

# Food Establishment Inspection Report – City/Town of \_\_\_\_\_

Establishment:		Date:	Page 1 of ____
Address:		Time in:	Time out:
Telephone:	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	
Owner:			
Person-in-charge:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	
Inspector:			
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>			
IN = in compliance    OUT= out of compliance    N/O = not observed    N/A = not applicable    COS = corrected on-site during inspection    R = repeat violation			

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Supervision</b>							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
<b>Employee Health</b>							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
<b>Good Hygienic Practices</b>							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
<b>Preventing Contamination by Hands</b>							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
<b>Approved Source</b>							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Protection from Contamination</b>							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
<b>Time/Temperature Control for Safety</b>							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
<b>Consumer Advisory</b>							
25	Consumer advisory provided for raw / undercooked food						
<b>Highly Susceptible Populations</b>							
26	Pasteurized foods used; prohibited foods not offered						
<b>Food/Color Additives and Toxic Substances</b>							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
<b>Conformance with Approved Procedures</b>							
29	Compliance with variance / specialized process / HACCP Plan						

**Official Order for Correction:** Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection:	Discussion with Person-in-Charge:

Signature of Person-in-Charge:	Date:
Signature of Inspector:	Date:

# Food Establishment Inspection Report – City/Town of \_\_\_\_\_

Establishment: \_\_\_\_\_ Date: \_\_\_\_\_ Page 2 of \_\_\_\_\_

## GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

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

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Safe Food and Water</b>							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
<b>Food Temperature Control</b>							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
<b>Food Identification</b>							
37	Food properly labeled; original container						
<b>Prevention of Food Contamination</b>							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
<b>Proper Use of Utensils</b>							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
<b>Utensils, Equipment and Vending</b>							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
<b>Physical Facilities</b>							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
<b>Additional Requirements listed in 105 CMR 590.011</b>							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
<b>Review of Retail Operations listed in 105 CMR 590.010</b>							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
<b>Local Requirements</b>							
L1	Local law or regulation						
L2	Other						

<b>Type of Operation(s):</b> <input type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential; Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other _____	<b>Type of Inspection:</b> <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	<b>Other Information:</b>   
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**Signature of Person-in-Charge:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Inspector:** \_\_\_\_\_ **Date:** \_\_\_\_\_

