

TOWN OR CITY OF Foxborough

508-543-1207

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Dunkin Donuts</u>	Date <u>1/12</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>263 Main Street</u>	Risk Level		
Telephone <u>508-698-9216</u>	HACCP Y/N	2012-0117	
Owner <u>Ted Pompas</u>	Time In: <u>12:50</u>	Permit No. <u>2012-0117</u>	
Person in Charge (PIC) <u>Dennis Vieira</u>	Time Out: <u>1:10</u>		
Inspector <u>Diane Passafaro</u>			

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

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**  
 Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

- Non-compliance with:
- Anti-Choking 590.009 (E)
  - Tobacco 590.009 (F)
  - Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

- 1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

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

**PROTECTION FROM CONTAMINATION**

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

- 12. Prevention of Contamination from Hands

- 13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

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

**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**

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

**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

- 21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

- 22. Posting of Consumer Advisories

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

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

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



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

**DATE OF RE-INSPECTION:**

Inspector's Signature: <u>Diane Passafaro</u>	Print: <u>Diane Passafaro</u>	
PIC's Signature: <u>Dennis Vieira</u>	Print: <u>Dennis Vieira</u>	Page <u>1</u> of <u>2</u> Pages



TOWN OR CITY OF Foxborough 508-543-1207

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Foxboro COA/HS (Senior Center)</u>	Date <u>1/11/12</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>75 Central Street</u>	Risk Level		
Telephone <u>508-543-1252</u>	HACCP Y/N	Permit No. <u>2012-0273</u>	
Owner <u>Vicki Lowe - Director</u>	Time In: <u>11:25</u> Out: <u>11:35</u>		
Person in Charge (PIC) <u>Vicki Lowe</u>			
Inspector <u>Diane Passafaro</u>			

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  - Tobacco 590.009 (F)
  - Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

- 1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

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**PROTECTION FROM CHEMICALS**

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**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**

- 16. Cooking Temperatures
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- 18. Cooling
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**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

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**CONSUMER ADVISORY**

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**DATE OF RE-INSPECTION:**

Inspector's Signature: <u>Diane Passafaro</u>	Print: <u>Diane Passafaro</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Vicki Lowe</u>	Print: <u>Vicki Lowe</u>	



TOWN OR CITY OF Foxborough

508-543-1207

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Papa Gino's</u>	Date <u>1/11/12</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>8 Commercial Street</u>	Risk Level	HACCP Y/N	
Telephone <u>508-543-6100</u>			
Owner <u>Adam Keister - General Manager</u>			
Person in Charge (PIC) <u>Matt Birkbeck</u>	Time In: <u>10:45</u> Out: <u>11:15</u>	Permit No. <u>2012-0090</u>	
Inspector <u>Diane Passafiumo</u>			

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- Non-compliance with:
- Anti-Choking 590.009 (E)
  - Tobacco 590.009 (F)
  - Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

- 1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

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

**PROTECTION FROM CONTAMINATION**

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

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

**PROTECTION FROM CHEMICALS**

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

**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**

- 16. Cooking Temperatures
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- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

- 21. Food and Food Preparation for HSP

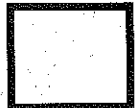
**CONSUMER ADVISORY**

- 22. Posting of Consumer Advisories

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

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

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



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**DATE OF RE-INSPECTION:**

Inspector's Signature: <u>Diane Passafiumo</u>	Print: <u>Diane Passafiumo</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Matt Birkbeck</u>	Print: <u>Matt Birkbeck</u>	



Town of Foxborough

Board of Health

Tel. 508-543-1207

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name: Red Robin	Date: 11/8/11	Type of Operation(s): <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address: 290 Patriot Place	Risk Level:	Permit No. 2011-0109	
Telephone: 508-698-0030	HACCP Y/N:		
Owner: John A. Grant - Vice President	Time In: 10:40		
Person in Charge (PIC): Bob Zabara	Time Out: 11:30		
Inspector: Diane Passafaro			

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**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**  
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

**Non-compliance with:**  
Anti-Choking 590.009 (E)  Tobacco 590.009 (F)   
Local Law   
Allergen Awareness 590.009 (G)

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

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

**FOOD FROM APPROVED SOURCE**

4. Food and Water from Approved Source  
 5. Receiving / Condition  
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**PROTECTION FROM CONTAMINATION**

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**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives  
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**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**

16. Cooking Temperatures  
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**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

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**CONSUMER ADVISORY**

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**DATE OF RE-INSPECTION:**

Inspector's Signature: Diane Passafaro	Print: Diane Passafaro	Page 1 of 2 Pages
PIC's Signature: Bob Zabara	Print: Bob Zabara	

Establishment Name: Red Robin

Date: 11/8/11

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
			Deep sanitizes buckets off floor (and away from food)	
			Clean debris <sup>from paper</sup> under stove	
		✓	Remove + Wash glasses on front line counter and wash shelving unit	11/8/11
		✓	Remove bin from <sup>model</sup> clutter - Handled Okay	11/8/11
		✗	Have soft serve machine at bar. <del>Use</del> <sup>dedicated</sup> cleaning materials and DORSA. Must start testing monthly bacterial count immediately forward test results to office monthly and review state regs.	
			Fix broken Fluorescent light shield near mps sink	
			Provide covers for food prep wastebasket	
			L/m for Bob Zehner to call me back.	
12/20/11			L/m for Bob Zehner to call me back.	
12/28/11			L/m for Bob - not in - will call back tomorrow - Looking for Anely. Report for F.D. machine. w/Tom - New mgs.	

Discussion With Person in Charge: Send Power Outage Narrative to Office

Cutting Boards on order. Recommend other models in all cooler/freezer units w/ digital read out

Recommend cooling temps

Corrective Action Required:	No	Yes
<input checked="" type="checkbox"/> Voluntary Compliance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Embargo	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Emergency Suspension	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Emergency Closure	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

TOWN OR CITY OF Foxborough

508-543-1207

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Sals and Mats</u>	Date <u>1/11/12</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>8 Wall Street</u>	Risk Level		
Telephone <u>508-543-0336</u>	HACCP Y/N	Permit No. <u>2012-0271</u>	
Owner <u>Chris Politsopoulos</u>	Time In: <u>2:20</u> Time Out: <u>2:40</u>		
Person in Charge (PIC) <u>Lynda Politsopoulos</u>	Inspector <u>Diane Passafiume</u>		

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**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

- 21. Food and Food Preparation for HSP

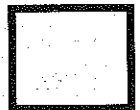
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Inspector's Signature: <u>Diane Passafiume</u>	Print: <u>Diane Passafiume</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Chris Politsopoulos</u>	Print: _____	

