

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <i>Gillette Station</i>	Date <i>9/1/11</i>	Type of Operation(s) <input 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 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	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person in Charge (PIC) <i>Don Wheeler / Lisa Berger</i>	Time In:		
Inspector <i>Kevin Dignette</i>	Time Out:		

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)

**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	
	<input checked="" type="checkbox"/>	23. Management and Personnel (FC-2)(590.003)
	<input checked="" type="checkbox"/>	24. Food and Food Protection (FC-3)(590.004)
	<input type="checkbox"/>	25. Equipment and Utensils (FC-4)(590.005)
	<input type="checkbox"/>	26. Water, Plumbing and Waste (FC-5)(590.006)
	<input checked="" type="checkbox"/>	27. Physical Facility (FC-6)(590.007)
	<input type="checkbox"/>	28. Poisonous or Toxic Materials (FC-7)(590.008)
	<input type="checkbox"/>	29. Special Requirements (590.009)
	<input type="checkbox"/>	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>Kevin Dignette</i>	Print: <i>Kevin Dignette</i>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Lisa M. Berger</i>	Print: <i>Lisa M. Berger</i>	

TOWN OR CITY OF Fitchburg MA Date: 9/1/11 Page: 2 of 2  
 Establishment Name: Gillette Stadium

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY	Date Verified
	590.007		303 Berkshire Sausage - Light out is not in	
	590.007		303 Berkshire Sausage - water is flow needs replacement	
	590.007		308 Freeport Fryer - Counter top in disrepair	
	590.007		311 BBD - Counter top 15 disrepair	
	590.007		316 Con. & Sate Grill - No Storage for Grease Interceptor	
	590.004		310 Niche food cart - Food is covered out at 10pm - License not in house	
	590.004		325 Berkshire Sausage - Temp low food carts to 15 expected - Sanitized out	
	590.007		330 Market Stand - Counter top in disrepair / Car Tank <sup>covered</sup> <del>covered</del> / Temp not covered with expected / Temp needs to be pulled down	
	590.007		337 BBD - Spill 15 within - Collected food and not expected / Temp needs to be pulled down	
	590.004		335 Bushy Common - Temp in Hot Stage - 1 hour out Collected	
	590.003		335 Bushy Common - hail prevent	
			Violation 306 - no violation Temp ( 325 Berkshire Sausage	
	306		Bushy Common - No violation 310 Niche	
	314		Food cart - No "	
	332		Niche FE - No "	
	338		Crangt Sell Gole - No "	
	328		Food Cart - No "	
			Disc covers needed for utility sinks at - 308 Freeport Fryer / 311 BBD / 330 Market Stand	
			333 BBD / 335 Bushy Common	

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