Signature] Reinspection Date: _____

Establishment: <u>GATES LANE SCHOOL</u>		Date: <u>6-10-19</u>
Address: <u>1238 MAIN ST.</u>		Score: _____
Telephone: <u>508-799-3423</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>CITY OF WORC</u>	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Mobile	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): <u>ANILA LAMBE</u>	<input type="checkbox"/> Temporary <input type="checkbox"/> Caterer	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: <u>DEREK A. EVERS</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1. PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD

2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling/containers	3-302, 602			1

FOOD PROTECTION

4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices

14. Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils

17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities

	N	C	S
25. Sewage			4
26. Insects/Rodents			4
27. Hand-washing facilities/procedures			4
28. Plumbing			1
29. Toilet Rooms			2
30. Hand-washing methods			2
31. Garbage/refuse/outside disposal			2
32. Outer openings			1
33. Pesticides/Rodenticide Application			1
34. Floors/Walls/Ceilings			2
35. Lighting			1
36. Ventilation			1
37. Dressing Rooms			1

Other

38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control

	Yes	No	N/A
46. Grease Interceptor Inspection	X		
47. Grease Interceptor Maintenance Log	X		
48. Grease Interceptor Signage	X		
49. Rendering Documentation	X		
50. Allergen Awareness Compliance §90.009(G)	X		

Item No.

	* REFRIGERATOR TEMP OK
	* HOT WATER TEMP OK
	* PLASTIC GLOVES/HAIR NETS AVAILABLE
	* PEST CONTROL DONE MONTHLY
	* SERV SAFE AND ALLERGEN AWARENESS CERTIFICATES AVAILABLE
	OK to permit for 2019

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention

Received By: Anila Lambe

Inspected By: Derek A. Evers

of Seats N/A

FOOD ESTABLISHMENT INSPECTION REPORT

Page 1 of 1

Establishment: <u>Gerald Creamer School</u>		Date: <u>6/14/19</u>
Address: <u>122 Granite St</u>		Score: <u>100%</u>
Telephone:	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>School Nutrition Program</u>	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Mobile	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): <u>Sue Tynan</u>	<input type="checkbox"/> Temporary <input type="checkbox"/> Caterer	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: <u>Tara McNamara</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management	N	C	S
1. PIC Assigned/Knowledgeable/Duties 2-101, 102			4

FOOD	N	C	S
2. Food and Water from approved source 3-201, 5-101			4
3. Food Labeling /containers 3-302, 602			1

FOOD PROTECTION	N	C	S
4. PHF Temperatures 3-401, 402, 403			4
5. Facilities hot & cold holding 3-501			4
6. PHF Cooked & cooled 3-501			4
7. Cross contamination 3-301, 302, 304			4
8. Spoiled foods 3-101, 701			2
9. Damaged Foods 6-404			2
10. PHF Thawing 3-501			2
11. Food Protection/Storage 3-303, 305, 306, 6-401			2
12. Food Handling 3-301, 304			2
13. Food temperature measuring device 4-204, 203, 302			1

Personal Hygienic Practices	N	C	S
14. Employee Health 2-201			4
15. Employee Hygiene 2-101, 403			4
16. Employee Clothing 2-304, 2-402			1

Equipment/Utensils	N	C	S
17. Sanitation Methods 4-702, 703			4
18. Equipment/utensils cleaned & sanitized 4-601, 602, 702			4
19. Food contact surfaces 4-202, 501, 701			2
20. Non-Food contact surfaces 4-101, 601			2
21. Sponges/wiping cloths 4-101, 901			1
22. Manual/Mechanical ware washing facilities 4-301, 501			1
23. Equipment/utensil storage 3-304, 4-903			1
24. Single service articles/Reuse 3-304, 4-502, 904			1

Sanitary Facilities	N	C	S
25. Sewage 5-402, 403, 404			4
26. Insects/Rodents 6-501			4
27. Hand-washing facilities/procedures 2-301, 5-203, 204			4
28. Plumbing 5-201, 205			1
29. Toilet Rooms 6-302, 402, 501			2
30. Hand-washing methods 5-202, 6-301			2
31. Garbage/refuse/outside disposal 5-501, 502			2
32. Outer openings 6-202			1
33. Pesticides/Rodenticide Application 6-202, 501, 7-206			1
34. Floors/Walls/Ceilings 6-201, 501			2
35. Lighting 6-202, 6-303			1
36. Ventilation 4-202, 204, 6-202, 304			1
37. Dressing Rooms 6-305			1

Other	N	C	S
38. Toxic Materials 7-201, 102			4
39. Consumer Advisory 3-603			2
40. HSP Requirements 3-801			2
41. Conformance with HACCP Plans 8-201, 202, 203			1
42. Premises 6-501			1
43. Living Areas 6-202			1
44. Linen 4-801, 802, 803			1
45. Pets 6-501			1

Fats, Oil, and Grease Control	Yes	No	N/A
46. Grease Interceptor Inspection		<input checked="" type="checkbox"/>	
47. Grease Interceptor Maintenance Log			
48. Grease Interceptor Signage			
49. Rendering Documentation			
50. Allergen Awareness Compliance §90.009 (G)	<input checked="" type="checkbox"/>		

Item No. _____

No cooking on site

No violations found during inspection

All temps in range / Hot H₂O - good

OK to permit

Establishment: <u>Goddard school</u>		Date: <u>6-17-19</u>	
Address: <u>14 Richards Street</u>		Score: <u> </u>	
Telephone: <u>508-799-3132</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:	
Owner: <u>School Nutrition Program</u>	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Mobile	<input checked="" type="checkbox"/> Routine	<input type="checkbox"/> Reinspection
Person in charge (PIC): <u>Denise Rodriguez</u>	<input type="checkbox"/> Temporary <input type="checkbox"/> Caterer	<input type="checkbox"/> Complaint	<input type="checkbox"/> Investigation
Inspector: <u>Jim McGill</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment	<input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1. PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD

2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling / containers	3-302, 602			1

FOOD PROTECTION

4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices

14. Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils

17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities

		N	C	S
25. Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other

38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control

	Yes	No	N/A
46. Grease Interceptor Inspection			
47. Grease Interceptor Maintenance Log			
48. Grease Interceptor Signage			
49. Rendering Documentation			
50. Allergen Awareness Compliance §90.009 (G)			

Item No.

→	AT TIME of Inspection, NO VIOLATIONS CITED.
→	SANITARY CONDITIONS WERE EXCELLENT AT TIME of Inspection.
→	HOT WATER handwash +110°F → 3 COMPARTMENT +120°F
→	REFRIGERATOR + FREEZER temps w/ code
→	All Expiration dates OK
→	NOTE - DISCUSSED FEDERAL Food code changes with DENISE -MANAGER

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date:

Number of Critical Violations
 These items require IMMEDIATE attention

[Signature]
 Received By

[Signature]
 Inspected By

Establishment: <u>GREENDALE HEAD START</u>		Date: <u>6-11-19</u>
Address: <u>130 LEEDS ST.</u>		Score: _____
Telephone: <u>508-999-3227</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>CITY OF WORC.</u>	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): <u>SYM JOHNSON</u>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: <u>DEREK A. EVERSI</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1. PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD

2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling / containers	3-302, 602			1

FOOD PROTECTION

4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices

14. Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils

17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 603, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities

	N	C	S
25. Sewage			4
26. Insects/Rodents			4
27. Hand-washing facilities/procedures			4
28. Plumbing			1
29. Toilet Rooms			2
30. Hand-washing methods			2
31. Garbage/refuse/outside disposal			2
32. Outer openings			1
33. Pesticides/Rodenticide Application			1
34. Floors/Walls/Ceilings			2
35. Lighting			1
36. Ventilation			1
37. Dressing Rooms			1

Other

38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-301			1

Fats, Oil, and Grease Control

	Yes	No	N/A
46. Grease Interceptor Inspection			
47. Grease Interceptor Maintenance Log			
48. Grease Interceptor Signage			
49. Rendering Documentation			
50. Allergen Awareness Compliance	590.009(G)		

Item No.

	* HOT WATER TEMP OK
	* REFRIGERATION TEMP OK
	* PLASTIC GLOVES/HAND WASH AVAILABLE
	* PET CONTROL DONE MONTHLY
	* SERV SAFE AND ALLERGEN CERTIFICATES AVAILABLE
	OK TO PERMIT FOR 2019

N = Non-Critical C = Critical S = Score

Minus 20/Pts. (See Reverse Side)

Reinspection Date: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention.

Received By: [Signature]

Inspected By: [Signature]

Establishment: JACOB HIATT MAGNET		Date: 6-6-19
Address: 772 MAIN ST.		Score: _____
Telephone: 508-799-3061	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: CITY OF WORC.	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Mobile	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): DEREK A. EVERETT	<input type="checkbox"/> Temporary <input type="checkbox"/> Caterer	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: DEREK A. EVERETT	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1 PIC Assigned/Knowledgeable/Duties	2-101, 102			4
FOOD				
2 Food and Water from approved source	3-201, 5-101			4
3 Food Labeling / containers	3-302, 602			1
FOOD PROTECTION				
4 PHF Temperatures	3-401, 402, 403			4
5 Facilities hot & cold holding	3-501			4
6 PHF Cooked & cooled	3-501			4
7 Cross contamination	3-301, 302, 304			4
8 Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1
Personal Hygienic Practices				
14 Employee Health	2-201			4
15 Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1
Equipment/Utensils				
17 Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities		N	C	S
25 Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other		N	C	S
38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 302, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control		Yes	No	N/A
46. Grease Interceptor Inspection	590.009(G)	X		
47. Grease Interceptor Maintenance Log		X		
48. Grease Interceptor Signage		X		
49. Rendering Documentation		X		
50. Allergen Awareness Compliance	590.009(G)	X		

Item No. _____

* HOT WATER TEMP OK

* REFRIGERATOR TEMP OK

* PLASTIC GLOVES AVAILABLE

* PEST CONTROL DONE MONTHLY

OK TO PERMIT FOR 2019

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention

Received By _____

Inspected By _____

Establishment: <u>Lake View School</u>		Date: <u>6/17/19</u>
Address: <u>137 Coburn Ave</u>		Score: <u>100%</u>
Telephone: <u>SDF 799 3576</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>WPS</u>	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Mobile	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): <u>Gina Zollo</u>	<input type="checkbox"/> Temporary <input type="checkbox"/> Caterer	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: <u>James Racicot</u>	<input checked="" type="checkbox"/> Other <u>School</u>	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1. PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD		N	C	S
2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling / containers	3-302, 602			1

FOOD PROTECTION		N	C	S
4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices		N	C	S
14. Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils		N	C	S
17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities		N	C	S
25. Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other		N	C	S
38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control		Yes	No	N/A
46. Grease Interceptor Inspection				<input checked="" type="checkbox"/>
47. Grease Interceptor Maintenance Log				<input checked="" type="checkbox"/>
48. Grease Interceptor Signage				<input checked="" type="checkbox"/>
49. Rendering Documentation				<input checked="" type="checkbox"/>
50. Allergen Awareness Compliance	590.009 (G)	<input checked="" type="checkbox"/>		

Item No.	Description
	<u>Lunchroom only hot and cold holding</u>
	<u>No prep at facility. No Critical Violations</u>
	<u>Found</u>
	<u>OK for Permit 2019</u>

Establishment: <u>LINCOLN STREET SCHOOL</u>		Date: <u>6-5-19</u>
Address: <u>519 LINCOLN ST.</u>		Score: <u>96/100</u>
Telephone: <u>508-799-3504</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>CITY OF WORC</u>	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Person in charge (PIC): <u>CHEYLA BURKE</u>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Complaint
Inspector: <u>DEREK A. EVERETT</u>	<input type="checkbox"/> Other	<input type="checkbox"/> Reinspection
		<input type="checkbox"/> Investigation
		<input type="checkbox"/> New Establishment
		<input type="checkbox"/> HACCP

Food Protection Management	N	C	S
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1. PIC Assigned/Knowledgeable/Duties	2-101, 102			4
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FOOD

2. Food and Water from approved source	3-201, 5-101			4
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3. Food Labeling /containers	3-302, 602			1
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FOOD PROTECTION

4. PHF Temperatures	3-401, 402, 403			4
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5. Facilities hot & cold holding	3-501			4
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6. PHF Cooked & cooled	3-501			4
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7. Cross contamination	3-301, 302, 304			4
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8. Spoiled foods	3-101, 701			2
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9. Damaged Foods	6-404			2
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10. PHF Thawing	3-501			2
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11. Food Protection/Storage	3-303, 305, 306, 6-401			2
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12. Food Handling	3-301, 304			2
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13. Food temperature measuring device	4-204, 203, 302			1
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Personal Hygienic Practices

14. Employee Health	2-201			4
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15. Employee Hygiene	2-401, 403			4
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16. Employee Clothing	2-304, 2-402			1
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Equipment/Utensils

17. Sanitation Methods	4-702, 703			4
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18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
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19. Food contact surfaces	4-202, 501, 701			2
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20. Non-Food contact surfaces	4-101, 601			2
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21. Sponges/wiping cloths	4-101, 901			1
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22. Manual/Mechanical ware washing facilities	4-301, 501			1
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23. Equipment/utensil storage	3-304, 4-903			1
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24. Single service articles/Reuse	3-304, 4-502, 904			1
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Sanitary Facilities

25. Sewage	5-402, 403, 404			4
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26. Insects/Rodents	6-501			4
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27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
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28. Plumbing	5-201, 205			1
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29. Toilet Rooms	6-302, 402, 501			2
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30. Hand-washing methods	5-202, 6-301			2
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31. Garbage/refuse/outside disposal	5-501, 502			2
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32. Outer openings	6-202			1
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33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
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34. Floors/Walls/Ceilings	6-201, 501			2
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35. Lighting	6-202, 6-303			1
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36. Ventilation	4-202, 204, 6-202, 304			1
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37. Dressing Rooms	6-305			1
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Other

38. Toxic Materials	7-201, 102			4
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39. Consumer Advisory	3-603			2
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40. HSP Requirements	3-801			2
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41. Conformance with HACCP Plans	8-201, 202, 203			1
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42. Premises	6-501			1
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43. Living Areas	6-202			1
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44. Linen	4-801, 802, 803			1
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45. Pets	6-501			1
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Fats, Oil, and Grease Control

46. Grease Interceptor Inspection				
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47. Grease Interceptor Maintenance Log				
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48. Grease Interceptor Signage				
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49. Rendering Documentation				
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50. Allergen Awareness Compliance	690.009(G)			
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Item No.

1. THE HOT WATER IN THE GIRLS/WOMENS RESTROOM OUTSIDE OF FOOD PREP AREA DOES NOT MEET THE REQUIRED HOT WATER TEMPERATURE * 83°F AT TIME OF INSPECTION * MUST BE AT LEAST 106°F

2. REPAIR OR REPLACE THE GIRLS/WOMEN RESTROOM HAND SOAP DISPENSER

3. SUPPLY A HAND WASH SOAP DISPENSER AND PAPER TOWEL DISPENSER TO THE FOOD PREP HAND SINK WASH AREA

* FOOD EMPLOYEES TO WASH HANDS IN RESTROOM AND THEN AGAIN AT FOOD PREP SINK BEFORE PERFORMING

N = Non-Critical C = Critical S = Score Minus 20 Pts. (See Reverse Side) Reinspection Date: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention

Cheyl A Burke
 Received By

[Signature]
 Inspected By

of Seats _____

FOOD ESTABLISHMENT INSPECTION REPORT

Page _____ of _____

Establishment: <u>Midland St School</u>	Date: <u>6/18/19</u>
Address: <u>16 Midland St</u>	Score: <u>100%</u>
Telephone: <u>508 799 3548</u>	Type of Operation(s): <input type="checkbox"/> Retail
Owner: <u>WPS</u>	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Mobile
Person in charge (PIC): <u>Louder Millet</u>	<input type="checkbox"/> Temporary <input type="checkbox"/> Caterer
Inspector: <u>James Racicot</u>	<input checked="" type="checkbox"/> Other <u>School</u>
	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management	N	C	S
1. PIC Assigned/Knowledgeable/Duties	2-101, 102		4

FOOD	N	C	S
2. Food and Water from approved source	3-201, 5-101		4
3. Food Labeling / containers	3-302, 602		1

FOOD PROTECTION	N	C	S
4. PHF Temperatures	3-401, 402, 403		4
5. Facilities hot & cold holding	3-501		4
6. PHF Cooked & cooled	3-501		4
7. Cross contamination	3-301, 302, 304		4
8. Spoiled foods	3-101, 701		4
9. Damaged Foods	6-404		2
10. PHF Thawing	3-501		2
11. Food Protection/Storage	3-303, 305, 306, 6-403		2
12. Food Handling	3-301, 304		2
13. Food temperature measuring device	4-204, 203, 302		1

Personal Hygienic Practices	N	C	S
14. Employee Health	2-201		4
15. Employee Hygiene	2-401, 403		4
16. Employee Clothing	2-304, 2-402		1

Equipment/Utensils	N	C	S
17. Sanitation Methods	4-702, 703		4
18. Equipment/Utensils cleaned & sanitized	4-601, 602, 702		4
19. Food contact surfaces	4-202, 501, 701		2
20. Non-Food contact surfaces	4-101, 601		2
21. Sponges/wiping cloths	4-101, 901		1
22. Manual/Mechanical ware washing facilities	4-301, 501		1
23. Equipment/utensil storage	3-304, 4-903		1
24. Single service articles/Reuse	3-304, 4-502, 904		1

Sanitary Facilities	N	C	S
25. Sewage	5-402, 403, 404		4
26. Insects/Rodents	6-501		4
27. Hand-washing facilities/procedures	2-301, 5-203, 204		4
28. Plumbing	5-201, 205		1
29. Toilet Rooms	6-302, 402, 501		2
30. Hand-washing methods	5-202, 6-301		2
31. Garbage/refuse/outside disposal	5-501, 502		2
32. Outer openings	6-202		1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206		1
34. Floors/Walls/Ceilings	6-201, 501		2
35. Lighting	6-202, 6-303		1
36. Ventilation	4-202, 204, 6-202, 304		1
37. Dressing Rooms	6-305		1

Other	N	C	S
38. Toxic Materials	7-201, 102		4
39. Consumer Advisory	3-603		2
40. HSP Requirements	3-801		2
41. Conformance with HACCP Plans	8-201, 202, 203		1
42. Premises	6-501		1
43. Living Areas	6-202		1
44. Linen	4-801, 802, 803		1
45. Pets	6-501		1

Fats, Oil, and Grease Control	Yes	No	N/A
46. Grease Interceptor Inspection			
47. Grease Interceptor Maintenance Log			
48. Grease Interceptor Signage			
49. Rendering Documentation			
50. Allergen Awareness Compliance #90.009(G)	<input checked="" type="checkbox"/>		

Item No.

*Small Lunch Room No cooking on site
Minimal hot/cold holding. No violations
found at time of inspection
OK to Permit for 2019*

N = Non-Critical C = Critical S = Score Minus 20 Pts. (See Reverse Side)

Number of Critical Violations 0

These items require IMMEDIATE attention

Received By: Louder Millet

Inspected By: [Signature]

Reinspection Date: [Signature]

of Seats N/A

FOOD ESTABLISHMENT INSPECTION REPORT

Page 1 of 1

Establishment: <u>Mill Swan A+B</u>		Date: <u>6/17/19</u>
Address: <u>337 Mill St</u>		Score:
Telephone: <u>508-799-3255</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>School Nutrition Program</u>	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Mobile	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): <u>Alana Dutremble</u>	<input type="checkbox"/> Temporary <input type="checkbox"/> Caterer	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: <u>Tara Manamane</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1. PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD		N	C	S
2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling /containers	3-302, 602			1

FOOD PROTECTION		N	C	S
4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-401			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices		N	C	S
14. Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils		N	C	S
17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities		N	C	S
25. Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other		N	C	S
38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control		Yes	No	N/A
46. Grease Interceptor Inspection				
47. Grease Interceptor Maintenance Log				
48. Grease Interceptor Signage				
49. Rendering Documentation				
50. Allergen Awareness Compliance §90.009(G)		<input checked="" type="checkbox"/>		

Item No.

	<u>No violations found during inspection</u>
	<u>All temps - H2O/fridge - good</u>
	<u>Establishment in Sanitary Conditions at time of inspection</u>
	<u>OK to permit</u>

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: N/A

Number of Critical Violations 0
These items require IMMEDIATE attention

Tara Manamane
Received By

Tara Manamane
Inspected By

Establishment: MILLBURY ST. HEAD START		Date: 2-14-19
Address: 389 MILLBURY ST.		Score: _____
Telephone: 508-799-3235	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: HEAD START	<input type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Person in charge (PIC): CHRISTINA BRICKSON	<input type="checkbox"/> Mobile	<input type="checkbox"/> Reinspection
Inspector: PEREK A. EVERS	<input type="checkbox"/> Temporary	<input type="checkbox"/> Complaint
	<input type="checkbox"/> Other NON COOKING	<input type="checkbox"/> Investigation
		<input type="checkbox"/> New Establishment
		<input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1 PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD

2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling /containers	3-302, 602			1

FOOD PROTECTION

4 PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6 PHF Cooked & cooled	3-501			4
7 Cross contamination	3-301, 302, 304			4
8 Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-401			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices

14 Employee Health	2-201			4
15 Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils

17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities

		N	C	S
25 Sewage	5-402, 403, 404			4
26 Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other

38 Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control

	Yes	No	N/A
46. Grease Interceptor Inspection			
47. Grease Interceptor Maintenance Log			
48. Grease Interceptor Signage			
49. Rendering Documentation			
50. Allergen Awareness Compliance §90.009(G)			

Item No.	Description
*	FOOD PROVIDED FROM NORTH HIGH SCHOOL KITCHEN
*	REFRIGERATOR AND FREEZER TEMPERATURES NOT MAINTAINED
*	PLASTIC GLOVES AVAILABLE
*	DISHWASHER NOT MAINTAINED

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention

Received By: *Christina Brickson*
 Inspected By: *Perek A. Evers*

Establishment: <u>MILLBURY STREET HEAD START</u>		Date: <u>9-9-19</u>
Address: <u>389 MILLBURY ST.</u>		Score: _____
Telephone: <u>508-799-3235</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>CITY OF WORC.</u>	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Person in charge (PIC): <u>JEN 8024</u>	<input type="checkbox"/> Mobile	<input type="checkbox"/> Reinspection
Inspector: <u>DEREK A. EVERSD</u>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Complaint
	<input type="checkbox"/> Other	<input type="checkbox"/> Investigation
		<input type="checkbox"/> New Establishment
		<input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1. PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD		N	C	S
2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling /containers	3-302, 602			1

FOOD PROTECTION		N	C	S
4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-403			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices		N	C	S
14. Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils		N	C	S
17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities		N	C	S
25. Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other		N	C	S
38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control	Yes	No	NA
46. Grease Interceptor Inspection			
47. Grease Interceptor Maintenance Log			
48. Grease Interceptor Signage			
49. Rendering Documentation			
50. Allergen Awareness Compliance §90.009(G)			

Item No.

* REFRIGERATION TEMP OK

* PLASTIC GLOVES AND HAIR NETS AVAILABLE

* PET CONTROL DONE MONTHLY

* MANAGER MADE AWARE OF SEW LINE CONTAMINANTS

* ALLERGEN CONTROLS AVAILABLE

OK TO PERMIT FOR 2019

N = Non-Critical C = Critical S = Score Minus 20 Pts. (See Reverse Side)

Number of Critical Violations _____

These items require IMMEDIATE attention

Received By: [Signature] Inspected By: [Signature]

Reinspection Date: 9-9-19

Establishment: <u>NATIVITY SCHOOL</u>		Date: <u>6-12-19</u>	
Address: <u>67 LINCOLN ST.</u>		Score: _____	
Telephone: <u>508-999-0100</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:	
Owner: <u>NATIVITY</u>	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine	<input type="checkbox"/> Reinspection
Person in charge (PIC): <u>RYAN</u>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Complaint	<input type="checkbox"/> Investigation
Inspector: <u>DEREK A EVERT</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment	<input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1 PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD

2 Food and Water from approved source	3-201, 5-101			4
3 Food Labeling / containers	3-302, 602			1

FOOD PROTECTION

4 PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6 PHF Cooked & cooled	3-501			4
7 Cross contamination	3-301, 302, 304			4
8 Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13 Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices

14 Employee Health	2-201			4
15 Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils

17 Sanitation Methods	4-702, 703			4
18 Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities

	N	C	S
25 Sewage			4
26 Insects/Rodents			4
27 Hand-washing facilities/procedures			4
28. Plumbing			1
29. Toilet Rooms			2
30. Hand-washing methods			2
31. Garbage/refuse/outside disposal			2
32. Outer openings			1
33. Pesticides/Rodenticide Application			1
34. Floors/Walls/Ceilings			2
35. Lighting			1
36. Ventilation			1
37. Dressing Rooms			1

Other

38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control

	Yes	No	N/A
46. Grease Interceptor Inspection			
47. Grease Interceptor Maintenance Log			
48. Grease Interceptor Signage			
49. Rendering Documentation			
50. Allergen Awareness Compliance §90.009(G)			

Item No.

	* HOT WATER Temp OK
	* REFRIGERATION Temp OK
	* PLASTIC GLOVES/HANDS NOT AVAILABLE
	* PEST CONTROL MONTHLY
	* SANITIZER AND QUATRY CENTRICITET AVAILABLE
	OK to permit for 2019

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention

[Signature]
 Received By

[Signature]
 Inspected By

Establishment: <u>NELSON PLACE SCHOOL</u>		Date: <u>6-13-19</u>
Address: <u>35 NELSON PLACE</u>		Score: _____
Telephone: <u>508-799-3506</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>CITY OF WORC</u>	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): <u>LYNNE STEWART</u>	<input type="checkbox"/> Temporary <input type="checkbox"/> Mobile <input type="checkbox"/> Caterer	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: <u>DEREK A EVERA</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1. PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD

2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling / containers	3-302, 602			1

FOOD PROTECTION

4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices

14. Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils

17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities

		N	C	S
25. Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other

38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control

	Yes	No	N/A
46. Grease Interceptor Inspection	X		
47. Grease Interceptor Maintenance Log	X		
48. Grease Interceptor Signage	X		
49. Rendering Documentation	X		
50. Allergen Awareness Compliance §90.009(G)	X		

Item No. _____

* HOT WATER TEMP OK

* REFRIGERATION TEMP OK

* PLASTIC GLOVES / HAIR NETS AVAILABLE

* PETTY CONTROL DONE MONTHLY

* SERV SAFE AND ALLERGEN CERTIFICATES AVAILABLE

OK TO PERMIT FOR 2019

Establishment: NEW CITIZENS CENTER		Date: 3-21-19	
Address: 1407 MAIN ST.		Score: _____	
Telephone: 508-799-3494	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:	
Owner: WPS	<input checked="" type="checkbox"/> Food Service	<input type="checkbox"/> Mobile	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): JANE RICHARD	<input type="checkbox"/> Temporary	<input type="checkbox"/> Caterer	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: DEREK A. EVERS	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment	<input type="checkbox"/> HACCP

Food Protection Management		N	C	S
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1. PIC Assigned/Knowledgeable/Duties	2-101, 102			4
FOOD				
2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling / containers	3-302, 602			1

FOOD PROTECTION		N	C	S
4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices		N	C	S
14. Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-401			1

Equipment/Utensils		N	C	S
17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities		N	C	S
25. Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other		N	C	S
38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control	Yes	No	N/A
46. Grease Interceptor Inspection			
47. Grease Interceptor Maintenance Log			
48. Grease Interceptor Signage			
49. Rendering Documentation			
50. Allergen Awareness Compliance §90.009(G)			

Item No.	Description
*	FOOD PROVIDED FROM NORTH HIGH AND WASHINGTON TOWN
*	HOT WATER TEMP OK
*	REFRIGERATOR TEMP OK
*	PLASTIC GLOVES AVAILABLE
*	PEST CONTROL BY TRANSFORM

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: _____
 Inspected By: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention

Received By: Jane Richard

Establishment: NEW CITIZEN CENTER		Date: 9.9.19	
Address: 1407 MAIN ST.		Score: _____	
Telephone: 508.799.3494	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:	
Owner: CITY OF WORC.	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Mobile	<input checked="" type="checkbox"/> Routine	<input type="checkbox"/> Reinspection
Person in charge (PIC): JANE RICHARD	<input type="checkbox"/> Temporary <input type="checkbox"/> Caterer	<input type="checkbox"/> Complaint	<input type="checkbox"/> Investigation
Inspector: DEREK A. EVERETT	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment	<input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1. PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD

2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling /containers	3-302, 602			1

FOOD PROTECTION

4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices

14. Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils

17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities

		N	C	S
25. Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other

38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control

	Yes	No	N/A
46. Grease Interceptor Inspection			
47. Grease Interceptor Maintenance Log			
48. Grease Interceptor Signage			
49. Rendering Documentation			
50. Allergen Awareness Compliance	590.009(G)		

Item No.

	* HOT WATER TEMPR OK
	* REFRIGERATOR TEMPR OK
	* HAIR NETS AND PLASTIC GLOVES AVAILABLE
	* PET CONTROL DONE MONTHLY
	* SERV SAFE AND ALLERGEN CERTIFICATES AVAILABLE
	OK to permit for 2019

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention

Received By _____

Inspected By _____

Establishment: <u>NORRBACK school</u>		Date: <u>6-17-19</u>
Address: <u>44 MALDEN STREET</u>		Score: <u>—</u>
Telephone: <u>508-799-3132</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>School Nutrition Program</u>	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Mobile	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): <u>PAT CIACCIO</u>	<input type="checkbox"/> Temporary <input type="checkbox"/> Caterer	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: <u>TIM MCCOLL</u>	<input checked="" type="checkbox"/> Other <u>Public school</u>	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1 PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD				
2 Food and Water from approved source	3-201, 5-101			4
3. Food Labeling /containers	3-302, 602			1

FOOD PROTECTION				
4 PHF Temperatures	3-401, 402, 403			4
5 Facilities hot & cold holding	3-501			4
6 PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8 Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices				
14 Employee Health	2-201			4
15 Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils				
17 Sanitation Methods	4-702, 703			4
18 Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities		N	C	S
25. Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other				
38 Toxic Materials	1-201, 102			4
39 Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control		Yes	No	N/A
46. Grease Interceptor Inspection	590.009(G)			<input checked="" type="checkbox"/>
47. Grease Interceptor Maintenance Log				
48. Grease Interceptor Signage				
49. Rendering Documentation				
50. Allergen Awareness Compliance	590.009(G)	<input checked="" type="checkbox"/>		

Item No.	Description
	→ AT TIME of Inspection No violations cited.
	→ SANITARY CONDITIONS WERE EXCELLENT AT TIME of Inspection.
	→ HOT WATER HANDWASH SINKS +110°F 3 COMPARTMENT SINK +120°F
	→ REFRIGERATOR temps AVG. 37°F OK FREEZER temps 0°F OK
	→ T.C.S Foods CHEESEBURGERS 135°F
	→ All Expiration dates OK
	→ HACC discussed NEW Federal Food code with PAT CIACCIO CATERIA MANAGER.

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: —

Number of Critical Violations —
 These items require IMMEDIATE attention

Pat Ciaccio
 Received By

Tim McColl
 Inspected By

Establishment: <u>NORTH HIGH SCHOOL</u>		Date: <u>6-11-19</u>
Address: <u>140 HARRINGTON WAY</u>		Score: _____
Telephone: <u>508-368-4606</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>CITY OF WORC.</u>	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Person in charge (PIC): <u>MIAN COMBLEY</u>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Reinspection
Inspector: <u>DEREK A. EVERSI</u>	<input type="checkbox"/> Other	<input type="checkbox"/> Complaint
		<input type="checkbox"/> New Establishment
		<input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1 PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD

2 Food and Water from approved source	3-201, 5-101			4
3. Food Labeling / containers	3-302, 602			1

FOOD PROTECTION

4 PHF Temperatures	3-401, 402, 403			4
5 Facilities hot & cold holding	3-501			4
6 PHF Cooked & cooled	3-501			4
7 Cross contamination	3-301, 302, 304			4
8 Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices

14 Employee Health	2-201			4
15 Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils

17 Sanitation Methods	4-702, 703			4
18 Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities

	N	C	S
25 Sewage			4
26. Insects/Rodents			4
27. Hand-washing facilities/procedures			4
28. Plumbing			1
29. Toilet Rooms			2
30. Hand-washing methods			2
31. Garbage/refuse/outside disposal			2
32. Outer openings			1
33. Pesticides/Rodenticide Application			1
34. Floors/Walls/Ceilings			2
35. Lighting			1
36. Ventilation			1
37. Dressing Rooms			1

Other

38 Toxic Materials	7-201, 102			4
39 Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control

	Yes	No	N/A
46. Grease Interceptor Inspection	X		
47. Grease Interceptor Maintenance Log	X		
48. Grease Interceptor Signage	X		
49. Rendering Documentation	X		
50. Allergen Awareness Compliance §90.009(G)	X		

Item No.	Description
	* HOT WATER TEMP OK
	* REFRIGERATOR TEMP OK
	* PLASTIC GLOVES/HAIR NETT AVAILABLE
	* PET CONTROL DONE MONTHLY
	* SERV SAFE AND ALLERGEN CERTIFICAT. AVAILABLE
	OK TO PERMIT FOR 2019

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention

Received By: [Signature]

Inspected By: [Signature]

Establishment: <u>QUINSIGAMOND ELEMENTARY</u>		Date: <u>2-15-19</u>	
Address: <u>14 BLACKSTONE RIVER ROAD</u>		Score: _____	
Telephone: <u>508-799-8198</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:	
Owner: <u>WORCESTER PUBLIC</u>	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine	<input type="checkbox"/> Reinspection
Person in charge (PIC): <u>MICHELLE JOHNSON</u>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Complaint	<input type="checkbox"/> Investigation
Inspector: <u>DEREK A EVERS</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment	<input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1. PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD

2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling /containers	3-302, 602			1

FOOD PROTECTION

4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-40			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices

14. Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils

17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities

		N	C	S
25. Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other

38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-601			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control

	Yes	No	N/A
46. Grease Interceptor Inspection	X		
47. Grease Interceptor Maintenance Log	X		
48. Grease Interceptor Signage	X		
49. Rendering Documentation	X		
50. Allergen Awareness Compliance §90.009 (G)	X		

Item No.

	<u>* REFRIGERATION TEMPS OK</u>
	<u>* PLASTIC GLOVES AVAILABLE</u>
	<u>* KITCHEN IN A CLEAN AND SANITARY MANNER AT TIME OF INSPECTION</u>

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention

Received By _____

Inspected By _____

Establishment: <u>RECOVERY HIGH SCHOOL</u>		Date: <u>6-18-19</u>	
Address: <u>14 ROCKDALE ST.</u>		Score: _____	
Telephone: <u>508-538-9102</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:	
Owner: <u>CITY OF WORE</u>	<input type="checkbox"/> Food Service	<input type="checkbox"/> Mobile	<input type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): <u>MARY ELLEN MCGURRY</u>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Caterer	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: <u>DENVER A. EVANS</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment	<input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1. PIC Assigned/Knowledgeable/Duties	2-101, 102			4
FOOD				
2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling / containers	3-302, 602			1
FOOD PROTECTION				
4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1
Personal Hygienic Practices				
14. Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1
Equipment/Utensils				
17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities		N	C	S
25. Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-301, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1
Other				
38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1
Fats, Oil, and Grease Control				
		Yes	No	N/A
46. Grease Interceptor Inspection				
47. Grease Interceptor Maintenance Log				
48. Grease Interceptor Signage				
49. Rendering Documentation				
50. Allergen Awareness Compliance	§90.009(G)			

Item No.	Description
	* HOT WATER TEMP OK
	* REFRIGERATION TEMP OK
	* PLASTIC GLOVES/HAIR NETS AVAILABLE
	* PEST CONTROL DONE MONTHLY
	* MANAGEMENT ANNUAL FOOD SAFETY AND ALLERGENS CERTIFICATION
	OK TO PERMIT 6/18/19

N = Non-Critical C = Critical S = Score Minus 20 Pts. (See Reverse Side) Reinspection Date _____

Number of Critical Violations _____
 These items require IMMEDIATE attention

Received By: Mary Ellen McGurry Inspected By: Denver A. Evans

of Seats N/A

FOOD ESTABLISHMENT INSPECTION REPORT

Page 1 of 1

Establishment: <u>Rice Square School</u>		Date: <u>6/14/19</u>
Address: <u>760 Massasoit Rd</u>		Score:
Telephone:	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>School Nutrition Program</u>	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Mobile	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): <u>Helena Miller</u>	<input type="checkbox"/> Temporary <input type="checkbox"/> Caterer	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: <u>Tara McManane</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1. PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD

2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling / containers	3-302, 602			1

FOOD PROTECTION

4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-40			2
12. Food Handling	3-301, 304			2
13 Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices

14. Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils

17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities

		N	C	S
25. Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other

38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control

	Yes	No	N/A
46. Grease Interceptor Inspection			
47. Grease Interceptor Maintenance Log			
48. Grease Interceptor Signage			
49. Rendering Documentation			
50. Allergen Awareness Compliance §90.009(G)	<input checked="" type="checkbox"/>		

Item No.

	<u>No Violations Found</u>
	<u>All Temps in Range</u>
	<u>Establishment in sanitary conditions</u>
	<u>OK to permit</u>

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: N/A

Number of Critical Violations 0
These items require IMMEDIATE attention

Helena Miller
Received By

Tara McManane
Inspected By

Establishment: <u>ROOSEVELT</u>		Date: <u>6-11-19</u>
Address: <u>1006 GRAFTON ST.</u>		Score: _____
Telephone: <u>508-799-3694</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>CITY OF WORCESTER</u>	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): <u>MAUREEN CARONZO</u>	<input type="checkbox"/> Temporary <input type="checkbox"/> Caterer	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: <u>DEREK A. EVER</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1 PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD

2 Food and Water from approved source	3-201, 5-101			4
3. Food Labeling /containers	3-302, 602			1

FOOD PROTECTION

4 PHF Temperatures	3-401, 402, 403			4
5 Facilities hot & cold holding	3-501			4
6 PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8 Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13 Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices

14 Employee Health	2-201			4
15 Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils

17 Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities

	N	C	S	
25. Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27 Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other

38. Toxic Materials	7-201, 102			4
39 Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control

	Yes	No	N/A
46. Grease Interceptor Inspection	X		
47. Grease Interceptor Maintenance Log	X		
48 Grease Interceptor Signage	X		
49. Rendering Documentation	X		
50. Allergen Awareness Compliance §90.009(G)	X		

Item No. _____

* HOT WATER TEMP OK

* REFRIGERATION/FREEZER TEMP OK

* PLASTIC GLOVES / HAIR NET AVAILABLE

* PEST CONTROL DONE MONTHLY

* SERV SAFE AND ALLERGEN CERTIFICATES AVAILABLE

OK TO PERMIT FOR 2019

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention

Received By Maureen Caronzo

Inspected By Derek A. Ever

Establishment: SKYLINE BITTNO & BAKERY	Date: 6-7-19
Address: 1 SKYLINE DRIVE	Score: _____
Telephone: 508-751-7544	Type of Operation(s): <input type="checkbox"/> Retail
Owner: CITY OF WORC	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Mobile
Person in charge (PIC): FIM KOUKETTETET	<input type="checkbox"/> Temporary <input type="checkbox"/> Caterer
Inspector: PERNIE A. EVERETT	<input checked="" type="checkbox"/> Other BAKERY
	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1 PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD				
2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling /containers	3-302, 602			1

FOOD PROTECTION				
4 PHF Temperatures	3-401, 402, 403			4
5 Facilities hot & cold holding	3-501			4
6 PHF Cooked & cooled	3-501			4
7 Cross contamination	3-301, 302, 304			4
8 Spoiled foods	3-101, 701			2
9 Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12 Food Handling	3-301, 304			2
13 Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices				
14 Employee Health	2-201			4
15 Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils				
17 Sanitation Methods	4-702, 703			4
18 Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities		N	C	S
25 Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27 Hand-washing facilities/procedures	2-301, 5-203, 204			4
28 Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34 Floors/Walls/Ceilings	6-201, 501			2
35 Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other				
38 Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control		Yes	No	N/A
46. Grease Interceptor Inspection		X		
47. Grease Interceptor Maintenance Log		X		
48. Grease Interceptor Signage		X		
49. Rendering Documentation		X		
50. Allergen Awareness Compliance	590.009(G)			

Item No. _____

* HOT WATER Temp OK

* HOT WATER Temp OK

* PLASTIC GLOVES AVAILABLE

* PETT CONTROL DONE MONTHLY

* SERV SAFE AND ALLERGEN CERTIFICATE AVAILABLE

OK TO PERMIT FOR 2019

Establishment: <u>SOUTH HIGH SCHOOL</u>		Date: <u>6-10-19</u>
Address: <u>170 APRICOT ST.</u>		Score: _____
Telephone: <u>508 999-3339</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>CITY OF WORCESTER</u>	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Person in charge (PIC): <u>GAIL STAPLETON</u>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Reinspection
Inspector: <u>DENEK A EVERS</u>	<input type="checkbox"/> Other	<input type="checkbox"/> Complaint
		<input type="checkbox"/> Investigation
		<input type="checkbox"/> New Establishment
		<input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1 PIC Assigned/Knowledgeable/Duties	2-101, 102			4
FOOD				
2 Food and Water from approved source	3-201, 5-101			4
3 Food Labeling/containers	3-302, 602			1
FOOD PROTECTION				
4 PHF Temperatures	3-401, 402, 403			4
5 Facilities hot & cold holding	3-501			4
6 PHF Cooked & cooled	3-501			4
7 Cross contamination	3-301, 302, 304			4
8 Spoiled foods	3-101, 701			2
9 Damaged Foods	6-404			2
10 PHF Thawing	3-501			2
11 Food Protection/Storage	3-303, 305, 306, 6-404			2
12 Food Handling	3-301, 304			2
13 Food temperature measuring device	4-204, 203, 302			1
Personal Hygienic Practices				
14 Employee Health	2-201			4
15 Employee Hygiene	2-401, 403			4
16 Employee Clothing	2-304, 2-402			1
Equipment/Utensils				
17 Sanitation Methods	4-702, 703			4
18 Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19 Food contact surfaces	4-202, 501, 701			2
20 Non-Food contact surfaces	4-101, 601			2
21 Sponges/wiping cloths	4-101, 901			1
22 Manual/Mechanical ware washing facilities	4-301, 501			1
23 Equipment/utensil storage	3-304, 4-903			1
24 Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities		N	C	S
25 Sewage	5-402, 403, 404			4
26 Insects/Rodents	6-501			4
27 Hand-washing facilities/procedures	2-301, 5-203, 204			4
28 Plumbing	5-201, 205			1
29 Toilet Rooms	6-302, 402, 501			2
30 Hand-washing methods	5-202, 6-301			2
31 Garbage/refuse/outside disposal	5-501, 502			2
32 Outer openings	6-202			1
33 Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34 Floors/Walls/Ceilings	6-201, 501			2
35 Lighting	6-202, 6-303			1
36 Ventilation	4-202, 204, 6-202, 304			1
37 Dressing Rooms	6-305			1
Other				
38 Toxic Materials	7-201, 102			4
39 Consumer Advisory	3-603			2
40 HSP Requirements	3-801			2
41 Conformance with HACCP Plans	8-201, 202, 203			1
42 Premises	6-501			1
43 Living Areas	6-202			1
44 Linen	4-801, 802, 803			1
45 Pets	6-501			1
Fats, Oil, and Grease Control				
46 Grease Interceptor Inspection		Yes	No	N/A
47 Grease Interceptor Maintenance Log		XXX		
48 Grease Interceptor Signage		XXX		
49 Rendering Documentation		XXX		
50 Allergen Awareness Compliance §90.009(G)				

Item No. 1 - REPAIR THE WOMEN RESTROOM HAND WASH SINK FAULTY HANDLES (NO HOT WATER)
 * HAND WASH SINK WITH HOT WATER OUTSIDE OF WOMEN RESTROOM AVAILABLE

2 - CLEAN, WASH AND SANITIZE THE INTERIOR OF THE ICE MAKING MACHINE AND/OR REPLACE ICE MAKING MACHINE.

* HOT WATER TEMP OK
 * REFRIGERATOR TEMP OK
 * PLASTIC GLOVES AVAILABLE
 * PET CONTROL DONE MONTHLY
 * SERV SAFE AND ALLERGEN CERTIFICATES OK TO REOPEN FOR 2019

N = Non-Critical C = Critical S = Score Minus 20 Pts. (See Reverse Side) Reinspection Date: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention

Received By: R. Stapleton Inspected By: M. E.

Establishment: <u>SULLIVAN MIDDLE SCHOOL</u>		Date: <u>6-10-19</u>
Address: <u>140 APRICOT ST.</u>		Score: _____
Telephone: <u>508-799-3362</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>CITY OF WORC</u>	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Mobile	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): <u>WILDA CUADRADO</u>	<input type="checkbox"/> Temporary <input type="checkbox"/> Caterer	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: <u>DEREK A. EVERETT</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1 PIC Assigned/Knowledgeable/Duties	2-101, 102			4
FOOD				
2 Food and Water from approved source	3-201, 5-101			4
3 Food Labeling / containers	3-302, 602			1
FOOD PROTECTION				
4 PHF Temperatures	3-401, 402, 403			4
5 Facilities hot & cold holding	3-501			4
6 PHF Cooked & cooled	3-501			4
7 Cross contamination	3-301, 302, 304			4
8 Spoiled foods	3-101, 701			2
9 Damaged Foods	6-404			2
10 PHF Thawing	3-501			2
11 Food Protection/Storage	3-303, 305, 306, 6-404			2
12 Food Handling	3-301, 304			2
13 Food temperature measuring device	4-204, 203, 302			1
Personal Hygienic Practices				
14 Employee Health	2-201			4
15 Employee Hygiene	2-401, 403			4
16 Employee Clothing	2-304, 2-402			1
Equipment/Utensils				
17 Sanitation Methods	4-702, 703			4
18 Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19 Food contact surfaces	4-202, 501, 701			2
20 Non-Food contact surfaces	4-101, 601			2
21 Sponges/wiping cloths	4-101, 901			1
22 Manual/Mechanical ware washing facilities	4-301, 501			1
23 Equipment/utensil storage	3-304, 4-903			1
24 Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities		N	C	S
25 Sewage	5-402, 403, 404			4
26 Insects/Rodents	6-501			4
27 Hand-washing facilities/procedures	2-301, 5-203, 201			4
28 Plumbing	5-201, 205			1
29 Toilet Rooms	6-302, 402, 501			2
30 Hand-washing methods	5-202, 6-301			2
31 Garbage/refuse/outside disposal	5-501, 502			2
32 Outer openings	6-202			1
33 Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34 Floors/Walls/Ceilings	6-201, 501			2
35 Lighting	6-202, 6-303			1
36 Ventilation	4-202, 204, 6-202, 304			1
37 Dressing Rooms	6-305			1
Other				
38 Toxic Materials	7-201, 102			4
39 Consumer Advisory	3-603			2
40 HSP Requirements	3-801			2
41 Conformance with HACCP Plans	8-201, 202, 203			1
42 Premises	6-501			1
43 Living Areas	6-202			1
44 Linen	4-801, 802, 803			1
45 Pets	6-501			1
Fats, Oil, and Grease Control				
		Yes	No	N/A
46 Grease Interceptor Inspection		X		
47 Grease Interceptor Maintenance Log		X		
48 Grease Interceptor Signage		X		
49 Rendering Documentation		X		
50 Allergen Awareness Compliance §90.009(G)		X		

Item No.	Description
	* HOT WATER TEMP OK
	* REFRIGERATOR / FREEZER TEMP OK
	* PLASTIC GLOVES / HAIR NETS AVAILABLE
	* PEST CONTROL DONE MONTHLY
	* SERV SAFE AND ALLERGEN AWARENESS CERTIFICATES AVAILABLE
	OK TO PERMIT FOR 2019

N = Non-Critical C = Critical S = Score Minus 20 Pts. (See Reverse Side)

Reinspection Date: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention

Received By: Wilda Cuadrado

Inspected By: _____

of Seats N/A

FOOD ESTABLISHMENT INSPECTION REPORT

Page 1 of 1

Establishment: <u>Summit Academy</u>		Date: <u>6/18/19</u>	
Address: <u>15 Jamesbury St</u>		Score:	
Telephone: <u>508-751-8500</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:	
Owner: <u>School Nutrition Program</u>	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Mobile	<input checked="" type="checkbox"/> Routine	<input type="checkbox"/> Reinspection
Person in charge (PIC): <u>Kristen Malachi</u>	<input type="checkbox"/> Temporary <input type="checkbox"/> Caterer	<input type="checkbox"/> Complaint	<input type="checkbox"/> Investigation
Inspector: <u>Tara McManama</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment	<input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1. PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD

2. Food and Water from approved source	3-201, 3-101			4
3. Food Labeling /containers	3-302, 602			1

FOOD PROTECTION

4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-401			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices

14. Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils

17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities

		N	C	S
25. Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 301			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other

38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control

	Yes	No	N/A
46. Grease Interceptor Inspection			
47. Grease Interceptor Maintenance Log			
48. Grease Interceptor Signage			
49. Rendering Documentation			
50. Allergen Awareness Compliance §90.069(G)			

Item No.

	<u>No Violations Found during inspection</u>
	<u>Kitchen is sanitary at time of inspection</u>
	<u>Fridge / freezer / Hot H₂O - all in range.</u>

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: N/A

Number of Critical Violations 0
These items require IMMEDIATE attention

KM Malachi
Received By

Tara McManama
Inspected By

Establishment: <u>UNION HILL SCHOOL</u>		Date: <u>7-16-19</u>
Address: <u>1 CHADIN ST.</u>		Score: _____
Telephone: <u>508-799-3600</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>CITY OF WORC</u>	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): <u>ANN MINICHILLI</u>	<input type="checkbox"/> Temporary <input type="checkbox"/> Caterer	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: <u>DEREK A. EVERS</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1. PIC Assigned/Knowledgeable/Duties	2-301, 102			4

FOOD

2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling / containers	3-302, 602			1

FOOD PROTECTION

4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-40			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices

14. Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils

17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 301			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-302, 904			1

Sanitary Facilities

		N	C	S
25. Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other

38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control

	Yes	No	N/A
46. Grease Interceptor Inspection			
47. Grease Interceptor Maintenance Log			
48. Grease Interceptor Signage			
49. Rendering Documentation			
50. Allergen Awareness Compliance §90.009(G)			

Item No. _____

* HOT WATER TEMP OK

* REFRIGERATOR / FREEZER TEMP OK

* PLASTIC GLOVES / HAIR NET AVAILABLE

* PET CONTROL DONE MONTHLY

* SERV SAFE AND ALLERGEN CERTIFICATE AVAILABLE

OK TO PERMIT FOR 7/19

N = Non-Critical C = Critical S = Score Minus 20 Pts. (See Reverse Side)

Number of Critical Violations _____

These items require IMMEDIATE attention

Received By: Ann Minichilli Inspected By: Derek A. Evers

Reinspection Date: _____

Establishment: <u>UNIVERSITY PARK CAMPUS</u>		Date: <u>6.6.19</u>
Address: <u>FREELAND ST</u>		Score: _____
Telephone: <u>508-799-3690</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>CITY OF WORC</u>	<input checked="" type="checkbox"/> Food-Service	<input checked="" type="checkbox"/> Routine
Person in charge (PIC): <u>POTTIE RIVINO</u>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Complaint
Inspector: <u>DEREK A. EVERS</u>	<input type="checkbox"/> Other	<input type="checkbox"/> Reinspection
		<input type="checkbox"/> Investigation
		<input type="checkbox"/> New Establishment
		<input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1 PIC Assigned/Knowledgeable/Duties	2 101, 102			4

FOOD

2 Food and Water from approved source	3-201, 5-101			4
3 Food Labeling / containers	3-302, 602			1

FOOD PROTECTION

4 PHF Temperatures	3-401, 402, 403			4
5 Facilities hot & cold holding	3-501			4
6 PHF Cooked & cooled	3-501			4
7 Cross contamination	3-301, 302, 304			4
8 Spoiled foods	3-101, 701			2
9 Damaged Foods	6-404			2
10 PHF Thawing	3-501			2
11 Food Protection/Storage	3-303, 305, 306, 6-404			2
12 Food Handling	3-301, 304			2
13 Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices

14 Employee Health	2-201			4
15 Employee Hygiene	2-401, 403			4
16 Employee Clothing	2-304, 2-402			1

Equipment/Utensils

17 Sanitation Methods	4-702, 703			4
18 Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19 Food contact surfaces	4-202, 501, 701			2
20 Non-Food contact surfaces	4-101, 601			2
21 Sponges/wiping cloths	4-101, 901			1
22 Manual/Mechanical ware washing facilities	4-301, 501			1
23 Equipment/utensil storage	3-304, 4-903			1
24 Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities

	N	C	S
25 Sewage			4
26 Insects/Rodents			4
27 Hand-washing facilities/procedures			4
28 Plumbing			1
29 Toilet Rooms			2
30 Hand-washing methods			2
31 Garbage/refuse/outside disposal			2
32 Outer openings			1
33 Pesticides/Rodenticide Application			1
34 Floors/Walls/Ceilings			2
35 Lighting			1
36 Ventilation			1
37 Dressing Rooms			1

Other

38 Toxic Materials	7-201, 102			4
39 Consumer Advisory	3-603			2
40 HSP Requirements	3-801			2
41 Conformance with HACCP Plans	8-201, 202, 203			1
42 Premises	6-501			1
43 Living Areas	6-202			1
44 Linen	4-801, 802, 803			1
45 Pets	6-501			1

Fats, Oil, and Grease Control

	Yes	No	N/A
46 Grease Interceptor Inspection			
47 Grease Interceptor Maintenance Log			
48 Grease Interceptor Signage			
49 Rendering Documentation			
50 Allergen Awareness Compliance §90.009(G)			

Item No. 1

ADJUST THE HOT WATER IN THE GIRL/WOMEN RESTROOM NEAR THE FOOD PREP AREA TO AT LEAST 100°F

* 83°F AT TIME OF INSPECTION

* THERE IS A SINK OUTSIDE OF GIRL/WOMEN RESTROOM THAT DOES NOT MEET REQUIRED TEMPERATURE

* REFRIGERATOR TEMP OK

* PLASTIC GLOVES AVAILABLE

* PEST CONTROL DONE MONTHLY

OK TO PERMIT FOR 2019

N = Non-Critical C = Critical S = Score Minus 20 Pts. (See Reverse Side)

Number of Critical Violations _____

These items require IMMEDIATE attention _____

Received By: [Signature] Inspected By: [Signature]

Reinspection Date: _____

Establishment: <u>WOODWARD DAY SCHOOL</u>		Date: <u>6.10.19</u>
Address: <u>20 ROCKDALE ST</u>		Score: _____
Telephone: <u>508.538.9108</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>CITY OF WORC.</u>	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Person in charge (PIC): <u>EVERLYN MARRONE</u>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Reinspection
Inspector: <u>DEREK A EVER</u>	<input type="checkbox"/> Other	<input type="checkbox"/> Complaint
		<input type="checkbox"/> Investigation
		<input type="checkbox"/> New Establishment
		<input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1 PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD				
2 Food and Water from approved source	3-201, 5-101			4
3. Food Labeling / containers	3-302, 602			1

FOOD PROTECTION				
4. PHF Temperatures	3-401, 402, 403			4
5 Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8 Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices				
14. Employee Health	2-201			4
15 Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils				
17 Sanitation Methods	4-702, 703			4
18 Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities		N	C	S
25 Sewage	5-402, 403, 404			4
26 Insects/Rodents	6-501			4
27 Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other				
38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-301, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control		Yes	No	N/A
46. Grease Interceptor Inspection				
47. Grease Interceptor Maintenance Log				
48. Grease Interceptor Signage				
49. Rendering Documentation				
50. Allergen Awareness Compliance	\$90,009 (G)			

Item/No. 1 SUPPLY THERMOMOTORS TO REFRIGERATOR
* HOT WATER TEMP OK
* REFRIGERATOR TEMP OK
* PLASTIC GLOVES AVAILABLE
* PEST CONTROL DONE MONTHLY
* I ADVISED EVERLYN MARRONE THAT
SOMEONE DISTRIBUTING THE
FOOD FOR THE SCHOOL SHOULD
BE SERV SAFE CERTIFIED AND
ALLERGEN AWARENESS CERTIFIED
OK TO PERMIT FOR 2019

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention

Everlyn Marrone
 Received By

[Signature]
 Inspected By

of Seats _____

FOOD ESTABLISHMENT INSPECTION REPORT

Page _____ of _____

Establishment: <u>WOODWARD DAY SCHOOL</u>		Date: <u>6-12-19</u>
Address: <u>190 FREMONT ST</u>		Score: _____
Telephone: <u>508-538-9107</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>CITY OF WORC.</u>	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Mobile	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): <u>ALEX DENNEHY</u>	<input type="checkbox"/> Temporary <input type="checkbox"/> Caterer	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: <u>DENISE A. EVERA</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1 PIC Assigned/Knowledgeable/Duties	2-101, 102			4
FOOD				
2 Food and Water from approved source	3-201, 5-101			4
3 Food Labeling/containers	3-302, 602			1
FOOD PROTECTION				
4 PHF Temperatures	3-401, 402, 403			4
5 Facilities hot & cold holding	3-501			4
6 PHF Cooked & cooled	3-501			4
7 Cross contamination	3-301, 302, 304			4
8 Spoiled foods	3-101, 701			2
9 Damaged Foods	6-404			2
10 PHF Thawing	3-501			2
11 Food Protection/Storage	3-303, 305, 306, 6-404			2
12 Food Handling	3-301, 304			2
13 Food temperature measuring device	4-204, 203, 302			1
Personal Hygienic Practices				
14 Employee Health	2-201			4
15 Employee Hygiene	2-401, 403			4
16 Employee Clothing	2-304, 2-402			1
Equipment/Utensils				
17 Sanitation Methods	4-702, 703			4
18 Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19 Food contact surfaces	4-202, 501, 701			2
20 Non-Food contact surfaces	4-101, 601			2
21 Sponges/wiping cloths	4-101, 901			1
22 Manual/Mechanical ware washing facilities	4-301, 501			1
23 Equipment/utensil storage	3-304, 4-903			1
24 Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities		N	C	S
25 Sewage	5-402, 403, 404			4
26 Insects/Rodents	6-501			4
27 Hand-washing facilities/procedures	2-301, 5-203, 204			4
28 Plumbing	5-201, 205			1
29 Toilet Rooms	6-302, 402, 501			2
30 Hand-washing methods	5-202, 6-301			2
31 Garbage/refuse/outside disposal	5-501, 502			2
32 Outer openings	6-202			1
33 Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34 Floors/Walls/Ceilings	6-201, 501			2
35 Lighting	6-202, 6-303			1
36 Ventilation	4-202, 204, 6-202, 304			1
37 Dressing Rooms	6-305			1
Other				
38 Toxic Materials	7-201, 102			4
39 Consumer Advisory	1-603			2
40 HSP Requirements	3-801			2
41 Conformance with HACCP Plans	8-201, 202, 203			1
42 Premises	6-501			1
43 Living Areas	6-202			1
44 Linen	4-801, 802, 803			1
45 Pets	6-501			1
Fats, Oil, and Grease Control				
		Yes	No	N/A
46 Grease Interceptor Inspection				
47 Grease Interceptor Maintenance Log				
48 Grease Interceptor Signage				
49 Rendering Documentation				
50 Allergen Awareness Compliance	§90.009(G)			

Item No. _____

* HOT WATER TEMP OK

* REFRIGERATION TEMP OK

* PLASTIC GLOVES / HAIR NETS AVAILABLE

* PET CONTROL DONE MONTHLY

* MANAGER (ALEX) INFORMED OF RESERV SADS AND ALLERGEN CERTIFICATES FOR THE SCHOOL

OK TO PERMIT FOR 2019

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: _____

Number of Critical Violations _____
These items require IMMEDIATE attention

Received By: Dennehy

Inspected By: [Signature]

Establishment: <u>WOODWARD DAY SCHOOL</u>		Date: <u>6-17-19</u>
Address: <u>11 MCKEON ROAD</u>		Score: _____
Telephone: <u>508-538 9110</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>CITY OF WORC.</u>	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): <u>KRISTIN PATTERSON</u>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: <u>DERRICK A. EVERT</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1 PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD		N	C	S
2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling/containers	3-302, 602			1

FOOD PROTECTION		N	C	S
4 PHF Temperatures	3-401, 402, 403			4
5 Facilities hot & cold holding	3-501			4
6 PHF Cooked & cooled	3-501			4
7 Cross contamination	3-301, 302, 304			4
8 Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13 Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices		N	C	S
14 Employee Health	2-201			4
15 Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils		N	C	S
17 Sanitation Methods	4-702, 703			4
18 Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities		N	C	S
25 Sewage	5-402, 403, 404			4
26 Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other		N	C	S
38 Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-601			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control	Yes	No	N/A
46. Grease Interceptor Inspection			
47. Grease Interceptor Maintenance Log			
48. Grease Interceptor Signage			
49. Rendering Documentation			
50. Allergen Awareness Compliance §90.009(G)			

Item No.	Description
	* HOT WATER TEMP OK
	* REFRIGERATION TEMP OK
	* PLASTIC GLOVES / HAIR NETS AVAILABLE
	* PEST CONTROL DONE MONTHLY
	* MANAGEMENT MADE AWARE OF SERV SAFE AND ALLERGEN CERTIFICATES
	OK TO PERMIT FOR 2019

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention

Received By: _____

Inspected By: _____

Establishment: <u>WOODWARD DAY SCHOOL</u>		Date: <u>9-9-19</u>
Address: <u>11 MCKEON RD</u>		Score: _____
Telephone: <u>508-538-9110</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>CITY OF WORCESTER</u>	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): <u>NICH CAMERON</u>	<input type="checkbox"/> Temporary <input type="checkbox"/> Caterer	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: <u>DEREK EVERETT</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1. PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD

2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling /containers	3-302, 602			1

FOOD PROTECTION

4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices

14. Employee Health	2-201			4
15. Employee Hygiene	2-101, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils

17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-603, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities		N	C	S
25. Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other

38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control

	Yes	No	N/A
46. Grease Interceptor Inspection			
47. Grease Interceptor Maintenance Log			
48. Grease Interceptor Signage			
49. Rendering Documentation			
50. Allergen Awareness Compliance §90.009(G)			

Item No.

	* HOT WATER TEMPR OK
	* DISINFECTANT TEMPR OK
	* PRINCIPAL AWARE OF SEWAGE TREATMENT PLANT CERTIFICATE
	* PEST CONTROL DONE MONTHLY
	* PLASTIC GLOVES/HAIR NETS AVAILABLE
	OK to permit for 9/9

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: _____

Number of Critical Violations _____
These items require IMMEDIATE attention

Received By _____

Inspected By _____

Establishment: <u>WORCESTER ARTS MAGNET</u>		Date: <u>6.17.19</u>	
Address: <u>315 ST. NICHOLAS AVE</u>		Score: _____	
Telephone: <u>508-799-3575</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:	
Owner: <u>CITY OF WORC</u>	<input checked="" type="checkbox"/> Food-Service	<input checked="" type="checkbox"/> Routine	<input type="checkbox"/> Reinspection
Person in charge (PIC): <u>DEMETRIUS EVERETT</u>	<input checked="" type="checkbox"/> Temporary	<input type="checkbox"/> Complaint	<input type="checkbox"/> Investigation
Inspector: <u>DEMETRIUS EVERETT</u>	<input type="checkbox"/> Other	<input type="checkbox"/> New Establishment	<input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1. PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD

2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling / containers	3-302, 602			1

FOOD PROTECTION

4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-401			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices

14. Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils

17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities

		N	C	S
25. Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other

38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control

	Yes	No	N/A
46. Grease Interceptor Inspection			
47. Grease Interceptor Maintenance Log			
48. Grease Interceptor Signage			
49. Rendering Documentation			
50. Allergen Awareness Compliance §90.009(G)			

Item No.

	* HOT WATER TEMP OK
	* REFRIGERATION/FREEZER TEMP OK
	* PLASTIC GLOVES/HAIR NETS AVAILABLE
	* PEST CONTROL DONE MONTHLY
	* SERVE SAFE AND ALLERGEN CONTROL CONTACT AVAILABLE
	OK TO PERMIT FOR 2019

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention

Received By: Maryellen Stanton

Inspected By: [Signature]

Establishment: <u>Worcester East Middle</u>		Date: <u>6/17/19</u>
Address: <u>420 Grator St</u>		Score: <u>96%</u>
Telephone: <u>508 799 3430</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>WPS</u>	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Mobile	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection
Person in charge (PIC): <u>Cheryl Johnson</u>	<input type="checkbox"/> Temporary <input type="checkbox"/> Caterer	<input type="checkbox"/> Complaint <input type="checkbox"/> Investigation
Inspector: <u>James Klucick</u>	<input checked="" type="checkbox"/> Other <u>School</u>	<input type="checkbox"/> New Establishment <input type="checkbox"/> HACCP

Food Protection Management

		N	C	S
1. PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD

2. Food and Water from approved source	3-201, 5-101			4
3. Food Labeling / containers	3-302, 602			1

FOOD PROTECTION

4. PHF Temperatures	3-401, 402, 403			4
5. Facilities hot & cold holding	3-501			4
6. PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 303, 304			4
8. Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices

14. Employee Health	2-201			4
15. Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils

17. Sanitation Methods	4-702, 703			4
18. Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities

		N	C	S
25. Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27. Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31. Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other

38. Toxic Materials	7-201, 102			4
39. Consumer Advisory	3-603			2
40. HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43. Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control

	Yes	No	N/A
46. Grease Interceptor Inspection	<input checked="" type="checkbox"/>		
47. Grease Interceptor Maintenance Log	<input checked="" type="checkbox"/>		
48. Grease Interceptor Signage	<input checked="" type="checkbox"/>		
49. Rendering Documentation			
50. Allergen Awareness Compliance §90.009(G)	<input checked="" type="checkbox"/>		

Item No.

1)	Replace Soap @ hand wash sink (-4)
	No further violations found
	School ends tomorrow and soap is being used elsewhere in kitchen, order has been placed to remedy problem
	Grease Trap done routinely
	OK to permit for 2019

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: N/A

Number of Critical Violations 1
These items require IMMEDIATE attention

X Cheryl Johnson
Received By

[Signature]
Inspected By

Establishment: <u>WORC. TECH HIGH SCHOOL</u>		Date: <u>6-7-19</u>
Address: <u>1 SKYLINE DRIVE</u>		Score: _____
Telephone: <u>508-799-1951</u>	Type of Operation(s): <input type="checkbox"/> Retail	Type of Inspection:
Owner: <u>CITY OF WORC.</u>	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Person in charge (PIC): <u>MOROSKI</u>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Reinspection
Inspector: <u>DEWEK & EVANS</u>	<input type="checkbox"/> Other	<input type="checkbox"/> Complaint
		<input type="checkbox"/> Investigation
		<input type="checkbox"/> New Establishment
		<input type="checkbox"/> HACCP

Food Protection Management		N	C	S
1 PIC Assigned/Knowledgeable/Duties	2-101, 102			4

FOOD		N	C	S
2 Food and Water from approved source	3-201, 5-101			4
3. Food Labeling / containers	3-302, 602			1

FOOD PROTECTION		N	C	S
4 PHF Temperatures	3-401, 402, 403			4
5 Facilities hot & cold holding	3-501			4
6 PHF Cooked & cooled	3-501			4
7. Cross contamination	3-301, 302, 304			4
8 Spoiled foods	3-101, 701			2
9. Damaged Foods	6-404			2
10. PHF Thawing	3-501			2
11. Food Protection/Storage	3-303, 305, 306, 6-404			2
12. Food Handling	3-301, 304			2
13. Food temperature measuring device	4-204, 203, 302			1

Personal Hygienic Practices		N	C	S
14 Employee Health	2-201			4
15 Employee Hygiene	2-401, 403			4
16. Employee Clothing	2-304, 2-402			1

Equipment/Utensils		N	C	S
17 Sanitation Methods	4-702, 703			4
18 Equipment/utensils cleaned & sanitized	4-601, 602, 702			4
19. Food contact surfaces	4-202, 501, 701			2
20. Non-Food contact surfaces	4-101, 601			2
21. Sponges/wiping cloths	4-101, 901			1
22. Manual/Mechanical ware washing facilities	4-301, 501			1
23. Equipment/utensil storage	3-304, 4-903			1
24. Single service articles/Reuse	3-304, 4-502, 904			1

Sanitary Facilities		N	C	S
25 Sewage	5-402, 403, 404			4
26. Insects/Rodents	6-501			4
27 Hand-washing facilities/procedures	2-301, 5-203, 204			4
28. Plumbing	5-201, 205			1
29. Toilet Rooms	6-302, 402, 501			2
30. Hand-washing methods	5-202, 6-301			2
31 Garbage/refuse/outside disposal	5-501, 502			2
32. Outer openings	6-202			1
33. Pesticides/Rodenticide Application	6-202, 501, 7-206			1
34. Floors/Walls/Ceilings	6-201, 501			2
35. Lighting	6-202, 6-303			1
36. Ventilation	4-202, 204, 6-202, 304			1
37. Dressing Rooms	6-305			1

Other		N	C	S
38 Toxic Materials	7-201, 102			4
39. Consumer Advisory	1-603			2
40 HSP Requirements	3-801			2
41. Conformance with HACCP Plans	8-201, 202, 203			1
42. Premises	6-501			1
43 Living Areas	6-202			1
44. Linen	4-801, 802, 803			1
45. Pets	6-501			1

Fats, Oil, and Grease Control	Yes	No	N/A
46. Grease Interceptor Inspection	X		
47. Grease Interceptor Maintenance Log	X		
48. Grease Interceptor Signage	X		
49. Rendering Documentation	X		
50. Allergen Awareness Compliance §90.009(G)	X		

Item No.

	* HOT WATER TEMP OK
	* REFRIGERATOR TEMP OK
	* PLASTIC GLOVES AVAILABLE
	* PET CONTROL DONE MONTHLY
	* SERV SAFE AND ALLERGEN CONTROL TABLET AVAILABLE
	OK TO PERMIT FOR 2019

N = Non-Critical C = Critical S = Score

Minus 20 Pts. (See Reverse Side)

Reinspection Date: _____

Number of Critical Violations _____
 These items require IMMEDIATE attention

Received By: Carla Moroski
 Inspected By: [Signature]