

<b>Town/City of _____ - Board of Health Food</b> <b>Establishment Inspection Report</b> (Alliance 2020.10.18)			<b>Type of Operation</b> <input type="checkbox"/> Food Service Establish. <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: B and B <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Establish. <input type="checkbox"/> Farmers' Market <input type="checkbox"/> Other _____	<b>Type of Inspection</b> <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operation <input type="checkbox"/> Illness Investigation <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> COVID Control Plan <input type="checkbox"/> Other _____
Name	Permit #	Date/Time of Inspection		
Address	Date/Time of Scheduled Re-inspection			
Telephone	<input type="checkbox"/> In-person <input type="checkbox"/> Remote <input type="checkbox"/> Mixed <input type="checkbox"/> Self-Assessment			
Owner	Risk Category <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 HACCP <input type="checkbox"/> Yes <input type="checkbox"/> No			
Person in Charge (PIC)	Certification Expiration Date	Name of Inspector		

Based on an inspection today, the items marked 'OUT' indicate violated provisions of 105 CMR 590.000 and the 2013 FDA Food Code. **THIS REPORT SERVES AS OFFICIAL NOTICE OF VIOLATED PROVISIONS AND OFFICIAL ORDER TO CORRECT SAID VIOLATIONS. FAILURE TO COMPLY MAY RESULT IN THE SUSPENSION OR REVOCATION OF YOUR FOOD ESTABLISHMENT PERMIT AND CESSATION OF FOOD ESTABLISHMENT OPERATIONS.** Violated provisions must be corrected by the scheduled date of the re-inspection. You may request—in writing—a hearing before the Board of Health if you are aggrieved by this order. The Board must receive the request within 10 days after the receipt of this order in accordance with 105 CMR 590.015(B)

Maximum correction times - Unless shorter time period is specified: P – Priority Item (72 hours) Pf – Priority Foundational Item (10 days) C – Core Item (90 days) IN– In compliance OUT – Out of compliance NA – Not Applicable NO – Not Observed COS – Corrected On the Spot R – Repeat Violation

**FOODBORNE ILLNESS RISK FACTORS/PUBLIC HEALTH INTERVENTIONS**

	IN	OUT	NA	NO	COS	R		IN	OUT	NA	NO	COS	R
<b>SUPERVISION</b>							<b>FOOD/COLOR ADDITIVES &amp; TOXIC SUBSTANCES</b>						
1 Person in Charge Present, demonstrates knowledge, performs duties	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	27 Food additives: approved & properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2 Certified Food Protection Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	28 Toxic substance properly identified, stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>EMPLOYEE HEALTH</b>							<b>CONFORMANCE WITH APPROVED PROCEDURES</b>						
3 Mgt., food employee & conditional employee: knowledge, responsibilities and reporting	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	29 Compliance with variance/specialized procedure/ HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4 Proper use of restriction & exclusion	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<b>GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS</b>						
5 Procedure for responding to vomiting & diarrheal events	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<b>SAFE FOOD AND WATER</b>						
<b>GOOD HYGIENIC PRACTICES</b>							30 Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6 Proper eating, tasting, drinking, tobacco	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31 Water & ice from approved source		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
7 No discharge from eye, nose & mouth	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32 Variance obtained for specialized processing methods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>PREVENTING CONTAMINATION FROM HANDS</b>							<b>FOOD TEMPERATURE CONTROL</b>						
8 Hands clean & properly washed	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33 Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 No bare-hand contact with RTE food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34 Plant food properly cooked for hot holding		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Adequate hand wash sinks properly supplied & accessible	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	35 Approved thawing methods used		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>APPROVED SOURCE</b>							36 Thermometers provided & accurate		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
11 Food obtained from an approved source	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<b>FOOD IDENTIFICATION</b>						
12 Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37 Food properly labeled; original container		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
13 Food received in good condition, safe & unadulterated	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<b>PREVENTION OF FOOD CONTAMINATION</b>						
14 Required records available: shellstock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38 Insects, rodents & animals not present		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>PROTECTION FROM CONTAMINATION</b>							39 Contamination prevented during food preparation, storage & display		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
15 Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40 Personal cleanliness		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
16 Food contact surfaces: clean/sanitized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	41 Wiping cloths: properly used & stored		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
17 Proper disposition of returned, previously served, reconditioned & unsafe food	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	42 Washing fruits & vegetables		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>TIME/TEMPERATURE CONTROL FOR SAFETY</b>							<b>PROPER USE OF UTENSILS</b>						
18 Proper cooking time & temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43 In-use utensils properly stored		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
19 Proper reheating procede. for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44 Utensils, equipment & linens: properly stored, dried & handled		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
20 Proper cooling time and temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45 Single use/single service articles: properly stored & used		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
21 Proper hot holding temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46 Gloves properly used		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

22 Proper cold holding temperature

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

**UTENSILS, EQUIPMENT & VENDING**

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: \_\_\_\_\_

COMPLIANCE STATUS		IN	OUT	NA	NO	COS	R	COMPLIANCE STATUS		IN	OUT	NA	NO	COS	R
<b>PHYSICAL FACILITIES (CONT.)</b>								<b>REVIEW OF RETAIL OPERATIONS LISTED IN 105 CMR 590.010</b>							
52	Sewage & waste water properly disposed ]		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	M3	Caterer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	M4	Mobile Food Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	M5	Temporary Food Establishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Physical facilities installed, maintained & cleaned		<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"/>
56	Adequate ventilation & lighting; designated areas used		<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"/>
<b>ADDITIONAL REQUIREMENTS LISTED IN 105 CMR 590.011</b>								<b>LOCAL REQUIREMENTS</b>							
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"/>	L1	_____	<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"/>	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: \_\_\_\_\_