

Town of Foxborough

Board of Health  
Tel. 508-543-1207

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <i>Normandy Farms</i>	Date <i>12/19/11</i>	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	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>72 West Street</i>	Risk Level	Permit No. <i>2011-0572</i>	
Telephone <i>866-673-2767</i>	HACCP Y/N		
Owner <i>Kristine Daniels - Mgr</i>	Time In: <i>11:40</i> Out: <i>12:00</i>		
Person in Charge (PIC) <i>Terry Taylor</i>			
Inspector <i>Diane Passafaro</i>			

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)   
 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

**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 <i>1</i> of <i>2</i> Pages
PIC's Signature: <i>Terry Taylor</i>	Print: <i>Terry Taylor</i>	



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**FOOD ESTABLISHMENT INSPECTION REPORT**

Name Foxborough Regional Charter School	Date 12/19/11	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 131 Central Street	Risk Level	Permit No. 2011-0182	
Telephone 508-543-2508	HACCP Y/N		
Owner Municipal (Mark Logan - Exec. Director)	Time In: 10:50 Out: 11:15		
Person in Charge (PIC) Patty Greene X 2			
Inspector Diane Passafaro			

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PIC's Signature: <i>Patty Greene</i>	Print: Patty Greene	

