



City of Newton
Health and Human Services
 Dori Zaleznik, MD, Commissioner
 1000 Commonwealth Ave Newton, MA 02459
 (617) 796-1420



Public Health
 Prevent. Promote. Protect.

Food Establishment Inspection Report - FDA

Insp Date:
Business:

Business ID:

Inspection:
Section:
Phone:
Inspector:
Reason:
Results:

Inspection Summary

Est. Type 1 - Food Svc License/Permit # _____ Risk Category _____ Risk Level Observed _____
 Establishme

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.

Supervision	IN	OUT	N/O	N/A	COS	REPEAT
1. Person in charge present, demonstrates knowledge, and performs duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health	IN	OUT	N/O	N/A	COS	REPEAT
2. Management, food employee and conditional employee; knowledge, responsibilities and reporting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Proper use of restriction and exclusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices	IN	OUT	N/O	N/A	COS	REPEAT
4. Proper eating, tasting, drinking, or tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. No discharge from eyes, nose, and mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands	IN	OUT	N/O	N/A	COS	REPEAT
6. Hands clean & properly washed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Adequate handwashing sinks properly supplied and accessible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Sources	IN	OUT	N/O	N/A	COS	REPEAT
9. Food obtained from approved source	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector _____

Acknowledged Receipt _____

Food Establishment Inspection Report - FDA

Approved Sources	IN	OUT	N/O	N/A	COS	REPEAT
10. Food received at proper temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Food in good condition, safe, & unadulterated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Required records available: shellstock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination	IN	OUT	N/O	N/A	COS	REPEAT
13. Food separated & protected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Food-contact surfaces: cleaned & sanitized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Proper disposition of returned, previously served reconditions, & unsafe food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potentially Hazardous Food Time/Temperature	IN	OUT	N/O	N/A	COS	REPEAT
16. Proper cooking time & temperatures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proper reheating procedures for hot holding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Proper cooling time & temperatures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Proper hot holding temperatures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Proper cold holding temperatures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Proper date marking & disposition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Time as a public health control: procedures & record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory	IN	OUT	N/O	N/A	COS	REPEAT
23. Consumer advisory provided for raw or undercooked foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations	IN	OUT	N/O	N/A	COS	REPEAT
24. Pasteurized foods used; prohibited foods not offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical	IN	OUT	N/O	N/A	COS	REPEAT
25. Food additives: approved and properly used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Toxic substances properly identified, stored and used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
27. Compliance with variance, specialized process, & HACCP plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Number of Violations:	0		Repeats: 0			

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water	IN	OUT	COS	REPEAT
28. Pasteurized eggs used where required	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Water & ice from approved source	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector _____

Acknowledged Receipt _____

Food Establishment Inspection Report - FDA

Safe Food and Water	IN	OUT	COS	REPEAT
30. Variance obtained for specialized processing methods	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control	IN	OUT	COS	REPEAT
31. Proper cooling methods used; adequate equipment for temperature control	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Plant food properly cooked for hot holding	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Approved thawing methods used	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Thermometers provided and accurate	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification	IN	OUT	COS	REPEAT
35. Food properly labeled; original container	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination	IN	OUT	COS	REPEAT
36. Insects, rodents, & animals not present	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Contamination prevented during food preparation, storage and display	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Personal cleanliness	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Wiping cloths; properly used and stored	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Washing fruits & vegetables	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Use of Utensils	IN	OUT	COS	REPEAT
41. In-use utensils; properly stored	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Utensils, equipment & linens; properly stored, dried, and handled	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Single-use / single service articles; properly stored & used	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Gloves used properly	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensils, Equipment and Vending	IN	OUT	COS	REPEAT
45. Food & non-food contact surfaces cleanable	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Warewashing facilities; installed, maintained, & used; test strips	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Non-food contact surfaces clean	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Facilities	IN	OUT	COS	REPEAT
48. Hot & cold water available; adequate pressure	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Plumbing installed; proper backflow devices	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Sewage and waste water properly disposed	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Toilet facilities; properly constructed, supplied, & cleaned	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Garbage & refuse properly disposed; facilities maintained	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Physical facilities installed, maintained, & clean	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Adequate ventilation & lighting; designated areas used	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector _____

Acknowledged Receipt _____

Food Establishment Inspection Report - FDA

MASSACHUSETTS ONLY REGULATIONS

Rules and Regulations adopted for use in Massachusetts only.

Facilities

	IN	OUT	COS	REPEAT
55. Catering	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Mobile Food Operations	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Temporary Food Establishments	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Residential Kitchens	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedures

	IN	OUT	COS	REPEAT
59. Anti-choking Procedures	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Tobacco Products: Notice and Sale	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Food Allergy Awareness Requirements	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector

Acknowledged Receipt