

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Dunkin Donuts</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>30 Commercial Street</u>	Risk Level	Permit No. <u>2011-0493</u>	
Telephone <u>508-698-3307</u>	HACCP Y/N		
Owner <u>Ted Primpos</u>	Time In: <u>9:55</u> Out: <u>10:25</u>		
Person in Charge (PIC) <u>Lucia Colombo</u>			
Inspector <u>Diane Passafiume</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)

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

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

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 Passafiume</u>	Print: <u>Diane Passafiume</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Lucia Colombo</u>	Print: <u>Lucia Colombo</u>	

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Dunkin' Donuts</u>	Date <u>10/5/11</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 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 <u>221 Patriot Place</u>	Risk Level	Permit No. <u>2011-0618</u>	
Telephone <u>508-543-2650</u>	HACCP Y/N		
Owner <u>Ted Primpas</u>	Time In: <u>9:45</u> Out: <u>10:25</u>		
Person in Charge (PIC) <u>Grasieli Souza</u>			
Inspector <u>Diane Passafaro</u>			

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Allergy Awareness

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EMPLOYEE HEALTH

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FOOD FROM APPROVED SOURCE

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7. Conformance with Approved Procedures/HACCP Plans

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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>Grasieli Souza</u>	Print: <u>Grasieli Souza</u>	

Town of Foxborough

Board of Health

Tel. 508-543-1207

FOOD ESTABLISHMENT INSPECTION REPORT

Name Dunkin Donuts	Date 10/12/11	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 16 Washington Street	Risk Level	Permit No. 2011-0616	
Telephone 508-543-0295	HACCP Y/N		
Owner Ted Primpos	Time In: 11:00 Out: 11:22		
Person in Charge (PIC) Rosie Souza			
Inspector Diane Passafaro			

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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

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DATE OF RE-INSPECTION:

Inspector's Signature: <i>Diane Passafaro</i>	Print: Diane Passafaro	Page 1 of 2 Pages
PIC's Signature: <i>Rosie Souza</i>	Print: Rosie Souza	

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Foxborough House of Pizza</u>	Date <u>11/6/11</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	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>29 Bird Street</u>	Risk Level		
Telephone <u>508-543-9119</u>	HACCP Y/N		
Owner <u>Algis Plescia Gabriel Moad (Owner)</u>	Time In: <u>1:40</u> Out: <u>2:25</u>	Permit No. <u>2011-0499</u>	
Person in Charge (PIC) <u>Amged Gabla</u>			
Inspector <u>Diane Passafaro</u>			

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PIC's Signature: <u>Amged Gabla</u>	Print: <u>Amged Gabla</u>	

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Fusion 5 - Wing Off</u>	Date <u>9/10/11</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input checked="" type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Previous Inspection Date: <u>9/10/11</u> <input checked="" type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>105 Washington Street</u>	Risk Level		
Telephone	HACCP <input checked="" type="checkbox"/> (Y/N)	Permit No.	
Owner	Time In: <u>5:30</u>		
Person in Charge (PIC) <u>Mike Bordonaro</u>	Out:		
Inspector <u>Diane Passafiume</u>			

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DATE OF RE-INSPECTION:

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>Michael C. Bordonaro</u>	Print: <u>Michael C. Bordonaro</u>	

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Guillette Stadium</i>	Date <i>10/9/06</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 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>Post Place</i>	Risk Level		
Telephone	HACCP Y/N	Permit No.	
Owner	Time In:		
Person in Charge (PIC) <i>Dave Wheeler/Lisa Berger</i>	Time Out:		
Inspector <i>K. Dugan</i>			

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EMPLOYEE HEALTH

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TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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17. Reheating

18. Cooling

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DATE OF RE-INSPECTION:

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

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

Establishment Name: S. Kelly Date: 10/9/11 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
	(FC-2) (590.002)		303 Berkshire Surgery (Medical Supplies/meds) in fridge (Fridge 2 days) * Corrected	
	(PE-4) (590.005)		306 Verda - 8 bags sink full of ice (Fridge full of under boxes - v. heavy and full)	
	(FC-4) (590.005)		311 GBD - Cor sink not cleaned	
	(FC-4) (590.005)		316 Grants Shop Center - Cor Tank not cleaned	
	(FC-4) (590.005)		316 Grants Shop Center - 2 Drip cooler San Case off	
	(FC-4) (590.005)		330 Unchecked Sink - Cor Tank	Discard
	(FC-3) (590.004)		335 Boston Camera - Pave not being kept on table * Corrected	
	(FC-2) (590.003)		335 Boston Camera - Sink sitting on play table * Clean Sink	
	(FC-3) (590.004)		335 Veranda - Pave not being kept * Corrected Pave Discard	
	(FC-4) (590.005)		336 G.C.D. Shop Center - Cor Tank not cleaned	
			Re-inspects	
			129 Boston Camera - No box at top / Weighs similar weight	
			Under Station White Prod Machine DO NOT Leave Sanitizer bottles out of Sink not at the proper Storage	

Discussion With Person in Charge:

Corrective Action Required:		No	Yes
<input type="checkbox"/>	Voluntary Compliance	<input type="checkbox"/>	<input 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"/>

Tanya Donnelly - Mgr.

Town of Faborough

Board of Health
Tel. 508-543-1207

FOOD ESTABLISHMENT INSPECTION REPORT

Name	<u>Qdoba Mexican Grill</u>	Date	<u>10/11/11</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>2011-0538</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>One Patriot Place</u>	Risk Level			
Telephone	<u>508-543-5347</u>	HACCP Y/N			
Owner	<u>ZRC Operations Company</u>	Time In:	<u>1:35</u>		
Person in Charge (PIC)	<u>Mike Taub</u>	Time Out:	<u>2:15</u>		
Inspector	<u>Diane Passafiumo</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.

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
 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)
	X	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

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 Passafiumo</u>	Print: <u>Diane Passafiumo</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Mike Taub</u>	Print: <u>Mike Taub</u>	

Town of Foxborough

Board of Health

Tel. 508-543-1207

FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Toby Keith's I Love This Bar...</i>	Date <i>10/11/11</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>275 Patriot Place</i>	Risk Level	Permit No.	
Telephone <i>508-543-8629</i>	HACCP Y/N		
Owner <i>Debbie Corvo</i>	Time In: <i>2:25</i> Out: <i>3:24</i>		
Person in Charge (PIC) <i>Jeremy Smith</i>			
Inspector <i>Diane Passafaro</i>			

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DATE OF RE-INSPECTION:

Inspector's Signature: <i>Diane Passafaro</i>	Print: <i>Diane Passafaro</i>	Page 1 of 2 Pages
PIC's Signature: <i>Jeremy R. Smith</i>	Print: <i>Jeremy R. Smith</i>	

