

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 Wine + Spirits</u>	Date <u>1/25/12</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input checked="" 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
Address <u>14 South Street</u>	Risk Level		Previous Inspection Date:
Telephone <u>508-343-9990</u>	HACCP Y/N	<input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other	
Owner <u>Evan Tsoumbanos</u>	Time In: <u>11:40</u> Out: <u>11:45</u>		
Person in Charge (PIC) <u>Evan Tsoumbanos</u>	Permit No. <u>2012-0257</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

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

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>Evan Tsoumbanos</u>	Print: <u>Evan Tsoumbanos</u>	Page <u>1</u> of <u>2</u> Pages

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Gillette Station</u>	Date <u>1/14/12</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 checked="" 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	Risk Level		Permit No.
Telephone	HACCP Y/N		
Owner	Time In:		
Person in Charge (PIC) <u>Dave Wheeler / Lisa Berger</u>	Time Out:		
Inspector <u>R. D. [Signature]</u>			

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DATE OF RE-INSPECTION:

Inspector's Signature: <u>[Signature]</u>	Print: <u>Kevin D. [Signature]</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>[Signature]</u>	Print: <u>Lisa Berger</u>	

TOWN OR CITY OF FOXBOROUGH BOARD OF HEALTH 508-543-1207

Establishment Name: Costa's Steakhouses

Date: 1/14/12

Page: 2 of 2

Item No.	Code Reference	G - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified																				
			East Main Parking D - Sushi at 43.8 and 43.9 & Corridor																					
			East Main Parking A - Sign at 43 & Corridor -																					
			East Main Parking D - Lobby Roll - 49 & Corridor																					
			West Main Parking B - Sign at 49/43																					
			111 Backside Subway - Entry tickets need cleaning <u>Asst. Supervisor</u>																					
			East Sushi - 3/31/11 Corridor. New curbs																					
			West Sushi - 3/31/11 Corridor																					
			East Sushi - 4 part 2. New Corridor - Cleaned Corridor																					
			East Sushi - 4 part 1. New Corridor - cleaned <u>cleaned</u> <u>Corridor</u>																					
			Guest Kitchen / Outdoor Food - <u>Inspected 50 & Corridor</u>																					
			104 Backside - <u>Units not being as used</u> <u>But still in use and 15012</u>																					
			West Sushi Ice Case - <u>Good Temp</u>																					
			East Main Area - <u>Good</u> - <u>In Storage in Storage & Corridor</u>																					
			East Sushi - <u>4 part 1</u> <u>Food Room will be inspected</u>																					
			West Sushi - <u>4 part 2</u> <u>Food Room is well</u> <u>Fixed</u>																					
			<u>Asst. Supervisor</u> <u>Could not find the seat for the parties in back and not</u> <u>sell</u> <u>any</u>																					
			<u>people</u> <u>then</u> <u>if</u> <u>they</u> <u>are</u> <u>placed</u> <u>in</u> <u>the</u> <u>back</u> <u>and</u> <u>spaced</u> <u>out</u> <u>at</u>																					
			<u>least</u> <u>is</u> <u>to</u> <u>ensure</u> <u>they</u> <u>can</u> <u>hold</u> <u>hobby</u> <u>temp</u>																					
Discussion With Person in Charge:																								
<table border="0"> <tr> <td colspan="2">Corrective Action Required:</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> Voluntary Compliance</td> <td><input type="checkbox"/> Employee Restriction / Exclusion</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Re-inspection Scheduled</td> <td><input type="checkbox"/> Emergency Suspension</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Embargo</td> <td><input type="checkbox"/> Emergency Closure</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Voluntary Disposal</td> <td><input type="checkbox"/> Other:</td> <td></td> <td></td> </tr> </table>					Corrective Action Required:		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion			<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension			<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure			<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:		
Corrective Action Required:		<input type="checkbox"/> No	<input type="checkbox"/> Yes																					
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<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:																							

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Honey Dew</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 Permit No. <u>2011-0533</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>32 Commercial Street</u>	Risk Level		
Telephone <u>508-543-5750</u>	HACCP Y/N		
Owner <u>Kevin Quirk</u>	Time In: <u>8:20</u>		
Person in Charge (PIC) <u>Melissa Cash</u>	Time Out: <u>2:55</u>		
Inspector <u>Diane Passafaro</u>			

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Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
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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

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3. Personnel with Infections Restricted/Excluded

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5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

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PROTECTION FROM CONTAMINATION

8. Separation/ Segregation/ Protection

9. Food Contact Surfaces Cleaning and Sanitizing

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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

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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)
	X	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)
	X	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 Passafaro</u>	Print: <u>Diane Passafaro</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Melissa Cash</u>	Print: <u>Melissa Cash</u>	

Establishment Name: Honey Dew - Commercial Street Date: 12/28/11 @ 10:15 Page: 1 of 1

Item No.	Code Reference	C - Critical Item R - Red Item	Description of Violation / Plan of Correction <small>PLEASE PRINT CLEARLY</small>	Date Verified
		✓	Keep all food products (boxed in bees/sugar bins) ^{sign posted} _{to be discarded} at all time, ^{old}	
			Encouraged to come to class	
		✓	Provide instructions for washing, sanitizing (Explained procedure to on-duty employees)	
		✓	Provide hats and paper uniform/apron for employees	
		OK	Segregate personal belongings away from food (Not onto or over sugar bins, etc.) ^{last not provided, ensure apron}	
		✓	Label food to be discarded ^{washes all cans and bins after return from factory}	
		✓	Remove vacuum from food area.	
			Inspected on Jan 11 th gave sanitizing info to ⁽²⁾ _{Platay Lopez, Violations corrected excepted (2)} sanitizing items. ^(DD)	
			<u>Diane Fardifone</u> <u>Diane M. M...</u>	

Discussion With Person in Charge:

Lettes will be sent to Kevin Quirk
Highly encourage coming to sanitizer class

Corrective Action Required: No Yes

Voluntary Compliance Employee Restriction / Exclusion
 Re-inspection Scheduled Emergency Suspension
 Embargo Emergency Closure
 Voluntary Disposal Other

TOWN OR CITY OF Foxborough

508-543-1207

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>L.B.D. Country Shop</u>	Date <u>1/26/12</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input checked="" 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>2012-0272</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>24 Wall Street</u>	Risk Level		
Telephone <u>508-543-9600</u>	HACCP Y/N		
Owner <u>Nancy Nichols</u>	Time In: <u>11:40</u>		
Person in Charge (PIC) <u>Nancy Nichols</u>	Time Out: <u>11:45</u>		
Inspector <u>Diane Passafaro</u>			

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FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

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Inspector's Signature: <u>Diane Passafaro</u>	Print: <u>Diane Passafaro</u>	
PIC's Signature: <u>Nancy Nichols</u>	Print: <u>Nancy Nichols</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>Walaseens</u>	Date <u>11/26/12</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input checked="" 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>21 Main Street</u>	Risk Level	Permit No. <u>2012-0084</u>	
Telephone <u>508-543-1779</u>	HACCP Y/N		
Owner <u>Denise Brown - Manager</u>	Time In: <u>10:00</u> Out: <u>10:40</u>		
Person in Charge (PIC) <u>Derrick Paille</u>			
Inspector <u>Diane Passafiumo</u>			

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DATE OF RE-INSPECTION:

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

