

HEALTH DIVISION

432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



Establishment: Lind + Pop - op 5 nop Dateto 126/120 Page 1 of 2 No. of Risk Factor/Intervention Viola							lations	CX	
Address: 80 PKIN ium outlets Blud #615 Time in 10:00							No. of Repeat Risk Factor/Intervention Vio	ations	25
Ow	ner/Permit Hold	ler Lindt & Spungli inc.	F	Risk Ca	tegory:		Total Vio	ations	8
,			F	Phone:			Inspection Status Green Yellow	Red	
$\overline{}$			eration	al	Illnes	ss Investigatio	n Complaint Other		
		Circle designated compliance status (IN, OUT, N	/A, NO)	for eac	h item	Mark "	(" in appropriate box for COS and/or R		
	_	IN = in compliance OUT= not in compliance NO =	not obs	erved N	I/A = not	applicable COS	= corrected on-site R = repeat violation		
Com	Transe (Inche) E. Sput 191, Inc. Risk Calegory: Transi (Inche) E. Sput 191, Inc. Robinson Re-Inspection Pro-operational Ministry (Inspection Status) Transis (Inche) E. Sput 191, Inc. Robinson Re-Inspection Pro-operational Ministry (Inspection Status) Transis (Inche) E. Sput 191, Inc. Robinson Re-Inspection Pro-operational Ministry (Inspection Status) Robinson Re-Inspection Re-Inspection Status (Inche) Office of Red Ministry (Inspection Status) Robinson Re-Inspection Re-Inspection Status (Inche) Office of Red Ministry (Inspection Status) Robinson Re-Inspection Status (Inspection Status) Robinson Re-Inspection Re-Inspe								
	dress: go PET-Vist To PHACE BLUE Selection Free-operations with this college (Inch & Sport): Inc. Relationship (Inch & Sport): Inc. Relationship (Inch & Sport): Inc. Relationship (Inch & Sport): Relationship (Inch & Sp								
1	DOUT _		T		15	IN OUT N/A NO	Food separated and protected		T
2	IN OUT NA		+	+	16	IN OUT NZ	Food-contact surfaces cleaned and sanitized	+	+
	I and the	Employee Health			17	IN OUT NAME			+
3	INDUT		1				recorditioned at disage rood		
4			+		40	LIN OUT WANG			
5	_		+	+	-			+	+
								+	+
6	IN OUT NO		Т					+-	+
7	IN OUT (IO)	No discharge from eyes, nose, mouth	+					+	+
		Preventing Contamination by Hands			23	IN OUT N/A NO		1	\top
8	IN OUT NO	Hands clean & properly washed	T		24	IN OUT NAMO	Time as a Public Health Control: procedures and records		
9	IN OUT WANO	No bare hand contact with RTE food					Consumer Advisory		
10 (INOUT				25	IN OUT WA	Consumer advisory provided for raw/undercooked foods		
44.	(40)						T		
11 '			-		26				
13			┼	\vdash	27				
14			+-					+-	+
			lost				'		
	Prevalent con	tributing factors of foodborne illness or injury. Public He	alth		10	INCUITAG		Т	
	1710110110110			ESTE A SE			Compliance with variance/specialized process/FACCP		
							and shuming abjects into to ad-		
Marl	k "X" in box if num							violatio	n —
`omr	liance Status		coe	D .	Icamai	llanca Status		loos	Lp
/OIIIp	mance status	Safe Food and Water	COS	I.K.	Comp	nance Status	Proper Use of Utensils	1003	I K
30	Pasteurized	eggs used where required			43	In-use ute		Т	\top
31	Water & Ice	from approved source			44	Utensils, e	quipment & linens: properly stored, dried, & handled		
32	Variance ob	tained for specialized processing methods			45	Single-use	/single-service articles: properly stored & used		
			,		46	Gloves use	· · · · · · · · · · · · · · · · · · ·		Щ
33									
34					\vdash			┼—	+
36				-	\rightarrow			 	+
-	THOMOMOR				43	##alewaSil			
37	Food proper				50	Hot & cold	The state of the s	Г	\Box
		Prevention of Food Contamination			51				\Box
38	Insects, rode	entś, & animals not present			52	Sewage &	waste water properly disposed		
39	Contaminati	on prevented during food preparation, storage & display			53	Toilet facili	ies properly constructed, supplied, & cleaned		
40	Personal cle	anliness			54	Garbage &	refuse properly disposed, facilities maintained	ļ	
41								<u> </u>	\sqcup
42	Washing frui	ts & vegetables			56	Adequate v	entilation & lighting, designated areas used		Щ
Туре	e of Operation:	Temporary on the sh	00				License Posted: (Y	N
Disc	ussion with Per	son-in-Charge:							70
_ 100		with 30.							
							Follow-Up Date:		
				\supset			Date: 10 - 30 - 20	20	
Sign	ature of Inspect	or:	gli				Date: LD - 30-2020		



HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



dalara	ent: lind+ po	12-02 3W	<u> </u>				Date	10-36	-200	Page _	_ _ of _
Juless. 2	Premiun	1 cottets	BING	# 6	15		Com	pliance Achi	eved: 10-3	6-2020	>
	Item / Location	Tel	mp.	TEMPE	RATURE OBSI	ERVATIONS	1 -				
					Item / Location		Temp.		Item / Locatio		
							-				-
											\dashv
											+
							-				\dashv
			OBS	ERVATIONS	S AND/OR COR	RECTIVE ACT	TONS				
Item	Section of Code						10/15				ted Co
Number					Describit	on of Violation					or C
<u> </u>											
					<u> </u>						
		<u>.</u>									
		13616	No-lier	of Alese	rougal dia	aina laco	10Cl >= 4				
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			_ot-	imalf s	tore #	447	ADDE	over fo	C		_
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			Ten	nporcur	4 lovens	e neli	d b-	30-707	1 to 17	- 21-702	- 1
			•	.,					0 (0 (2	31 606	
							-				
ure of Per	son in Charge:		Bel						Date: (0~3	30~202	



HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



Es	tablishment: N	Ponalds	1	Date	₽ /2	9 20	20 a	ge 1 of _Z_	No. of F	Risk Factor/Intervention Vio	lations	1
			_			_					-	
							_					
									Inexection State			4
					10.1						- Teu	
	poolion Type.				C A					t Other		
-							D 1D1L/I			in COS and/or D		
	Employee Health Proper continued employees Continued employees											
	Address S. De 950 n. U. ax, parties mail: Tib k. m. more information for the control of the con											
Com	More Parent Holder: Till y Man agreement LLC. Tall Till Parent Fig. y Man agreement Status (N. OUT, NN, NO) for each files. By in compliance originates status (N. OUT, NN, NO) for each files. By in compliance originates status (N. OUT, NN, NO) for each files. By in compliance Out? med in compliance NO in not desenved NA = on agenticate too for COS ander R By in compliance Out? med in compliance NO in not desenved NA = on agenticate too for COS ander R By in compliance Out? med in compliance NO in not desenved NA = on agenticate too for COS ander R By in Compliance Status (N. OUT, NN, NO) for each files. The file of the fi											
4	W. Dur			·	-	-	-		I			
<u> </u>		performs duties			_	15		DUT N/A NO	Food separated and	protected		
2	(IN OUT N/A	Certified Food Protection Manager		<u> </u>	4	16	(IN	OUT N/A				
	- Y					17	IN	ONTWANO				
3	(N) DUT			П				7				
4	TUQUIT		1	†	1	18	I IN		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
5	TUQUIT	Procedures for responding to vomiting and diarrheal events		1		19	_				+	+
		Good Hygiene Practices			7	20	IN	OUT N/AND	Proper cooling time a	and temperatures	+	+
6	IN OUT (10	Proper eating, tasting, drinking, or tobacco use	T			21	IN	OUT N/A	Proper hot holding te	mperatures	1	+
7	IN OUT (NO	No discharge from eyes, nose, mouth			7	22		OUT N/A NO			1	1
		Preventing Contamination by Hands]_	23	1N	ON AN TUC	Proper date marking	and disposition	+	+
8 (INDOUT NO	Hands dean & properly washed			K	24	IN	OUT N/A NO	Time as a Public Hea	ith Control: procedures and records	1/	
9	20	No bare hand contact with RTE food							Consumer	Advisory		
10	INDUT]	25	JN	OUT N/A	Consumer advisory p	rovided for raw/undercooked foods		T
44	(GD)			1	4				Highly Suscepti	ble Populations		
11			-	_	4	26	IN				<u> </u>	
12				L	4							
14	-		-	<u> </u>	-	-	400				 	
14					-	28	IN					
	Prevalent con	re improper practices or procedures identified as the n tributing factors of foodbome illness or injury, Public Hi	nost ealth			-			mformance with A	pproved Procedures		
	Interventions	are control measures to prevent foodborne illness or in	jury.		上	19	IN	OUT(N/A)	Compliance with varia	nce/specialized process/HACCP		
Mar	k "Y" in how if nour											
IAICII	X III DOX II (IOI)	beled terms not in compliance wark X on ap	propriati	e Do:	K TOF	005	and/c	or COS =	corrected on-site d	uring inspection R=repeat	/iolation	
omp	liance Status		cos	R		Com	pilan	ce Status			cos	R
30	Pantauring		T 1		-			1.		of Utensils		
31					1		+	+				
32					1		+-				\vdash	\square
-	74.74.76			_	-	-	┼-	T		openy stored & used		\vdash
33	Proper cooli							Gioves used		ert and Vandine		\dashv
34					1	47	IV	Food and non				
35	_				۳							H
36	Thermomete	rs provided and accurate				49	_					\dashv
		Food Identification							Physical F	acilities		
37	Food proper	y labeled: original container				50		Hot & cold was	ter available adequate	pressure		
		Prevention of Food Contamination			0	51	X	Plumbing insta	alled, proper backflow	fevices		
38	Insects, rode	nts, & animals not present				52	ľ	Sewage & was	ste water properly disp	osed		
39						53		Toilet facilities	properly constructed,	supplied, & cleaned		
40						54		Garbage & ref	use properly disposed,	facilities maintained		
41					U		X					
42	washing mul	s & vegetables				56	<u> </u>	Adequate vent	tilation & lighting, desig	nated areas used		
TVDE	of Operation:				_					License Posted:	3	
		con in Charac									<u> </u>	-
اعداب	ussion With Per	sorrii rotatge;								1	Y) N	4
		A 1								rollow-up Date:		
					_					Date:		
Sign	ature of Inspect	or/ Land								Date: 10 / 29 / 2022		



HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



Establ	ishment: McDon	ald's			1	Date: 10-29-2020	Page	2_0	of <u>Z</u>
Addres	ssiq Dobson	way.				Compliance Achieved:			
	Y. /Y -:			TEMPERATURE OBSE	RVATIONS				
	Item/Location	- Int 7/10 1	Temp.	Item / Location	Ten	np. Item / Locatio	n		Temp
COT	chues/cdd-n	oranci	41						- -
				OBSERVATIONS AND/OR COR	RECTIVE ACTIONS				
V I	Item Section of Code							Dated C	Corrected
Nu	ımber Sociali ol Codi			Description	on of Violation				cos
_		Kitchen	<u>. </u>						
C 5	5-265.15	3- ba	त राणप्र	in backroom is	leaking u	ndemeath "Sourit	17e "		
				ir sink.					
C 5	55 6.501.11			up below 3-but	. din to the state	leaders de leastres	23.0		
-	-3								
				ion of greate cle					
		<u>lægs</u>	quaile	uble, discussed qu	ease trup 1	DO TECNIA KEEPING	4		
_		Leitr	PEC						
C 4	4 4-602.13	+ Ham	purger	cookline; becau	14 accomo	latinot greate			
				equipment and a					
		راوه	n the	roughly.					
PF 2	4 3-503.19			a Hammurger top	- 2005 4 av	/ 1 - 1-143 CO 341 Co			
				" - at :- A at A	pinots (50	+ LETIONE , PICTICU	3	(05	
		100	1011 c	not in cold hou	aina pu sa	tation not prope	rig		
_				im time for TP	HC reavine	ments. corrected	-+		
		imm	ed tou	ely-					
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									$\neg \neg$
ignature	of Person in Charge:	1	en			Date:			
	of Inspector:	,	7						
-3	J. Hisposion.	~/.	-/			Date: 10 -	Z9 - Z	OZO	



HEALTH DIVISION 432 Daniel Wehster Highway Merrimack NH, 03054 (603) 420-1730



Es	tablishment: 🔫	estimack Hemorial Post #98		Datet	124/2	Pag	ge 1 of <u>2</u>	No. of Ri	sk Factor/In	tervention V	iolatio	ns C
Ad	dress:43 Bc	iboosic Lake Road		Time in	12:30	Tim	ne out 5:00	No. of Repeat Ri	sk Factor/Int	ervention V	iolatio	ns &
Ov	vner/Permit Hold	der: Merrimolax Hemorial post #98		Risk C	ategory	: 0)			Total Vi	iolation	ns 🕏
1	nail:			Phone	(603	142	9-0342	Inspection Status:	(Green)	Yellow	Red	-
Ins	pection Type:	(Routine) Re-inspection Pre-op				-	nvestigation	Complaint	Othe			
		FOODBORNE ILLNESS RIS							Ottin			
		Circle designated compliance status (IN, OUT, N				-		in appropriate box for	COS and/or	R		
		IN = in compliance OUT= not in compliance NO =	not of	served I	N/A = no	t app						
Con	pliance Status		COS									
		Supervision	000	, , , ,	GUII	ihiiai	nce Status	Protection from	Conteminatio) yı	CC	DS F
1	INOUT	Person in charge present, demonstrates knowledge and performs duties	T		15	ÎN	OUT N/A NO	Food separated and p				
2	IN OUT NA	Certified Food Protection Manager	+-	+	16		DUT N/A	Food-contact surfaces			+	-
		Employee Health			17		OU NANO	Proper disposition or re	turned, previous			
3	INDUT	Management/food employees & conditional employee;	\top		-			reconditioned & unsafe				
4	INOUT	knowledge, responsibilities and reporting	—	+				lime / Temperature	Control for S	afety		
5	INDUT	Proper use of restriction and exclusion Procedures for responding to vomiting and diarrheal events	╀	+	18		OU NA NO	Proper cooking time an				
	City Ci	Good Hygiene Practices			19	-	ON AM TUO	Proper reheating proce		lding	+	\perp
6	IN OUT (NO)	Proper eating, tasting, drinking, or tobacco use	I		21	_	OU N/ANO	Proper cooling time and Proper hot holding tem			+	-
7	IN OUT NO	No discharge from eyes, nose, mouth	+	+	22	_	OUT N/A(NO)	Proper cold holding tem			+	+
		Preventing Contamination by Hands			23	-	OUT N/A(NO)	Proper date marking an	·		+	+
8	IN OUT (NO)	Hands clean & properly washed	Г	T	24	_	OUT N/A NO	Time as a Public Health		fures and record	rde	-
9	IN OUT NAME NO	No bare hand contact with RTE food		+				Consumer A		Tares dilla redoit		
10	INJOUT	Adequate handwashing sinks properly supplied & accessible			25	IN	OUT(N/A)	Consumer advisory pro		dercooked food	is I	
		Approved Source						Highly Susceptibl				
11	INOUT	Food obtained from an approved source			26	IN	OUT	Pasteurized foods used				
12	IN OUT N/A NO	Food received at proper temperature					Food	l / Color Additives a	ad Toxic Sub	stances		
13	TUCIFI	Food in good condition, safe & unadulterated			27	IN	OUT	Food additives: approve	d and properly	used	\top	T
14	IN OUT (IA)	Req. records available: shell stock tags, parasite destruction			28		DUT N/A	Toxic substances proper	ty identified, sto	red and used		
	Risk factors a Prevalent conf	re improper practices or procedures identified as the m ributing factors of foodborne illness or injury. Public He ire control measures to prevent foodborne illness or inju	ost	- 1			Co	nformance with App	roved Proces	lures		
	Interventions a	re control measures to prevent foodborne illness or inju	iry.		19	IN	OUT	Compliance with variance	e/specialized pr	ocess/HACCP		
					PRACI							
Mar	k "X" in box if num	Good retail practices are preventative measures bered item is not in compliance Mark "X" on app										
		Mark A Graph	roprie	ILC DOX IC	01 003 8	al lu/oi	1 003 -	corrected on-site duri	ng inspection	R=repea	it violati	on
om	oliance Status		cos	R	Comp	lianc	e Status				COS	R
30	Pasteurized	Safe Food and Water eggs used where required			40		1	Proper Use of	Utensils			
31		from approved source			43	-		s properly stored				
32		ained for specialized processing methods			45	-		pment & linens: properly agle-service articles: prop			+-	
		Food Temperature Control			46	_	Gloves used p		eny etored a da		+-	+
33	Proper coolir	ng methods used: adequate equipment for temp. control						Utensils, Equipment	and Vendin	er .		
34	Plant food pr	operfy cooked for hot holding			47			-food contact surfaces cl		2	\neg	\top
35	Approved that	wing methods used			48		Properly desig	ned, constructed, & used			_	\top
36	Thermomete	rs provided and accurate			49		Warewashing:	installed, maintained, &	used: test strips			
		Food Identification		,				Physical Fac	ilities			
37	Food properly	y labeled: original container			50		Hot & cold wat	er available adequate pr	essure			
38	Innada	Prevention of Food Contamination			51		-	illed, proper backflow de			_	
39	-	nts, & animals not present			52		 	te water properly dispos			\perp	$\perp \!\!\! \perp$
40	Personal clea	n prevented during food preparation, storage & display			53			properly constructed, su			-	44
41		properly used & stored		\vdash	54			use properly disposed, fa		3d	-	+
42		s & vegetables			56			es installed, maintained, ilation & lighting, designa			+-	+
							7 Madelato Veric	materi de ligitarigi, designa	ien areas useu			
Тур	e of Operation:								icense Pos	ted:	(3)	N
Disc	ussion with Pers	son-in-Charge:							ollow-Up;		Y	
								[]	follow-Up D	ate:		\neg
No.	ature of December 1	- O - O - O - A	——									
	ature of Person	7) - (1	<u>~</u>						Date: 0	·26-2	020	
ign	ature of Inspecto	or: / m/ll							Date: Lo -	-26 - 21 16-10 U	0	



HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



TEMPERATURE OBSERVATIONS Item / Location Temp. Item / Location OBSERVATIONS AND/OR CORRECTIVE ACTIVE AC	Temp.	ltem / Loca	
Item / Location Temp. Item / Location OBSERVATIONS AND/OR CORRECTIVE A	Temp.	Item / Loca	itien
OBSERVATIONS AND/OR CORRECTIVE A	CTIONS	Item / Loca	tion
Item Section of Code			
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Item Section of Code			
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			Dated C
			or (
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Lin World Hone street led about the	adima of	1	
No violations observed during th	P. TIME OF	inspection	•
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00			
re of Person in Charge: Wy Sul		Date: / (0-26-20



HEALTH DIVISION

432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



Es	tablishment: 🖰	omino's Dizza		Date	126 20	Pag	e 1 of Z	No. of Risk Facto	or/Intervention \	/iolations	6
Ac	idress: 456 D	aniel webster Highway									2
							(i notice)	Inspection Status: Gree			300
										Neu	
									Other		
Address: 456 On h Foll Lee Porter Holder: Top Disay Into Lee Porter Holder											
	Timo in [2,15] Timo out 22,14 No. of Reposit Risk Factor/Intervention Violations of Propertion Type: Popular Intervention Violations of Propertion Type: Routing Re-Inspection Pre-operational Rises investigation Compilant Other Propertion Type: Routing Re-Inspection Pre-operational Rises investigation Compilant Other Propertion Type: Routing Re-Inspection Pre-operational Rises investigation Compilant Other Red Propertion Research Inspect Researc										
	Time int 2.15 Time out 2.15 Ti										
Con	Address: ASS On Not I we better High pools. The in 2.15 Time oug 2.14 No. of Repeat Risk Packorithroversion Violations of Risk Category. Total Violations of Phone Carbon Annual Proportion of Propo										
		The state of the s	_		 			Protection from Contami	nation		
Ľ					15	(IN	ØUT N/A NO	Food separated and protected			
2	N/A TUQUIT N/A	Certified Food Protection Manager			16	IN	OUT N/A				
	Address: 466 On Net Lore Determined Notice (1982) Wherein Permit Holder: 760 P. 128 a., in.e. Risk Category: The Category of										
3	Supervision Fig. 2.15 Time out 2.14 No. of Repeat Risk Packoritorious Violations of Risk Category: Fig. 2.15 Time out 2.14 No. of Repeat Risk Packoritorious Violations of Risk Category: Fig. 2.15 Time out 2.14 No. of Repeat Risk Packoritorious Violations of Risk Category: Fig. 2.15 Time out 2.14 No. of Repeat Risk Packoritorious Violations of Risk Category: Fig. 2.15 Time out 2.14 No. of Repeat Risk Packoritorious Violations of Risk Category: Foot Packoritorious Violations of Risk Category: Foot Packoritorious Violations of Risk Risk Packoritorious Violations of Risk Category: Foot Packoritorious Violations Violations Violations Violations of Risk Risk Packoritorious Violations Violation										
4	IN OUT		+	+	18	TIN					_
5	TUCKI	Procedures for responding to vorniting and diarrheal events	+	+		-					+
			-		_	_					+
6	IN OUT (NO)	Proper eating, tasting, drinking, or tobacco use		\top	21	_				_	+-
7	IN OUT (NO)	No discharge from eyes, nose, mouth			22	(NI	DUT N/A NO				+
		Preventing Contamination by Hands			23		DUT N/A NO			_	
8 1	CIK OUT NO	Hands clean & properly washed	T		24	IN	OUT NA NO	Time as a Public Health Control;	procedures and recor	rds	+-
9	IN OUT N/A NO	No bare hand contact with RTE food									
10	INOUT	Adequate handwashing sinks properly supplied & accessible			25	INC	DUT(N/A)		aw/undercooked foor	ds	\top
		Approved Source						Highly Susceptible Popula	tions		
			ļ		26	INC	OUT N/A	Pasteurized foods used; prohibited	foods not offered		T
			ļ					d / Color Additives and Toxic	Substances		
					_	-		Food additives: approved and pro	perly used		
14				Щ	28	TIM	DUT N/A	Toxic substances properly identifie	d, stored and used		
	Risk factors a Prevalent cont	re improper practices or procedures identified as the minute industrial reputing factors of foodborne illness or injury. Public He	nost ealth				Со	nformance with Approved P	rocedures		
	Interventions a	re control measures to prevent foodborne illness or in	ury.		19	INC	NA DUC	Compliance with variance/specializ	ed process/HACCP		
											1
8.4	1. (D/m : _ L // .	Good retail practices are preventative measures									
IVIAI	K A In Dox it hum	bered item is not in compliance Mark "X" on ap	propriat	e box fo	or COS a	nd/or	COS =	corrected on-site during inspe	ction R=repea	at violation	n
om	oliance Status		cos	R	Comp	lianc	e Status			cos	IR
								Proper Use of Utensils			
					43		In-use utensil:	s properly stored			
								7 1 2			
32	Variance obi								& used		Ш
33	Cropper confir				46						Щ
_					43				nding		,
_					-						\vdash
					-					+-	\vdash
					49		vvarewasning:		strips		4
37	Food propert				50		Hot & cold wat				
		Prevention of Food Contamination			-	\neg					-
38	Insects, rode				I					 	
39	Contaminatio	n prevented during food preparation, storage & display			53				eaned		\vdash
40	Personal clea	ınliness			54					-	Н
41	Wiping cloths	properly used & stored			55					+	\square
42	Washing fruit	s & vegetables			56		Adequate vent	ilation & lighting, designated areas i	used	+	
Tour	f O										
	 							License	Posted:	(D)	N
Disc	ussion with Pers							Follow-L	p:	YA	N
		*change of own	ressi	Lip				Follow-L	lp Date:		7
Sian	Employee Health Dou't Incompression of employees a conditional employees										
	Circle designated compliance of UT+ not in compliance NO+ and complian										
Sign	ature of Inspect	or: / life						Date:	0-26-2020)	



HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



Establishme	nt: Domino's pig	EEC.		Date:	26-2020	Page _ 2_ of _
Address: 4	S6 D. w. Highw	ay			ce Achieved: b 12-b /	
			TEMPERATURE OBSERVATI	ONS		
	Item / Location	Temp.	Item / Location	Тетр.	· Item / Location	T
mese	pizza pap	34				
		OBS	ERVATIONS AND/OR CORRECTIV	E ACTIONS		
v Item Number	Section of Code		Description of Vic	plation		Dated Corre
THAITIBOT						or COS
		Do Violati	ons observed done	ng time of	inspection -	
						
		* picase la	the 1 3- bory sink. "	WASH , R. I	SE SANITE	E"
		,				
						
	-					
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ionoture -f D	The state of the s	-1-				2
		wat			Date: C	-26-20
ignature of In	spector:	>'//			Date: 10-2	6-2020



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MERRIMACK FIRE DEPARTMENT

HEALTH DIVISION 432 Daniel Wehster Highway Merrimack NH, 03054 (603) 420-1730



			unicin ponuts		Date: r	9/2	410	₽ag	ge 1 of <u>Z</u>	No. of R	isk Factor/Int	ervention	Violatio	ons	1
Ad	dres	s: 308	O.W. Highway		Time ir	nigy.	.3 C	Tim	e out: 2.500	No. of Repeat R	isk Factor/Int	ervention	Violatio	ons	Ø
			er MMM Donuts inc.		Risk C		_						Violatio	_	7
	nail:				Phone:	16	62)		-	Inspection Status	Green	Yellow	Red	 :1	_
Ins	pecti	on Type:	Routine Re-inspection Pre-oper					ss In	vestigation	Complaint	Othe	er			
			FOODBORNE ILLNESS RISK	FAC	TORS										
			Circle designated compliance status (IN, OUT, N/							in appropriate box fo	or COS and/or i	R			
			IN = in compliance OUT= not in compliance NO = n	ot ob	served l	N/A	= not	appl	icable COS =	corrected on-site R	= repeat violati	on			_
Соп	oliar	ice Status		cos					ice Status				Te	-	
			Supervision	003	IN		COIII	PIRAIT	ce Status	Protection from	Contaminatio	NT)	JC	cos	F
1	ÎN	G UT	Person in charge present, demonstrates knowledge and performs duties				15 (Fin	OUT N/A NO	Food separated and	_	,12			Т
2		OUT N/A	Certified Food Protection Manager				16	$+\!$	DUT N/A	Food-contact surface		nitized	-		╁
			Employee Health				17	-	OUTWANO	Proper disposition or	returned, previous		\rightarrow		\vdash
3	IN	DUT	Management/food employees & conditional employee;		\top			1.1		reconditioned & unsat		4 =			_
4	-	DUT	knowledge, responsibilities and reporting		4	-				Time / Temperature		afety			
5		buт	Proper use of restriction and exclusion Procedures for responding to vomiting and diarrheal events		-	-	18 19	-	OUT N/A NO	Proper cooking time a		4.41	-		L
	حيت		Good Hygiene Practices			- }	20	-	OUT N/A NO	Proper reheating proc		lding	_		H
6	IN	OUT (NO)	Proper eating, tasting, drinking, or tobacco use	_	7	-	21	-	OUT N/A TO	Proper cooling time as Proper hot holding ter			-+		⊢
7	IN	OUT (NO)	No discharge from eyes, nose, mouth		+	ŀ	22	-	OUT N/A NO	Proper cold holding te	·		-		-
	-		Preventing Contamination by Hands			-	23		OUT N/A NO	Proper date marking a			-		\vdash
8	IN	OUT NO	Hands clean & properly washed		\top	r	24		OUT NA NO	Time as a Public Heal		fures and ren	orde	\dashv	-
9 ((IN)	ON AN TUC	No bare hand contact with RTE food		+	-	-			Consumer		-	JI GO		_
10	ING	วับว	Adequate handwashing sinks properly supplied & accessible		+	-	25	IN	DUTINA	Consumer advisory pr		descooked for	ods T		_
			Approved Source			-				Highly Susceptil			740		
11		TUC	Food obtained from an approved source				26	IN (OUT (A) TUC	Pasteurized foods use					
12	IN	OUT N/(NO	Food received at proper temperature		\Box				Foo	d / Color Additives	and Toxic Sub-	stances			
13	(10)	TUC	Food in good condition, safe & unadulterated				27	IN (OUT (ATTA)	Food additives: approv	ed and properly	used			
14	IN	DU N/A NO	Req. records available: shell stock tags, parasite destruction		Ш		28	(1)	DUT N/A	Toxic substances prop	erly identified, sto	red and used			
	F	tisk factors a	re improper practices or procedures identified as the mo- ributing factors of foodborne illness or injury. Public Heal are control measures to prevent foodborne illness or injur	st					Co	informance with Aj	proved Proce	lures			
	Ìn	iterventions a	ire control measures to prevent foodborne illness or injur	iun Yu.		-	19	in (DUT N/A	Compliance with variar	ce/specialized pr	ocess/HACCF	5		
			G0	OD R	ETAIL	PR	ACT	ICES							V.
			Good retail practices are preventative measures to							and physical objects into	foods.				
Mar	k "X"	in box if num	bered Item is not in compliance Mark "X" on appr							corrected on-site du		R=rep	eat viola	ation	
om	oliano	e Status	Ic	os	R	C	amo	ianc	e Status				Icc	18	R
			Safe Food and Water			Ť	omp.		- Ottacaro	Proper Use o	f Utensils		100	73	K
30		Pasteurized	eggs used where required				13		In-use utensil	s properly stored				$\overline{}$	_
31		Water & Ice	from approved source				14		Utensils, equi	ipment & linens: properl	y stored, dried, &	handled			-
32		Variance obt	ained for specialized processing methods			L	15		Single-use/si	ngle-service articles; pro	perly stored & us	ed		\neg	
			Food Temperature Control			4	6		Gloves used	properly					
33			ng methods used: adequate equipment for temp. control							Utensils, Equipme	nt and Vendin	5			
34			operly cooked for hot holding			\vdash	7 ·			n-food contact surfaces				\bot	
35			awing methods used			-	-B		Property design	gned, constructed, & use	ed				
36		Thermomete	rs provided and accurate			14	9		Warewashing	: installed, maintained, a					_
37		Food proced	Food Identification y labeled: original container			-	, T		Had B and A	Physical F					
9,		1 ood properi	Prevention of Food Contamination			5	-			ter available adequate p				\dashv	\dashv
38	V	Insects code	nts, & animals not present			5	-			alled, proper backflow d			+	-	\dashv
39			n prevented during food preparation, storage & display			5	\rightarrow	_		ste water properly dispo properly constructed, s			+	-	\dashv
40		Personal clea				5				use properly disposed,			-	+	-
41			properly used & stored		\dashv	5	-			ies installed, maintained				+	\dashv
42		Washing fruit	s & vegetables			5	-			tilation & lighting, design			-	+	\dashv
Тур	e of (Operation:									License Pos	ted:	\bigcirc) N	
Disc	ussic	on with Pers	son-in-Charge:								Follow-Up: 1	s days	N	N	
											Follow-Up D				
											· onow-up Di				\perp
₃ign	ature	of Person	in Charge! / / / / / / / / / / / / / / / / / / /								Date: () 1	6/20	20		
Sign	ature	of Inspect	or:								Date: 10-	26 - 20	20		7
			1. 66								~		رس		



HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



	ent: Dunkin !				Date:	10-26-2020	Page _	2 of 2
Address: 3	of D.w. Ho	nway			Comp	pliance Achieved:		
				TEMPERATURE OBSERVA	TIONS			
	Item / Location		Temp.	Item / Location	Temp.	Item / Location	1	Ten
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			OBC	EDE (SEONO LED OR CONSTRO	TTT 4 000 0 000			
, Item	1	T	OB3.	ERVATIONS AND/OR CORRECT			1 -	Dated Correct
Number	Section of Code			Description of	Violation			or COS
		BACKTOOM	1:0					
lo lo	6 301 14-	Hond v	aces h isti	nk not labeled.	Bidden I of Lices	ad was sink a	alu I	
10 F 38		1					-	
100	6-301-111	Obsetu	ci hea	by try activity	turondhen.	the establish	ne 17	
1	+	Contact	pest	Control operator	tor trating	ent to elimina	rie	
	-	fy act	व्यास्य .	control operator				
1	-							
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		A						
	erson in Charge	Millou) Just	<u> </u>		Date: 0 2	6/200	Δ
	nspector:	200	XIV			Date: 10-	7.4	74



HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



Es	tablishment: 🍂	TIMEATC		Datel	보기	ZePa	ge 1 of	No. of I	Risk Factor/In	tervention Vio	lation	ns 🕜
Ac	ldress: 386 g		Time i	r t2	.o Tin	ne outs :00						
Ov	wner/Permit Hole	der frime ATC center of 10H		Risk C	Catego	ory: 🖪				Total Vio		
En	nail:			Phone	:/he	2 /2	L Z. Sess	Inspection Statu	s: Green		Red	7.50
ins	spection Type:	Routine Re-inspection Pre-or					nvestigation	Complain				
		FOODBORNE ILLNESS RIS								<u> </u>		
		Circle designated compliance status (IN, OUT, N						in appropriate box	or COS and/or	R		
П		IN = in compliance OUT= not in compliance NO =										
Con	npliance Status								TOPOUL TIOICE			
	II PROTECTION OF THE PROTECTIO	Supervision	COS	R		отрна	nce Status	Protection from	- Canta-1		CC	OS R
1	INDUT	Person in charge present, demonstrates knowledge and	T		1 1	15	DUT N/A NO			on	_	
2	IN OUT N/A	performs duties Certified Food Protection Manager	-	-	-			Food separated and	`		\perp	
ì	III OO TOA		<u> </u>		1 -		OUT N/A	Proper disposition of			+	
	_	Employee Health				7 IN	OI (AVA) TUO I	reconditioned & uns		isly served,		
3	TUO	Management/food employees & conditional employee; knowledge, responsibilities and reporting						Time / Temperatm	e Control for S	afety		
4	OUT	Proper use of restriction and exclusion			1	8 IN	OUNTRIO	Proper cooking time			\top	
5	TUCKI	Procedures for responding to vomiting and diarrheal events			1	9 11	ON AND TUO	Proper reheating pro	cedures for hot hi	olding	+	\neg
		Good Hygiene Practices			2	0 IN	OUTNANO	Proper cooling time	and temperatures		+	
6	IN OUT W	Proper eating, tasting, drinking, or tobacco use			2	:1 IN	OLLANDTO	Proper hot holding te	mperatures		\top	\top
7	IN OUT TO	No discharge from eyes, nose, mouth			2	2 IN	OLAN LO	Proper cold holding t	emperatures		_	\top
		Preventing Contamination by Hands			2:	3 IN	DUT N/A NO	Proper date marking	and disposition			\top
8	IN OUT NO	Hands clean & properly washed			24	4 IN	OUTOVANO	Time as a Public Hea	ith Control: proce	dures and records	T	
9	IN OUT N/ANO	No bare hand contact with RTE food		$\perp \! \! \perp$				Consume	Advisory			
10	INOUT	Adequate handwashing sinks properly supplied & accessible		Щ	25	5 IN	OUT N/A	Consumer advisory p	rovided for raw/ur	ndercooked foods	T	
44	INOUT	Approved Source						Highly Suscepti	ble Population	8		
11	IN OUT WAND	Food obtained from an approved source	-	+	26	6 IN	OU N/A	Pasteurized foods us				
12	INDUT	Food received at proper temperature	-	1		-		d / Color Additives				
14	IN OUT WATO	Food in good condition, safe & unadulterated	-	+	27	_	OUT N/A	Food additives: appro				
14		Req. records available: shell stock tags, parasite destruction			28	B I IN	OUT N/A	Toxic substances pro				
	Prevalent con	are improper practices or procedures identified as the national fractors of foodborne illness or injury. Public Heare control measures to prevent foodborne illness or injury.	nost ealth		-		Co	nformance with A	pproved Proce	dures		
	Interventions	are control measures to prevent foodborne illness or in	ury.		19	IN	OUT	Compliance with varia	nce/specialized p	rocess/HACCP		
				ETAIL								
Mar	te "V" in how if nur	Good retail practices are preventative measures bered item is not in compliance Mark "X" on ap	to contr	of the ad	dition of	f pathogo						
IVICII	K X III DOX II IIUII	nbered item is not in compliance Mark "X" on ap	propria	te box i	or CO:	S and/o	r COS =	corrected on-site d	uring inspection	R=repeat	/iolati	on
om	oliance Status		cos	R	Cor	nplian	ce Status				cos	R
00		Safe Food and Water						Proper Use	of Utensils			
30		eggs used where required		-	43			s properly stored				
31		from approved source tained for specialized processing methods	-		44			pment & linens: proper				
32	Vanance ob				45			ngle-service articles: pr	operly stored & us	sed	<u> </u>	
33	Proper cool	Food Temperature Control ng methods used: adequate equipment for temp, control			46		Gloves used p			<u> </u>		
34		roperly cooked for hot holding		-	47	i		Utensils, Equipme		<u>g</u>		
35		awing methods used			48	+-		-food contact surfaces			<u> </u>	
36		ors provided and accurate		\vdash	49	+-		ned, constructed, & us installed, maintained,			-	+
		Food Identification			7.5		veal to a a ciling.	Physical F				
37	Food proper	ly labeled: original container			50		Hot & cold wat	ter available adequate				_
		Prevention of Food Contamination			51	1		illed, proper backflow				++
38	Insects, rode	ents, & animals not present			52			ste water properly disp				+
39	Contamination	on prevented during food preparation, storage & display			53	1	_	properly constructed,		ed .		+
40	Personal clea	anliness			54			use properly disposed,				+-
41	Wiping cloths	s: properly used & stored			55			es installed, maintaine				+
12	Washing fruit	is & vegetables			56		Adequate vent	ilation & lighting, desig	nated areas used			\Box
Turn	a of Coomtion:											
	e of Operation:								License Pos	sted:	Y	N
Jisc	ussion with Pen	son-in-Charge:							Follow-Up:	,	Y	0
									Follow-Up D	ate:		
Sion	ature of Person	in Chama: All A - A				~						_
			N	2					Date: /6	26-20	i	
ign	ature of Inspect	or; ~ 7. ()								21/2020		



HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



stablishment: Princ ATC			Date: 10-	21 - 2020	Page _ 2 o	of _2
Address: 880 D. w. Highway	4 whit A		Compliand	e Achieved: 10 · 2	1 - 2025	
Item / Location	Tr.	TEMPERATURE OBSERVAT				-
Acti / Location	Temp.	Item / Location	Temp.	· Item / Locat	ion	Te
						$oxed{oxed}$
	OBSE	ERVATIONS AND/OR CORRECTI	VE ACTIONS			
Number Section of Code		Description of V	/iolation		Dated C	Corre
TAMIDE					or C	COS
			<u> </u>			
100	olatalee	of the same of the same of				
1	O GIBICETIONS	observed during to	e time of inspec	1100 .		
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ature of Person in Charge:	110 200	Drollo		Determina		
the state of the s	More			Date: 10	-21-70	
nature of Inspector:	11/1-			Date: 10 ·	21-2020	



HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



Esta	ablish	ment: H 6	t Rise Bagel Confe		Date	0/1	4120	Pag	e 1 of _2,	No. of Risk Factor/I	ntervention Violat	ions	2
Ado	ress:	634 C	.w. Hignway	1	ime	int	1:00	Tim	e ou t <u>7:</u> 50	No, of Repeat Risk Factor/i	ntervention Violat	ions	725
			er Armada Enterprises LLC	F	Risk (Cate	egory:	_			Total Violat	ions Z	4
Em			Standard Int.						11. 2267	Inspection Status: Green	Yellow Re	ed .	_
-		n Type:	(Routine) Re-inspection Pre-ope						vestigation		her		_
IIIa	COLIO	п турс.	FOODBORNE ILLNESS RIS			Δħ							
			Circle designated compliance status (IN, OUT, N					DLIC		in appropriate box for COS and/o	 эт R		
			IN = in compliance OUT= not in compliance NO =					annli			-		
		-										000	1 12
Com	plianc	e Status	Supervision	cos	R	-	Com	plian	ce Status	Protection from Contaminat		cos	R
4	(N)	NIT	Person in charge present, demonstrates knowledge and	T	T	1	15	IN	OUT N/A NO	Food separated and protected			Г
	-		performs duties	+	+	-	-		DUT N/A		istd	<u> </u>	
2	I WY	DUT N/A	Certified Food Protection Manager			+	16		OU NA NO	Food-contact surfaces cleaned and : Proper disposition or returned, previo			
	470		Employee Health Management/food employees & conditional employee;	т-	_	-	17	IN		reconditioned & unsafe food			_
3			knowledge, responsibilities and reporting							Fime / Temperature Control for	Safety		
4	(IV)		Proper use of restriction and exclusion	1			18	-	OUT N/A(NO)	Proper cooking time and temperature			_
5		UT	Procedures for responding to vomiting and diarrheal events		J	-	19	+-	OUT N/A	Proper reheating procedures for hot			\vdash
			Good Hygiene Practices	1		-	20	+	OUT N/ANO	Proper cooling time and temperature)S	-	
6	INC		Proper eating, tasting, drinking, or tobacco use	+-		-	21	-	OUT N/A NO	Proper hat holding temperatures Proper cold holding temperatures			\vdash
7	INC	OUT TU	No discharge from eyes, nose, mouth Preventing Contamination by Hands			1	23	-	DUT N/A NO	Proper cold notding temperatures Proper date marking and disposition			
8	(IN)O	UT NO	Hands clean & properly washed	1	T	┨	24	_	OUT N/A NO	Time as a Public Health Control: pro-		$\neg \neg$	
9	-	UT N/A NO	No bare hand contact with RTE food	+	-	1		1	0000000	Consumer Advisory			
10	ING		Adequate handwashing sinks properly supplied & accessible	\vdash	<u> </u>	1	25	IN (OUT N/A	Consumer advisory provided for raw	/undercooked foods		
	_		Approved Source							Highly Susceptible Population	ons		
11 (_IM)0	UT	Food obtained from an approved source]	26	IN	OU[N/A	Pasteurized foods used; prohibited for	oods not offered		
12		UT N/A TU	Food received at proper temperature	1				,		d / Color Additives and Toxic S	ubstances		
13			Food in good condition, safe & unadulterated	ļ		-	27	-	OUT(N/A)	Food additives: approved and proper			
14		OILAND TU	Req. records available: shell stock tags, parasite destruction		1		28		OUT N/A	Toxic substances properly identified,			_
	R Pr	isk factors a evalent conf	re improper practices or procedures identified as the re ributing factors of foodborne illness or injury, Public He are control measures to prevent foodborne illness or in	nost ealth			-	Т.		onformance with Approved Pro			
	Int	terventions a	are control measures to prevent foodborne illness or in	jury,			19	IN (OUT N/A	Compliance with variance/specialized	I process/HACCP		
				OOD R									
Маг	k " X " i	n box if num	Good retail practices are preventative measures bered item is not in compliance Mark "X" on ap					_		and physical objects into foods. =corrected on-site during inspecti	ion R=repeat vic	olation	\exists
`omi	liano	e Status		cos	R		Corne	liane	e Status		II.	cos I	R
JOIN)IIaitt	e otatus	Safe Food and Water	000	114		Comp) Italii	e otatus	Proper Use of Utensils		,	
30		Pasteurized	eggs used where required				43	I	In-use utens	ils properly stored			
31		Water & Ice	from approved source				44		Utensils, equ	ipment & linens: properly stored, dried	l, & handled		
32		Variance ob	tained for specialized processing methods				45		Single-use/s	ingle-service articles: properly stored 8	beau		_
			Food Temperature Control	1			46		Gloves used		*-		
33			ng methods used: adequate equipment for temp, control	-			477		Facilities	Utensils, Equipment and Ven	ling		-
34			roperly cocked for hot holding awing methods used				47 .			n-food contact surfaces cleanable, igned, constructed, & used		\rightarrow	\dashv
36		· · ·	ers provided and accurate				49	-		g: installed, maintained, & used: test st	rips		\neg
-		1110111011101	Food Identification							Physical Facilities			
37	X	Food proper	ly labeled: original container				50		Hot & cold w	ater available adequate pressure			
	1		Prevention of Food Contamination				51		Plumbing ins	talled, proper backflow devices			\Box
38		Insects, rode	ents, & animals not present				52		Sewage & wa	aste water properly disposed		\rightarrow	_
39			on prevented during food preparation, storage & display				53			s properly constructed, supplied, & cle			_
40		Personal de				-	54			efuse properly disposed, facilities main	tained	\rightarrow	
41			s: properly used & stored			(V	55	X	-	ities installed, maintained, & clean	sed		\dashv
42		wasning mu	ts & vegetables			L	56		Auequate ve	ntilation & lighting, designated areas us	and .		
Тур	e of C	Operation:								License F	osted:	Y) 1	N
Disc	cussic	on with Per	son-in-Charge;	-						Follow-U	p: (S	1 (N
											p Date: IDI IS [- 202E	,
Sion	ature	of Person	in Charge: Sel HR							Date:		20	_
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oigi	iatul(e of Inspec	W. / 4 -) / 9							Date.	0/14/2020	j.	



HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



Establishment: Hot Rize Bagel code					Date: 0 14 2025 Page _ 2 of _ 2					2	
_		4 D.W. H					Compl	ance Achieved: 10/1	51702	0	
					TEMPERATURE OBSERVA			Item / Location			Temp.
		Item / Location		Temp.	Item / Location	Tem	·P·	· Item / Location			I Comp
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Ŕc	S HO	sef I in-lin	4	Aj'			+				
							-+				
							-				
					OBSERVATIONS AND/OR CORRECT	TIVE ACTIONS					
		1								Dated Co	rrected
V	Item Number	Section of Code			Description of	Violation		<u> </u>		or CC	os
		4	KITCHE	:u:							
	= -	7 6511-			refrigerator thoor i be	our Shel		1 rmiles soile	d	10115	12020
	55	6-501-12	- walk	-10	FEFFIGERAUL TOOL 1 BE	ST. STIER					
			with	طرره	mulation of food debi	<u>is aean</u>	100-1	Appoditio.	-7-16-0	2.12.10	1/15/20
C	10	6-301-14	- All BO	ad w	xusn Ginks not label	ed - Must b	حاد	beled Hand wosh	SINE CI	114 ·	713720
PA	10	5-205.10	Handy	wash_	sink by work in blo	exed by	po	res / misc Hem	S.	10/18	12020
			Hand	racic Io	sink must aways	be acce	sibl	e			
			F 13/54 5-1	VA TIGE							
			T-11	7							
			OTHER					21	2		- 100 30
P £	39	3-602.11	Pre-P	acre	iged yogurt partait	and cot	+10	of bot terber		1617	5 170 20
			עולדוני	date	prepared common	name /	ing	reacents/ whe	repens		
			or No	me ?	of establishment and	codtres:	S . K	re-packaged	tax		
			نکه درد	for	sale on display must	to late	1 9 d				
			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						1		
			++								
			-								
			*	will A	blow-up in regark	to pottle	a j	<u> </u>			
	·		17	abel	ing						
	_		()) Best	r buy date.						
				-	mmon rame						
			_		Parliance of the Control of the Cont						
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								<u> </u>			
		<u></u>						Date: [0/14	120	20
Sig	nature of	Person in Charge	·	9	**			00101	- · 	/	
Sig	nature of	Inspector:	nis	<u> </u>	Henry			Date: \	02141	202	<u>U</u>
				2	-						



HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



Establishment: Stourbocks Company #1819=	+	Date	(o)	15/20	Pag	ge 1 of <u>2</u>	No. of R	isk Factor/In	tervention Vi	olatio	ns (2	
Address: 17 Premium outlets RIVE upit A		Time	e in:	1:00	Tim	e out:1:40	No. of Repeat Risk Factor/Intervention Violations					
Owner/Permit Holder: starbucks corporation		Risk	Ca	tegory	: C				Total Vi	olatio	ns 4	
Email: Licenseservices @ starbucks.com	\	Phor	ne:(603	14:	0-0448	Inspection Status	Green	Yellow	Red		
	-operatio				4	vestigation	Complaint					
FOODBORNE ILLNESS			SA						OI			
Circle designated compliance status (IN, OU							in appropriate box fo	r COS and/or	R			
IN = in compliance OUT= not in compliance N		_		_	t appl							
								TOPOUL TIOILL				
Compliance Status Supervision	cos	F	4	Con	plian	ice Status	Th	0 - 1 -		CC	OS	
Person in charge present, demonstrates knowledge and			\dashv	15		ON A'N TU	Protection from		DIE			
performs duties		_	4	15			Food separated and p	orotected				
2 IN OUT N/A Certified Food Protection Manager			\dashv	16	-	DUT N/A	Food-contact surface:					
Employee Health				17	NI	OUT N/A 10	Proper disposition or r reconditioned & unsaf		siy served,			
Management/food employees & conditional employee; knowledge, responsibilities and reporting	1						Time / Temperature	Control for S	afety			
4 INDUT Proper use of restriction and exclusion			7	18	IN	OUT N/A(NO)	Proper cooking time a	nd temperature			T	
5 INDUT Procedures for responding to vomiting and diarrheal ever	nts			19	IN	OUT N/A NO	Proper reheating proc	edures for hot ho	olding	\top		
Good Hygiene Practices				20	IN	OUT N/A(NO)	Proper cooling time ar	nd temperatures		\top		
6 IN OUT NO Proper eating, tasting, drinking, or tobacco use			_	21	IN	OUT N/ANO	Proper hot holding ten	nperatures			\neg	
7 IN OUT (NO) No discharge from eyes, nose, mouth		_	4	22		OUT N/A NO	Proper cold holding te	mperatures				
Preventing Contamination by Hands			4	23		OUT N/A NO	Proper date marking a	nd disposition				
8 NOUT NO Hands clean & properly washed	_	_	_	24	IN	ON WAY	Time as a Public Healt	th Control; proce	dures and record	s		
9 No bare hand contact with RTE food	_	\perp	4		1		Consumer.					
10 INDUT Adequate handwashing sinks properly supplied & accessi	ible	1	4	25	1N t	DUT(N/A)	Consumer advisory pre			3		
Approved Source 11 OUT Food obtained from an approved source		Τ.	-	200	Loui	OUT	Highly Susceptib					
12 IN OUT N/A (O) Food received at proper temperature	_	+	\dashv	26	INI		Pasteurized foods use				_	
13 INOUT Food in good condition, safe & unadulterated		+	-	27	LINI	OUT(N/A)	d / Color Additives a					
14 IN OUT WANO Req. records available: shell stock tags, parasite destructi	ion	+	-	28	- Aller	DUT N/A	Food additives: approve Toxic substances prope			_	+	
		-	1	-	10.0		onformance with Ap					
Risk factors are improper practices or procedures identified as the Prevalent contributing factors of foodborne illness or injury. Public Interventions are control measures to prevent foodborne illness o	Health		П		T						T	
metromona are control measures to prevent roomonie niness o				19		DU (N/A)	Compliance with varian	ce/specialized pr	ocess/HACCP			
Canal patril granting are any actating and	GOOD I											
Good retail practices are preventative measi Mark "X" in box if numbered item is not in compliance Mark "X" or							ind physical objects into		R=repea	t violet	ion	
		_					OUT OCCUPANT DICE CO	ing mapecaon	N-Icpea	. VIOIAL	IOII	
ompliance Status Safe Food and Water	cos	R	-	Comp	lianc	e Status	Series Series	4 TT. 11		COS	R	
30 Pasteurized eggs used where required			-	43	<u> </u>	In use utana	Proper Use o	f Utensils		_		
31 Water & Ice from approved source		\vdash	-	44	-		s properly stored ipment & linens: properly	ratarad driad 0		-	+	
32 Variance obtained for specialized processing methods		\vdash	1	45	-		ngle-service articles; pro			+-	+	
Food Temperature Control			1	46	-	Gloves used		porty stored & de		-	+	
Proper cooling methods used: adequate equipment for temp, control		Т			J		Utensils, Equipmen	at and Vendin	97			
34 Plant food properly cooked for hot holding			1	47 ·		Food and nor	-food contact surfaces of		0	T	T	
35 Approved thawing methods used				48		Properly desi	gned, constructed, & use	ed		\top		
36 Thermometers provided and accurate]	49		Warewashing	: installed, maintained, &	used: test strips				
Food Identification							Physical Fa	cilities				
Food properly labeled: original container				50		Hot & cold wa	ter available adequate p	ressure				
Prevention of Food Contamination				51		Plumbing inst	alled, proper backflow de	evices				
Insects, rodents, & animals not present		_		52			ste water properly dispo-			Щ.		
Contamination prevented during food preparation, storage & display Personal cleanliness	_			53			properly constructed, so			<u> </u>	\perp	
Fersonal cleaniness Wiping cloths: properly used & stored	-	<u> </u>	0	54	5.0		use properly disposed, f		ed	╄-	\perp	
Washing fruits & vegetables				55 56	X		ies installed, maintained			-	-	
72 Fracting nation of Aedicianics	1			20		Adequate ven	tilation & lighting, design	ated areas used			4	
Type of Operation:								License Pos	ted:	M	N	
Discussion with Person-in-Charge:				4						X	-	
ignature of Person in Charge:	recut r	٥	rk	~ ".				Follow-Up:		ر	N	
			,					Follow-Up D	ate:			
ignature of Person in Charge:			-					Date: 140	115-12	22	0	
									1-0/-	~		
Signature of Inspector:							·	Date: La I	15/102c	_	[



HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



Es	tablishmer	nt: starbour	5 # 1819	14			Date	10/15/2020	Page	_2_0	1_2
Ad	dress: 📊	Planiom	outles	pNd	unit A		Com	pliance Achieved:			
		Item / Location		Temp.	TEMPERATURE OBSERVA			To (T			770
	001= -	por/ambie	un l	40	нет / соещон		l'emp.	· Item / Location			Temp.
7 8	100	301 / CHINACE		70							
					OBSERVATIONS AND/OR CORRECT	IVE ACTION	S				
٧	Item Number	Section of Code			Description of	Violation				Dated C	corrected
			Back B	bom '	7					01 0	703
C	55	4 2ml 17 4									
~	30	2-201-15	T COULL	1 011 7	noor next to hardy by from well in dis	DES MY SI	nK	/ re machine is	\rightarrow		
			pcelin	game	19 40m moul judge	repair.	Re	baje conjud so o	41 24		
			is sm	nto.	and easily electrical	ile,					
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Sign:	ature of Pe	erson in Charge;		- No.				Date: 10	110	100	3
	ature of In	-	u)	1				Date: 10 /	15/	2020	>



HEALTH DIVISION 432 Daniel Wehster Highway Merrimack NH, 03054 (603) 420-1730



Es	tablishment: p	12210		Date	l Ø Å	zac	Pag	ge 1 of _2_	No. of I	Risk Factor/Intervention Vic	lations	4
Ac	idress: 🖵 co	Hinental Blud.						ne outil :15		Risk Factor/Intervention Vic		<u>a</u>
		lder: pizzico of Herriman LLC				egory:		<u></u>		Total Vio		
	nail:	E VEZ TO						a Liena	Inspection Statu			1.
	spection Type:	Routine Re-inspection Pre-c	noratio		٠. (-				340	Red	
	эрссион турс.	FOODBORNE ILLNESS R	peration		AB			nvestigation	Complain	t Other		
		Circle designated compliance status (IN, OUT,					DLL		in appropriate box	inc COS and/or B		
		IN = in compliance OUT= not in compliance NO	_			_	annl					
		The first of the f				1 - 1101	appi	iicabie CO3 -	corrected on-site R	= repeat violation		
Con	npliance Status	Supervision	CO	S R	-	Com	pliar	nce Status			cos	R
1	INOUT	Person in charge present, demonstrates knowledge and			-	_				n Contamination		
-		performs duties			_	15	1=	OUT N/A NO	Food separated and	protected		
2	IN DUT N/A	Certified Food Protection Manager			4	16	-	OUT N/A		es cleaned and sanitized		1
	16	Employee Health				17	IN	OUTWATIO	Proper disposition of reconditioned & unsa	returned, previously served, afe food		
3	INOUT	Management/food employees & conditional employee; knowledge, responsibilities and reporting							Time / Temperatur	e Control for Safety		
4	TUGAT	Proper use of restriction and exclusion			1	18	IN	OUT N/A(NO	Proper cooking time	and temperature	T	T
5	IN DUT	Procedures for responding to vomiting and diarrheal events			1	19	IN	OUT N/A		cedures for hot holding	+-	+
		Good Hygiene Practices			1	20	IN	OUT N/A(NO)	Proper cooling time a	and temperatures	+	†
6	IN OUT NO	Proper eating, tasting, drinking, or tobacco use				21	IN	DUT N/A NO	Proper hot holding te	mperatures	1	<u> </u>
7	IN OUT NO	No discharge from eyes, nose, mouth				22		OUT N/A NO	Proper cold holding t	emperatures		\top
		Preventing Contamination by Hands				23	IN(OUT N/A NO	Proper date marking	and disposition		
8 '	UN DUT NO			ŀ		24	IN-	ONTWANO	Time as a Public Hea	ilth Control; procedures and records		
9	INDUT N/A NO					1			Consumer	Advisory		
10	INDOUT	Adequate handwashing sinks properly supplied & accessible	e]	25		OUT N/A	Consumer advisory p	rovided for raw/undercooked foods	T	
		Approved Source				<u> </u>	,		Highly Suscepti	ble Populations		
11	(IN OUT	Food obtained from an approved source				26	IN:	OUT(N/A)	Pasteurized foods us	ed; prohibited foods not offered		
12	IN OUT N/ANO		-	-					d / Color Additives	and Toxic Substances		
14	IN OUT N/A NO	Food in good condition, safe & unadulterated	-	-		27	4000	OUT(N/A)		ved and properly used		
14		Req. records available: shell stock tags, parasite destruction				28	(N)	OUT N/A		perly identified, stored and used		
	Prevalent co	are improper practices or procedures identified as the ntributing factors of foodborne illness or injury. Public I are control measures to prevent foodborne illness or i	most tealth				1	Co	nformance with A	pproved Procedures		
	Interventions	are control measures to prevent foodborne illness or i	njury,			19	IN €	OUT N/A	Compliance with varia	nce/specialized process/HACCP		
			COOD I									
6.4	de form to be a second	Good retail practices are preventative measure										
IVIAI	K A IN DOX IT NU	mbered item is not in compliance Mark "X" on a	ppropri	ate box	for	COS a	nd/o	r COS =	corrected on-site d	uring inspection R=repeat	violation	
Com	pliance Status		cos	R		Comp	lianc	e Status			cos	R
		Safe Food and Water					-	,	Proper Use	of Utensils		
30		d eggs used where required	-	-		43		In-use utensil	s properly stored			
31		e from approved source		-	-	44				ly stored, dried, & handled	\sqcup	
32	Variance	btained for specialized processing methods			-	45		7	ngle-service articles: pr	operly stored & used	\sqcup	\Box
33	Proper co	Food Temperature Control ling methods used: adequate equipment for temp. control		_	-	46	1	Gloves used p				_
34		properly cooked for hot holding	-	+	-	47			Utensils, Equipme			
35		hawing methods used	-		-	48		_	r-food contact surfaces		\longrightarrow	
36		ters provided and accurate	+	1	ŀ	49			: installed, maintained,		\vdash	\dashv
		Food Identification		-		43		warewas:iiig.	Physical F			
37	Food prop	erly labeled: original container	1		ŀ	50 T		Hot & cold wat	ter available adequate			-
		Prevention of Food Contamination	-		ı	51		-	alled, proper backflow		\vdash	\dashv
38	Insects, ro	dents, & animals not present	T		F	52			ste water properly disp		-	\dashv
39	Contamina	tion prevented during food preparation, storage & display				53			properly constructed,		-	\dashv
40	Personal c	eanliness				54		1	use properly disposed,			7
41	Wiping do	hs: properly used & stored				55			ies înstalled, maintaine			\dashv
42	Washing fr	uits & vegetables				56			tilation & lighting, desig			
Tree	a of Operation										A.	
	e of Operation									License Posted: (Y) N	
Disc	cussion with Pe	rson-in-Charge:								Follow-Up:	Y (N	j)
										Follow-Up Date:	-	
Sian	ature of Perso	o in Charme: S										\dashv
			<u>d</u>						<u>. </u>	Date: 10 12 20		\Box
Sign	nature of Insper	ctor: > 127 //								Date: 16/12/10/0		- [



HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



		nt: Pizzaco		ite Iti	culican D		10 112 12020			1_2_			
Add	dress: 🕂	continental	Blud.			Complia	ance Achieved: 101	121202	<u> </u>				
		T- 17 -1			TEMPERATURE OBSERVATIONS								
		Item / Location		Temp.	Item / Location	Temp.	· Item / Local	lion		Тетр.			
		t Hat Hord		140									
10	W Chi	chen / in-li	7-2	4-1									
			_		W1-W - W1								
						-							
	4.			OF	SERVATIONS AND/OR CORRECTIVE AC	TIONS							
V	Item Number	Section of Code			Description of Violation					COS			
			Kitchen										
00	_			-4									
PS	23	3-501-17-	Observe	ed som	e tood items in woulk -in	ref. po	st properly		ک	<u> 25 - </u>			
			Acte m	curred.	discussed date marking	ricing with chef. violation							
					nedtately.								
		1											
_													
				* DTS	cossed barrier guidelines	with P	<u>rc</u>						
		1			mooth , easily cleanable, ,			al only					
					s feet full from floor			1					
						0.1-4							
-	- hi			- 1	to barrier may be with	th ra inc	ws or a spor	KIET N	ecka.				
\dashv				 									
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		<u> </u>											
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	-1		<u> </u>	40	<i>N</i>		B-4	- I					
		erson in Charge:	- Ou		uchmend		Date: (0 112/2	<u> 20</u>				
Sign	ature of li	nspector: کار	1 12	//			Date: No	112/2	070				



HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



Est	ablishment: 🔈	[Date Di		9/20 Page		1 of 2	No. of Risk Factor/Intervention Violation			dations	Ø	
		ow Highway	Т	īme i	n z :	ıs	Time	out2: 45	No. of Repeat Ris	sk Factor/Int	tervention Via	lations	Ø
Ow	ner/Permit Hold	er. Arya LLC	_	Risk C			12				Total Vio	lations	/~/
Em		- Mar CC		hone		a -	<u> </u>		Inspection Status:	Green		Red	1
	pection Type:	Routine Re-inspection Pre-op	eration:		_	Illnor	a lave	notication	Complaint	Othe		1100	
1115	bection type.	Re-inspection Pre-op FOODBORNE ILLNESS RIS						estigation		Ottie	31		
		Circle designated compliance status (IN, OUT, N				_	JEHIC I		in appropriate box for	COS and/or	R		
		IN = in compliance OUT= not in compliance NO =					annlic						
		The machine of the companion reserves							DOTTOGGG OTT SILO TE	Topour Violet			
Com	pliance Status	\$	cos	R		Com	plianc	e Status	Protection from	Caracians		COS	R
	To Australia	Supervision Person in charge present, demonstrates knowledge and		1		àr	1,00		T		J.A.		-T
1	(N) UT	performs duties	+			15		UT N/A/NO	Food separated and pr				-
2	IN OUT N/A	Certified Food Protection Manager		L.,				UT N/A	Food-contact surfaces Proper disposition or re				
		Employee Health				17	ס או	LE N/A NO	reconditioned & unsafe				丄
3	IN UT	Management/food employees & conditional employee; knowledge, responsibilities and reporting							Time / Temperature	Control for S	afety		
4	N OUT	Proper use of restriction and exclusion				18	INO	UT N/ANO	Proper cooking time ar	nd temperature			
5	INDOUT	Procedures for responding to vomiting and diarrheal events				19	+	UT N/AND	Proper reheating proce	dures for hot ho	olding	\bot	\bot
		Good Hygiene Practices	_			20	-	UT N/ANO	Proper cooling time and			\bot	-
6	IN OUT NO	Proper eating, tasting, drinking, or tobacco use	+	\vdash		21		UT N/ANO	Proper hot holding tem			+	+
7	IN OUT	No discharge from eyes, nose, mouth				22		UT N/A	Proper cold holding ten			_	+
	LIVOUT	Preventing Contamination by Hands				23	_	UT NIA NO	Proper date marking ar				
8	IN OUT N/A TO	Hands clean & properly washed No bare hand contact with RTE food	+-	\vdash	-	24	INO	U (N/A)NO	Time as a Public Health		dures and record	5	
10	TUO T N/A	Adequate handwashing sinks properly supplied & accessible	+-	\vdash	-	25	LINIO	JT(N/A	Consumer A		nderranked foods		· T
10	4	Approved Source		\vdash	-	20	IN O	siles.	Highly Susceptibl				
11	(NOUT	Food obtained from an approved source	T	Т	Ì	26	INO	UT(N/A)	Pasteurized foods used				T
12	IN OUT N/A/NO)	Food received at proper temperature	-		ŀ			Foo	d / Color Additives a				
13	IN OUT	Food in good condition, safe & unadulterated			ľ	27	IN O	UT N/A	Food additives; approve	ed and properly	used		T
14	IN OUT N/A 10	Req. records available: shell stock tags, parasite destruction				28	INO	JT N/A	Toxic substances prope	rly identified, st	ored and used		
	Risk factors a	re improper practices or procedures identified as the	nost					C	onformance with Ap	proved Proce	dures		
	Interventions a	re improper practices or procedures identified as the r ributing factors of foodbome illness or injury. Public H are control measures to prevent foodborne illness or ir	gaith ijury.		Ī	19	IN O	JT(N/A)	Compliance with variant	ce/specialized p	rocess/HACCP		
			OOD R	ETAL	L Pi	RACT	TCES						
		Good retail practices are preventative measure	s to contro	ol the ac	dditio	n of pa	thogen						
Mar	k "X" in box if num	bered item is not in compliance Mark "X" on a	propriat	e box	for (cos a	nd/or	COS	=corrected on-site dur	ring inspection	n R=repeat	violation	n
omj	oliance Status	·	cos	R	(Comp	liance	Status				cos	R
		Safe Food and Water							Proper Use of	Utensils	4		
30	 	eggs used where required		Ш	-	43			ils properly stored				1
31		from approved source		\vdash	ŀ	44			ipment & linens; properly			+-	-
32	Variance ob	tained for specialized processing methods		Щ	-	45			ingle-service articles; pro	peny stored & u	sed	+	
33	Proper cooli	Food Temperature Control ng methods used: adequate equipment for temp, control	1		H	40		Gloves used	Utensils, Equipmen	et and Vandin	vitor*		
34		roperly cooked for hot holding		\vdash	-	47 -		Food and no	n-food contact surfaces c			T	
35		awing methods used			F	48			igned, constructed, & use				
36	Thermomete	ers provided and accurate		П		49		Warewashing	g: installed, maintained, &	used: test strip	18		
		Food Identification							Physical Fa	cilities			
37	Food proper	ly labeled: original container			_	50		Hot & cold wa	ater available adequate p	ressure		+	\perp
		Prevention of Food Contamination	1			51			talled, proper backflow de			+	\vdash
38		ants, & animals not present			-	52			aste water properly dispo-			+	\vdash
39		on prevented during food preparation, storage & display	+		F	53	\rightarrow		s properly constructed, si			+	\vdash
40	Personal cle		 		H	54 55			efuse properly disposed, f		nea	+	\vdash
42		s: properly used & stored ts & vegetables	+		\vdash	56			ntilation & lighting, design		d	+	\vdash
	vraorini gira												
٠٧٦	e of Operation:	continental Breakfast								License Po	sted:	(Y)	N
		son-in-Charge:								Follow-Up:		Y	N
		-								Follow-Up I	Date:		_
		——————————————————————————————————————									_		-
		in Charge: Thempely Sear	<u> </u>							Date: ((19 (20	۲.	
	Inspect	tor: San ()							Date: 10	1912020		



HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



Es	tablishmer	t Quality In	n		Date: o	1912020	Page	2 of 2
Ad	dress: 2_4	1: Quality Inc	201		Complian	ce Achieved: 10/0	112020	
				TEMPERATURE OBSERVA	TIONS			
		Item / Location	Temp.	Item / Location	Тетр.	· Item / Locat	ion	Temp.
		· · · · · · · · · · · · · · · · · · ·						_
		·						
			OBS	ERVATIONS AND/OR CORRECT	TVE ACTIONS			
V	Item Number	Section of Code		Description of	Violation		i	Dated Corrected or COS
								_
	<u> </u>							 -
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	_							
			-					
			مان محا	bottons found du	ring time of	inspection.		
					V			
				ental breakfast	· · l · «uxcodiroli»	i la Out	in la	
			* Contin	SULTAN PLACEMENT	DOL COLLEGE	405 10 COR		
			goile	ires.				
				<u> </u>				
								
_				<u> </u>				
				1				
Sign	nature of P	erson in Charge:	leinbell e	lean		Date: (c	01912	0
Sig	nature of Ir	spector:	5.12			Date: (c	>/9/20	20



HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



Est	tablishment: Քե	liday Inn Express		Date	0/	2/202	Pag	ge 1 of _ 7 _	No. of Risk Factor/Intervention Violations				
Ade	dress: 4 Am	erst Rood		Time	int	1:00	Tim	e out 1:25	No. of Repeat R	isk Factor/Int	ervention Viola	itions	Ø
		er: Roedel componics U.C.				tegory	_				Total Viola		3
		s@ roedel companies. com					200	129 - A(OT)	Inspection Status	Green		Red	
	pection Type:	(Routine) Re-inspection Pre-op						vestigation	Complaint	Othe			
-		FOODBORNE ILLNESS RIS			Š A					Oth	<u>-</u>		
		Circle designated compliance status (IN, OUT, N					, LPLIE		in appropriate box fo	r COS and/or	R		
		IN = in compliance OUT= not in compliance NO =		<u> </u>	_		t appl	-					
Com	pliance Status											1000	
COIL	phance Status	Supervision	cos	R	\dashv	Con	ipiian	ice Status	Protection from	Contaminatio	3PI	cos	R
1	ТИФИТ	Person in charge present, demonstrates knowledge and	T			15	FINI	QUT N/A NO	Food separated and p		, II	T	Т
2	(IN)OUT N/A	Certified Food Protection Manager	+-	+	4	16	-	OUT N/A			-Min-d	+	\vdash
_	CISCOT IOA	Employee Health			+		-		Food-contact surface: Proper disposition or r			+	+
	6	Management/food employees & conditional employee;	1		4	17	IN	OUT N/A NO	reconditioned & unsaf	e food			上
3	(NOUT	knowledge, responsibilities and reporting	-						Time / Temperature	Control for S	afety		
4	NOUT	Proper use of restriction and exclusion		\perp	4	18	_	OUT N/A NO	Proper cooking time a	nd temperature		<u> </u>	_
5	TUQM	Procedures for responding to vomiting and diarrheal events			-	19	-	OUT N/A(NO)	Proper reheating proc		olding	—	<u> </u>
6	IN OUT (NO)	Good Hygiene Practices Proper eating, tasting, drinking, or tobacco use	-	1	-	20	_	OUT N/A (10)	Proper cooling time ar			├─	₩
7	IN OUT (NO	No discharge from eyes, nose, mouth	+	+	-	22	-	OUT N/A (IO)	Proper hot holding ten Proper cold holding te			\vdash	\vdash
	1 4	Preventing Contamination by Hands			+	23	4000	DUT N/A NO	Proper date marking a	·		-	\vdash
8	IN OUT NO	Hands clean & properly washed	T	T	1	24		OUT N/A NO	Time as a Public Healt		dures and records	-	H
9	IN OUT N/A (O)	No bare hand contact with RTE food			1				Consumer	· · · · · · · · · · · · · · · · · · ·			
10	NOUT	Adequate handwashing sinks properly supplied & accessible			1	25	IN	OU (N/A)	Consumer advisory pro		dercooked foods	<u> </u>	
		Approved Source							Highly Susceptib	le Population	8		
11	TUCINI	Food obtained from an approved source	-	_	1	26	IN:	OUT(N/A)	Pasteurized foods use	d; prohibited food	is not offered		
12	IN OUT N/ NO	Food received at proper temperature	-	-	-		1 .	The second second	d / Color Additives a				
13	IN OUT (N/A) NO	Food in good condition, safe & unadulterated	-		-	27	100	OUT(N/2)	Food additives: approv				Ш
14		Req. records available; shell stock tags, parasite destruction			1	28		DUT N/A	Toxic substances prop				
	Prevalent conf	re improper practices or procedures identified as the n tributing factors of foodbome illness or injury. Public He are control measures to prevent foodborne illness or in	ost ealth				1	4	onformance with A				
	Interventions a	are control measures to prevent foodborne illness or in	lury.		L	19	IN (OUT	Compliance with varian	ice/specialized pi	rocess/HACCP		
					-	PRACI							
Mar	k "X" in box if num	Good retail practices are preventative measures bered item is not in compliance Mark "X" on ap							and physical objects into -corrected on-site du		R=repeat v	iolation	
										9			
omp	oliance Status	Safe Food and Water	cos	R	1	Comp	ollanc	e Status	Proper Use o	flitamella		cos	R
30	Pasteurized	eggs used where required		Т		43	Τ	In-use utensil	Is properly stored	1 Ottalians			\dashv
31	Water & Ice	from approved source	1		1	44			ipment & linens; properly	y stored, dried, &	handled		
32	Variance ob	tained for specialized processing methods				45		Single-use/si	ngle-service articles: pro	perly stored & us	sed		
		Food Temperature Control				46		Gloves used	properly				
33	Proper cooli	ng methods used: adequate equipment for temp. control		-					Utensils, Equipmer	nt and Vendin	5		
34	<u> </u>	roperly cooked for hot holding				47 ·		_	n-food contact surfaces			\rightarrow	_
35 36		awing methods used		-		48			gned, constructed, & use				\dashv
20	rnemomete	ers provided and accurate Food Identification		<u> </u>		49	L	vvarewasning	: installed, maintained, &	·····	5		
37	Food proper	ly labeled: original container	<u></u>	T		50	T	Hot & cold wa	iter available adequate p				-
		Prevention of Food Contamination		-	6	51	X		alled, proper backflow d			\neg	\dashv
38	Insects, rode	ents. & animals not present				52		Sewage & wa	ste water property dispo	sed		\neg	\neg
39	Contamination	on prevented during food preparation, storage & display				53		Toilet facilities	s properly constructed, s	upplied, & deane	ed		
40	Personal de	anliness				54		Garbage & ref	fuse properly disposed,	facilities maintair	ned		\Box
41		s: properly used & stored				55		Physical facilit	ties installed, maintained	l, & clean			
42	Washing frui	ts & vegetables				56		Adequate ven	tilation & lighting, design	nated areas used			_
Τγρ	e of Operation:									License Po	sted: (Y) N	
	ussion with Per	eon-in-Charge							•			-	7
J130	GOSIOIT WIDT FEI	sori-in-orlarge.							[Follow-Up:		Y ()	7
		Ω								Follow-Up D	pate:	/	
Sign	ature of Person	in Charge: WJON WORK	_							Date: i	0/2/	みじ)
Sign	ature of inspect	or:								Date: 10 /	212020		\neg
-										1 1 1 1			



HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



Estab	olishmen	Horiday :	ton				Date: (o	12/2020	Page _2	_of _7_			
Addre	ess: 4	Amherst R	oad				Compliance Achieved:						
					TEMPERATURE OBSE	RVATIONS							
		Item / Location		Temp.	Item / Location	7	Temp.	· Item / Locatio	п	Temp.			
Tiez	<u>а фо</u> о	(/ Ambient		39'	<u> </u>								
										_			
1	11			OBS	ERVATIONS AND/OR CORI	RECTIVE ACTION	is						
V	Item Number	Section of Code			Description	on of Violation				ed Corrected or COS			
			Kitonen										
_									la l				
C	51	5-205-15	- Herudu	nis Assoc	IC by 3-bay sin	K ; hot w	cher k	not not tune	HOLING.				
+			re pair	so ho	t water was i	6 function	ng pri	operly.					
	7												
\dashv		16											
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		_		NI.	an mandill on but	Set / win	ima Isfa	of sorrisco					
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Signati	ure of Pe	erson in Charge:	Allan	Der	1/	-		Date: \8	12/2	6			
		spector:	VOC	10.	-		-	Date: 10					