

- 23 Proper date marking & disposition
- 24 Time as a Public Health Control
- CONSUMER ADVISORY**
- 25 Consumer advisory provided for raw/undercooked food
- HIGHLY SUSCEPTIBLE POPULATIONS**
- 26 Pasteurized foods used; prohibited food not offered

- 47 Food & non-food contact surfaces cleanable, properly designed, constructed & used
- 48 Warewashing facilities: installed maintained & used; test strips
- 49 Non-food contact surfaces clean
- PHYSICAL FACILITIES**
- 50 H & C water available; adequate pressure
- 51 Plumbing inst.; proper backflow devices

Food Establishment: _____ Inspection Date: _____

<u>COMPLIANCE STATUS</u>		IN	OUT	NA	NO	COS	R
PHYSICAL FACILITIES (CONT.)							
52	Sewage & waste water properly disposed]		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
53	Toilet features: properly constructed, supplied & cleaned		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
54	Garbage and refuse properly disposed; facilities maintained		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
55	Physical facilities installed, maintained & cleaned		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
56	Adequate ventilation & lighting; designated areas used		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL REQUIREMENTS LISTED IN 105 CMR 590.011							
M1	Anti-choking procedures in foodservice establishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M2	Food allergy awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>COMPLIANCE STATUS</u>		IN	OUT	NA	NO	COS	R
REVIEW OF RETAIL OPERATIONS LISTED IN 105 CMR 590.010							
M3	Caterer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M4	Mobile Food Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M5	Temporary Food Establishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M6	Public Market: Farmers' Market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M7	Residential Kitchen: Bed & Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M8	Residential Kitchen: Cottage Food Ops.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M9	School Kitchen: USDA Nutrition Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M10	Leased Commercial Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M11	Innovative Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOCAL REQUIREMENTS							
L1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item/Location	Temp °F	Item/Location	Temp °F	Item/Location	Temp °F

Item #	Description of Violations	Date to Correct	Item #	Description of Violations	Date to Correct

Number of Violated Provisions Related to Foodborne Illness Risk Factors and Intervention (Items 1 through 29)

Number of REPEAT Violated Provisions Related to Foodborne Illness Risk Factors and Intervention (Items 1 through 29)

Discussion with PIC _____

CORRECTIVE ACTION REQUIRED? YES NO
 Voluntary Compliance Employee Restriction/Exclusion Re-inspection
 Embargo Voluntary Disposal Other:
 EMERGENCY SUSPENSION EMERGENCY CLOSURE

Inspector's Signature: _____

PIC Signature: _____