

Town of Foxborough

Board of Health

Tel. 508-543-1207

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <i>Foxborough Country Club</i>	Date <i>10/13/11</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address <i>33 Walnut Street</i>	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Telephone <i>508-543-4661</i>	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Owner <i>Richard Pearson - President</i>	Time In: <i>2:10</i> Out: <i>2:45</i>	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Person in Charge (PIC) <i>Kevin Dagesse</i>	Permit No. <i>2011-0097</i>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
Inspector <i>Diane Passafaro</i>		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other

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.

- Anti-Choking 590.009 (E)  Non-compliance with:  
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  
 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: <i>Diane Passafaro</i>	Print: <i>Diane Passafaro</i>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Kevin Dagesse</i>	Print: <i>Kevin Dagesse</i>	



Town of Foxborough

Board of Health

Tel. 508-543-1207

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name: <u>Igo Elementary School</u>	Date: <u>10/13/11</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 Permit No. <u>2011-0500</u>	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>70 Carpenter Street</u>	Risk Level		
Telephone: <u>508-543-1683</u>	HACCP Y/N		
Owner: <u>Martha Droley - Director of Food Services</u>	Time In: <u>10:05</u>		
Person in Charge (PIC): <u>Ann Marie Foley</u>	Time Out: <u>10:50</u>		
Inspector: <u>Diane Passafaro</u>			

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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.

Anti-Choking 590.009 (E)

Non-compliance with:

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

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):

0

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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>Ann Marie Foley</u>	Print: <u>Annemarie Foley</u>	



Town of Foxborough

Board of Health

Tel. 508-543-1207

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <i>McDonald's</i>	Date <i>10/12/11</i>	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 <i>212 North Street</i>	Risk Level	HACCP Y/N	Permit No. <i>2011-0477</i>
Telephone <i>508-543-0165</i>	Owner <i>Jessy O'Connor - Director of Operations</i>	Time In: <i>9:45</i> Out: <i>10:30</i>	
Person in Charge (PIC) <i>Mayra Lopez</i>	Inspector <i>Diane Passafaro</i>		

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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.

Anti-Choking 590.009 (E)

Non-compliance with:

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

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.

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		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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Inspector's Signature: <i>Diane Passafaro</i>	Print: <i>Diane Passafaro</i>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Mayra Lopez</i>	Print: <i>Mayra Lopez</i>	



**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>99 Restaurant</u>	Date <u>10/4/11</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>4 Fisher Street</u>	Risk Level	Permit No. <u>2011-0103</u>	
Telephone <u>508-543-1199</u>	HACCP Y/N		
Owner <u>Pamala Abrantes</u>	Time In: <u>1:05</u> Out: <u>2:10</u>		
Person in Charge (PIC) <u>Tom Nolan</u>			
Inspector <u>Diane Passafiumo</u>			

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

Allergy Awareness

**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**

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

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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>Tom Nolan</u>	Print: <u>Tom Nolan</u>	



**Massachusetts Department of Public Health**

**Division of Food and Drugs**

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Saks and Mals</u>	Date <u>10/6/11</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 Permit No. <u>2011-0509</u>	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>508-343-0336</u>	HACCP Y/N		
Owner <u>Chris Politsopoulos</u>	Time In: <u>2:35</u> Out: <u>2:55</u>		
Person in Charge (PIC) <u>Linda Politsopoulos</u>			
Inspector <u>Diane Passafiume</u>			

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Allergy Awareness

**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

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

- 20. Time As a Public Health Control
- 21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

- 22. Posting of Consumer Advisories

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		26. Water, Plumbing and Waste (FC-5)(590.006)
	<input checked="" type="checkbox"/>	27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
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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>Linda Politsopoulos</u>	Print: <u>Linda Politsopoulos</u>	

