



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|---|-------------------------|--|---|
| Establishment: Able Ebenezer | Date: 12/29/22 | Page 1 of 2 | No. of Risk Factor/Intervention Violations: 0 |
| Address: 31 Colombia Circle | Time in: 12:00 | Time out: 12:30 | No. of Repeat Risk Factor/Intervention Violations: 0 |
| Owner/Permit Holder: Able Ebenezer Brewing Co. | Risk Category: C | Total Violations: 0 | |
| Email: | Phone: | Inspection Status: Green Yellow Red | |
| Inspection Type: Routine | Re-inspection | Pre-operational | Illness Investigation |
| Complaint | Other: | | |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, NO) for each item

Mark "X" in appropriate box for COS and/or R

IN = in compliance OUT = not in compliance NO = not observed N/A = not applicable COS = corrected on-site R = repeat violation

| Compliance Status | | COS | R |
|--|---------------|-----|---|
| Supervision | | | |
| 1 | IN OUT | | |
| 2 | IN OUT N/A | | |
| Employee Health | | | |
| 3 | IN OUT | | |
| 4 | IN OUT | | |
| 5 | IN OUT | | |
| Good Hygiene Practices | | | |
| 6 | IN OUT NO | | |
| 7 | IN OUT NO | | |
| Preventing Contamination by Hands | | | |
| 8 | IN OUT NO | | |
| 9 | IN OUT N/A NO | | |
| 10 | IN OUT | | |
| Approved Source | | | |
| 11 | IN OUT | | |
| 12 | IN OUT N/A NO | | |
| 13 | IN OUT | | |
| 14 | IN OUT N/A NO | | |
| <p>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 illness or injury.</p> | | | |

| Compliance Status | | COS | R |
|--|---------------|-----|---|
| Protection from Contamination | | | |
| 15 | IN OUT N/A NO | | |
| 16 | IN OUT N/A | | |
| 17 | IN OUT N/A NO | | |
| Time / Temperature Control for Safety | | | |
| 18 | IN OUT N/A NO | | |
| 19 | IN OUT N/A NO | | |
| 20 | IN OUT N/A NO | | |
| 21 | IN OUT N/A NO | | |
| 22 | IN OUT N/A NO | | |
| 23 | IN OUT N/A NO | | |
| 24 | IN OUT N/A NO | | |
| Consumer Advisory | | | |
| 25 | IN OUT N/A | | |
| Highly Susceptible Populations | | | |
| 26 | IN OUT N/A | | |
| Food / Color Additives and Toxic Substances | | | |
| 27 | IN OUT N/A | | |
| 28 | IN OUT N/A | | |
| Conformance with Approved Procedures | | | |
| 29 | IN OUT N/A | | |

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is not in compliance

Mark "X" on appropriate box for COS and/or

COS = corrected on-site during inspection

R = repeat violation

| Compliance Status | | COS | R |
|---|--|-----|---|
| Safe Food and Water | | | |
| 30 | Pasteurized eggs used where required | | |
| 31 | Water & Ice from approved source | | |
| 32 | Variance obtained for specialized processing methods | | |
| Food Temperature Control | | | |
| 33 | Proper cooling methods used: adequate equipment for temp. control | | |
| 34 | Plant food properly cooked for hot holding | | |
| 35 | Approved thawing methods used | | |
| 36 | Thermometers provided and accurate | | |
| Food Identification | | | |
| 37 | Food properly labeled: original container | | |
| Prevention of Food Contamination | | | |
| 38 | Insects, rodents, & animals not present | | |
| 39 | Contamination prevented during food preparation, storage & display | | |
| 40 | Personal cleanliness | | |
| 41 | Wiping cloths: properly used & stored | | |
| 42 | Washing fruits & vegetables | | |

| Compliance Status | | COS | R |
|--|---|-----|---|
| Proper Use of Utensils | | | |
| 43 | In-use utensils properly stored | | |
| 44 | Utensils, equipment & linens: properly stored, dried, & handled | | |
| 45 | Single-use/single-service articles: properly stored & used | | |
| 46 | Gloves used properly | | |
| Utensils, Equipment and Vending | | | |
| 47 | Food and non-food contact surfaces cleanable, | | |
| 48 | Properly designed, constructed, & used | | |
| 49 | Warewashing: installed, maintained, & used: test strips | | |
| Physical Facilities | | | |
| 50 | Hot & cold water available adequate pressure | | |
| 51 | Plumbing installed, proper backflow devices | | |
| 52 | Sewage & waste water properly disposed | | |
| 53 | Toilet facilities properly constructed, supplied, & cleaned | | |
| 54 | Garbage & refuse properly disposed, facilities maintained | | |
| 55 | Physical facilities installed, maintained, & clean | | |
| 56 | Adequate ventilation & lighting, designated areas used | | |

Type of Operation:

Discussion with Person-in-Charge:

License Posted: **Y** **N**

Follow-Up: **Y** **N**

Follow-Up Date:

Signature of Person in Charge: *[Signature]*

Date:

Signature of Inspector: *[Signature]*

Date: **12/29/2022**

Date: 4/29/2022



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|--|-------------------------|--|--|
| Establishment: <u>Axel's Ice Cream</u> | Date: <u>4/29/22</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations <u>0</u> |
| Address: <u>LOB DW Highway</u> | Time in: <u>11:00</u> | Time out: <u>11:30</u> | No. of Repeat Risk Factor/Intervention Violations <u>0</u> |
| Owner/Permit Holder: <u>Axel's Place LLC</u> | Risk Category: <u>C</u> | Total Violations <u>0</u> | |
| Email: | Phone: | Inspection Status: <u>Green</u> Yellow Red | |

| | | | | | |
|---------------------------------|---------------|-----------------|-----------------------|-----------|-------|
| Inspection Type: <u>Routine</u> | Re-inspection | Pre-operational | Illness Investigation | Complaint | Other |
|---------------------------------|---------------|-----------------|-----------------------|-----------|-------|

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, NO) for each item

Mark "X" in appropriate box for COS and/or R

IN = in compliance OUT = not in compliance NO = not observed N/A = not applicable COS = corrected on-site R = repeat violation

| Compliance Status | | COS | R |
|---|----------------------|-----|---|
| Supervision | | | |
| 1 | <u>IN</u> OUT | | |
| Person in charge present, demonstrates knowledge and performs duties | | | |
| 2 | <u>IN</u> OUT N/A | | |
| Certified Food Protection Manager | | | |
| Employee Health | | | |
| 3 | <u>IN</u> OUT | | |
| Management/food employees & conditional employees; knowledge, responsibilities and reporting | | | |
| 4 | <u>IN</u> OUT | | |
| Proper use of restriction and exclusion | | | |
| 5 | <u>IN</u> OUT | | |
| Procedures for responding to vomiting and diarrheal events | | | |
| Good Hygiene Practices | | | |
| 6 | IN OUT <u>NO</u> | | |
| Proper eating, tasting, drinking, or tobacco use | | | |
| 7 | IN OUT <u>NO</u> | | |
| No discharge from eyes, nose, mouth | | | |
| Preventing Contamination by Hands | | | |
| 8 | <u>IN</u> OUT NO | | |
| Hands clean & properly washed | | | |
| 9 | <u>IN</u> OUT N/A NO | | |
| No bare hand contact with RTE food | | | |
| 10 | <u>IN</u> OUT | | |
| Adequate handwashing sinks properly supplied & accessible | | | |
| Approved Source | | | |
| 11 | <u>IN</u> OUT | | |
| Food obtained from an approved source | | | |
| 12 | IN OUT N/A <u>NO</u> | | |
| Food received at proper temperature | | | |
| 13 | <u>IN</u> OUT | | |
| Food in good condition, safe & unadulterated | | | |
| 14 | IN OUT N/A <u>NO</u> | | |
| Req. records available: shell stock tags, parasite destruction | | | |
| 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 illness or injury. | | | |

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is not in compliance Mark "X" on appropriate box for COS and/or COS = corrected on-site during inspection R = repeat violation

| Compliance Status | | COS | R |
|--|--|-----|---|
| Safe Food and Water | | | |
| 30 | | | |
| Pasteurized eggs used where required | | | |
| 31 | | | |
| Water & Ice from approved source | | | |
| 32 | | | |
| Variance obtained for specialized processing methods | | | |
| Food Temperature Control | | | |
| 33 | | | |
| Proper cooling methods used: adequate equipment for temp. control | | | |
| 34 | | | |
| Plant food properly cooked for hot holding | | | |
| 35 | | | |
| Approved thawing methods used | | | |
| 36 | | | |
| Thermometers provided and accurate | | | |
| Food Identification | | | |
| 37 | | | |
| Food properly labeled: original container | | | |
| Prevention of Food Contamination | | | |
| 38 | | | |
| Insects, rodents, & animals not present | | | |
| 39 | | | |
| Contamination prevented during food preparation, storage & display | | | |
| 40 | | | |
| Personal cleanliness | | | |
| 41 | | | |
| Wiping cloths: properly used & stored | | | |
| 42 | | | |
| Washing fruits & vegetables | | | |

| Compliance Status | | COS | R |
|---|--|-----|---|
| Proper Use of Utensils | | | |
| 43 | | | |
| In-use utensils properly stored | | | |
| 44 | | | |
| Utensils, equipment & linens: properly stored, dried, & handled | | | |
| 45 | | | |
| Single-use/single-service articles: properly stored & used | | | |
| 46 | | | |
| Gloves used properly | | | |
| Utensils, Equipment and Vending | | | |
| 47 | | | |
| Food and non-food contact surfaces cleanable, | | | |
| 48 | | | |
| Properly designed, constructed, & used | | | |
| 49 | | | |
| Warewashing: installed, maintained, & used: test strips | | | |
| Physical Facilities | | | |
| 50 | | | |
| Hot & cold water available adequate pressure | | | |
| 51 | | | |
| Plumbing installed, proper backflow devices | | | |
| 52 | | | |
| Sewage & waste water properly disposed | | | |
| 53 | | | |
| Toilet facilities properly constructed, supplied, & cleaned | | | |
| 54 | | | |
| Garbage & refuse properly disposed, facilities maintained | | | |
| 55 | | | |
| Physical facilities installed, maintained, & clean | | | |
| 56 | | | |
| Adequate ventilation & lighting, designated areas used | | | |

| | |
|---|-----------------------------------|
| Type of Operation: | License Posted: <u>Y</u> <u>N</u> |
| Discussion with Person-in-Charge: | Follow-Up: <u>Y</u> <u>N</u> |
| | Follow-Up Date: |
| Signature of Person in Charge: <u>Roman</u> | Date: |
| Signature of Inspector: <u>Eric</u> | Date: <u>4/29/2022</u> |

Date: 4/29/2022



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | | | |
|---|------------------|--------------------------|---|-----------|-------|
| Establishment: Wasserman Park function Hall | Date: 4/29/22 | Page 1 of 2 | No. of Risk Factor/Intervention Violations | 0 | |
| Address: 116 Naticook Road | Time in: 10:00 | Time out: 10:30 | No. of Repeat Risk Factor/Intervention Violations | 0 | |
| Owner/Permit Holder: Town of Merrimack | Risk Category: 0 | | Total Violations | 0 | |
| Email: | Phone: | Inspection Status: Green | Yellow | Red | |
| Inspection Type: Routine | Re-inspection | Pre-operational | Illness Investigation | Complaint | Other |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, NO) for each item

Mark "X" in appropriate box for COS and/or R

IN = in compliance OUT = not in compliance NO = not observed N/A = not applicable COS = corrected on-site R = repeat violation

| Compliance Status | | COS | R |
|---|---------------|-----|---|
| Supervision | | | |
| 1 | IN OUT | | |
| Person in charge present, demonstrates knowledge and performs duties | | | |
| 2 | IN OUT N/A | | |
| Certified Food Protection Manager | | | |
| Employee Health | | | |
| 3 | IN OUT | | |
| Management/food employees & conditional employee: knowledge, responsibilities and reporting | | | |
| 4 | IN OUT | | |
| Proper use of restriction and exclusion | | | |
| 5 | IN OUT | | |
| Procedures for responding to vomiting and diarrheal events | | | |
| Good Hygiene Practices | | | |
| 6 | IN OUT NO | | |
| Proper eating, tasting, drinking, or tobacco use | | | |
| 7 | IN OUT NO | | |
| No discharge from eyes, nose, mouth | | | |
| Preventing Contamination by Hands | | | |
| 8 | IN OUT NO | | |
| Hands clean & properly washed | | | |
| 9 | IN OUT N/A NO | | |
| No bare hand contact with RTE food | | | |
| 10 | IN OUT | | |
| Adequate handwashing sinks properly supplied & accessible | | | |
| Approved Source | | | |
| 11 | IN OUT | | |
| Food obtained from an approved source | | | |
| 12 | IN OUT N/A NO | | |
| Food received at proper temperature | | | |
| 13 | IN OUT | | |
| Food in good condition, safe & unadulterated | | | |
| 14 | IN OUT N/A NO | | |
| Req. records available: shell stock tags, parasite destruction | | | |
| 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 illness or injury. | | | |

| Compliance Status | | COS | R |
|--|---------------|-----|---|
| Protection from Contamination | | | |
| 15 | IN OUT N/A NO | | |
| Food separated and protected | | | |
| 16 | IN OUT N/A | | |
| Food-contact surfaces cleaned and sanitized | | | |
| 17 | IN OUT N/A NO | | |
| Proper disposition or returned, previously served, reconditioned & unsafe food | | | |
| Time / Temperature Control for Safety | | | |
| 18 | IN OUT N/A NO | | |
| Proper cooking time and temperature | | | |
| 19 | IN OUT N/A NO | | |
| Proper reheating procedures for hot holding | | | |
| 20 | IN OUT N/A NO | | |
| Proper cooling time and temperatures | | | |
| 21 | IN OUT N/A NO | | |
| Proper hot holding temperatures | | | |
| 22 | IN OUT N/A NO | | |
| Proper cold holding temperatures | | | |
| 23 | IN OUT N/A NO | | |
| Proper date marking and disposition | | | |
| 24 | IN OUT N/A NO | | |
| Time as a Public Health Control: procedures and records | | | |
| Consumer Advisory | | | |
| 25 | IN OUT N/A | | |
| Consumer advisory provided for raw/undercooked foods | | | |
| Highly Susceptible Populations | | | |
| 26 | IN OUT N/A | | |
| Pasteurized foods used; prohibited foods not offered | | | |
| Food / Color Additives and Toxic Substances | | | |
| 27 | IN OUT N/A | | |
| Food additives: approved and properly used | | | |
| 28 | IN OUT N/A | | |
| Toxic substances properly identified, stored and used | | | |
| Conformance with Approved Procedures | | | |
| 19 | IN OUT N/A | | |
| Compliance with variance/specialized process/HACCP | | | |

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is not in compliance

Mark "X" on appropriate box for COS and/or

COS = corrected on-site during inspection

R = repeat violation

| Compliance Status | | COS | R |
|--|--|-----|---|
| Safe Food and Water | | | |
| 30 | | | |
| Pasteurized eggs used where required | | | |
| 31 | | | |
| Water & Ice from approved source | | | |
| 32 | | | |
| Variance obtained for specialized processing methods | | | |
| Food Temperature Control | | | |
| 33 | | | |
| Proper cooling methods used: adequate equipment for temp. control | | | |
| 34 | | | |
| Plant food properly cooked for hot holding | | | |
| 35 | | | |
| Approved thawing methods used | | | |
| 36 | | | |
| Thermometers provided and accurate | | | |
| Food Identification | | | |
| 37 | | | |
| Food properly labeled: original container | | | |
| Prevention of Food Contamination | | | |
| 38 | | | |
| Insects, rodents, & animals not present | | | |
| 39 | | | |
| Contamination prevented during food preparation, storage & display | | | |
| 40 | | | |
| Personal cleanliness | | | |
| 41 | | | |
| Wiping cloths: properly used & stored | | | |
| 42 | | | |
| Washing fruits & vegetables | | | |

| Compliance Status | | COS | R |
|---|--|-----|---|
| Proper Use of Utensils | | | |
| 43 | | | |
| In-use utensils properly stored | | | |
| 44 | | | |
| Utensils, equipment & linens: properly stored, dried, & handled | | | |
| 45 | | | |
| Single-use/single-service articles: properly stored & used | | | |
| 46 | | | |
| Gloves used properly | | | |
| Utensils, Equipment and Vending | | | |
| 47 | | | |
| Food and non-food contact surfaces cleanable, | | | |
| 48 | | | |
| Properly designed, constructed, & used | | | |
| 49 | | | |
| Warewashing: installed, maintained, & used: test strips | | | |
| Physical Facilities | | | |
| 50 | | | |
| Hot & cold water available adequate pressure | | | |
| 51 | | | |
| Plumbing installed, proper backflow devices | | | |
| 52 | | | |
| Sewage & waste water properly disposed | | | |
| 53 | | | |
| Toilet facilities properly constructed, supplied, & cleaned | | | |
| 54 | | | |
| Garbage & refuse properly disposed, facilities maintained | | | |
| 55 | | | |
| Physical facilities installed, maintained, & clean | | | |
| 56 | | | |
| Adequate ventilation & lighting, designated areas used | | | |

Type of Operation:

Discussion with Person-in-Charge:

Signature of Person in Charge:

Signature of Inspector:

License Posted:

Follow-Up:

Follow-Up Date:

Date:

Date: 4/29/2022

Date: 4/29/2017



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|--|----------------------|--|--|
| Establishment: <u>McDonalds</u> | Date: <u>4/26/22</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations <u>0</u> |
| Address: <u>9 Dobson Way</u> | Time in: <u>1:00</u> | Time out: <u>1:45</u> | No. of Repeat Risk Factor/Intervention Violations <u>0</u> |
| Owner/Permit Holder: <u>JBK Management LLC</u> | Risk Category: | Total Violations <u>0</u> | |
| Email: | Phone: | Inspection Status: <u>Green</u> Yellow Red | |

| | | | | | |
|--|---------------|-----------------|-----------------------|-----------|-------|
| Inspection Type: <u>Routine</u> | Re-inspection | Pre-operational | Illness Investigation | Complaint | Other |
| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS | | | | | |
| Circle designated compliance status (IN, OUT, N/A, NO) for each item Mark "X" in appropriate box for COS and/or R | | | | | |
| IN = in compliance OUT = not in compliance NO = not observed N/A = not applicable COS = corrected on-site R = repeat violation | | | | | |

| Compliance Status | | COS | R |
|--|----------------------|-----|---|
| Supervision | | | |
| 1 | <u>IN</u> OUT | | |
| 2 | <u>IN</u> OUT N/A | | |
| Employee Health | | | |
| 3 | <u>IN</u> OUT | | |
| 4 | <u>IN</u> OUT | | |
| 5 | <u>IN</u> OUT | | |
| Good Hygiene Practices | | | |
| 6 | IN OUT <u>NO</u> | | |
| 7 | IN OUT <u>NO</u> | | |
| Preventing Contamination by Hands | | | |
| 8 | <u>IN</u> OUT NO | | |
| 9 | <u>IN</u> OUT N/A NO | | |
| 10 | <u>IN</u> OUT | | |
| Approved Source | | | |
| 11 | <u>IN</u> OUT | | |
| 12 | IN OUT N/A <u>NO</u> | | |
| 13 | <u>IN</u> OUT | | |
| 14 | IN OUT N/A NO | | |

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 illness or injury.

| Compliance Status | | COS | R |
|--|----------------------|-----|---|
| Protection from Contamination | | | |
| 15 | <u>IN</u> OUT N/A NO | | |
| 16 | <u>IN</u> OUT N/A | | |
| 17 | IN OUT <u>N/A</u> NO | | |
| Time / Temperature Control for Safety | | | |
| 18 | IN OUT N/A <u>NO</u> | | |
| 19 | IN OUT N/A <u>NO</u> | | |
| 20 | IN OUT N/A <u>NO</u> | | |
| 21 | <u>IN</u> OUT N/A NO | | |
| 22 | <u>IN</u> OUT N/A NO | | |
| 23 | <u>IN</u> OUT N/A NO | | |
| 24 | IN OUT <u>N/A</u> NO | | |
| Consumer Advisory | | | |
| 25 | <u>IN</u> OUT N/A | | |
| Highly Susceptible Populations | | | |
| 26 | <u>IN</u> OUT N/A | | |
| Food / Color Additives and Toxic Substances | | | |
| 27 | <u>IN</u> OUT N/A | | |
| 28 | <u>IN</u> OUT N/A | | |
| Conformance with Approved Procedures | | | |
| 19 | IN OUT <u>N/A</u> | | |

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is not in compliance Mark "X" on appropriate box for COS and/or COS = corrected on-site during inspection R = repeat violation

| Compliance Status | | COS | R |
|---|--|-----|---|
| Safe Food and Water | | | |
| 30 | Pasteurized eggs used where required | | |
| 31 | Water & Ice from approved source | | |
| 32 | Variance obtained for specialized processing methods | | |
| Food Temperature Control | | | |
| 33 | Proper cooling methods used: adequate equipment for temp. control | | |
| 34 | Plant food properly cooked for hot holding | | |
| 35 | Approved thawing methods used | | |
| 36 | Thermometers provided and accurate | | |
| Food Identification | | | |
| 37 | Food properly labeled: original container | | |
| Prevention of Food Contamination | | | |
| 38 | Insects, rodents, & animals not present | | |
| 39 | Contamination prevented during food preparation, storage & display | | |
| 40 | Personal cleanliness | | |
| 41 | Wiping cloths: properly used & stored | | |
| 42 | Washing fruits & vegetables | | |

| Compliance Status | | COS | R |
|--|---|-----|---|
| Proper Use of Utensils | | | |
| 43 | In-use utensils properly stored | | |
| 44 | Utensils, equipment & linens: properly stored, dried, & handled | | |
| 45 | Single-use/single-service articles: properly stored & used | | |
| 46 | Gloves used properly | | |
| Utensils, Equipment and Vending | | | |
| 47 | Food and non-food contact surfaces cleanable, | | |
| 48 | Properly designed, constructed, & used | | |
| 49 | Warewashing: installed, maintained, & used: test strips | | |
| Physical Facilities | | | |
| 50 | Hot & cold water available adequate pressure | | |
| 51 | Plumbing installed, proper backflow devices | | |
| 52 | Sewage & waste water properly disposed | | |
| 53 | Toilet facilities properly constructed, supplied, & cleaned | | |
| 54 | Garbage & refuse properly disposed, facilities maintained | | |
| 55 | Physical facilities installed, maintained, & clean | | |
| 56 | Adequate ventilation & lighting, designated areas used | | |

| | |
|--|------------------------------|
| Type of Operation: | License Posted: <u>Y</u> N |
| Discussion with Person-in-Charge: | Follow-Up: <u>Y</u> <u>N</u> |
| Signature of Person in Charge: <u>Ledy Funes B</u> | Follow-Up Date: |
| Signature of Inspector: <u>[Signature]</u> | Date: <u>4/26/2022</u> |

Date: 4/26/2027



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|--|-------------------------|--|---|
| Establishment: <u>Beer and Wine Nation</u> | Date: <u>4/25/22</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations: <u>0</u> |
| Address: <u>360 DW Highway # 119</u> | Time in: <u>11:30</u> | Time out: <u>12:00</u> | No. of Repeat Risk Factor/Intervention Violations: <u>0</u> |
| Owner/Permit Holder: <u>Kajal 2 LLC</u> | Risk Category: <u>F</u> | Total Violations: <u>0</u> | |
| Email: | Phone: | Inspection Status: <u>Green</u> Yellow Red | |
| Inspection Type: <u>Routine</u> | Re-inspection | Pre-operational | Illness Investigation |
| Complaint | Other | | |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, NO) for each item

Mark "X" in appropriate box for COS and/or R

IN = in compliance OUT = not in compliance NO = not observed N/A = not applicable COS = corrected on-site R = repeat violation

| Compliance Status | | COS | R |
|---|-----------------------------|-----|---|
| Supervision | | | |
| 1 | <u>IN</u> OUT | | |
| Person in charge present, demonstrates knowledge and performs duties | | | |
| 2 | IN <u>N/A</u> | | |
| Certified Food Protection Manager | | | |
| Employee Health | | | |
| 3 | <u>IN</u> OUT | | |
| Management/food employees & conditional employee; knowledge, responsibilities and reporting | | | |
| 4 | <u>IN</u> OUT | | |
| Proper use of restriction and exclusion | | | |
| 5 | <u>IN</u> OUT | | |
| Procedures for responding to vomiting and diarrheal events | | | |
| Good Hygiene Practices | | | |
| 6 | IN OUT <u>NO</u> | | |
| Proper eating, tasting, drinking, or tobacco use | | | |
| 7 | IN OUT <u>NO</u> | | |
| No discharge from eyes, nose, mouth | | | |
| Preventing Contamination by Hands | | | |
| 8 | IN OUT <u>NO</u> | | |
| Hands clean & properly washed | | | |
| 9 | IN OUT <u>N/A</u> | | |
| No bare hand contact with RTE food | | | |
| 10 | <u>IN</u> OUT | | |
| Adequate handwashing sinks properly supplied & accessible | | | |
| Approved Source | | | |
| 11 | <u>IN</u> OUT | | |
| Food obtained from an approved source | | | |
| 12 | IN OUT <u>N/A</u> <u>NO</u> | | |
| Food received at proper temperature | | | |
| 13 | <u>IN</u> OUT | | |
| Food in good condition, safe & unadulterated | | | |
| 14 | IN OUT <u>N/A</u> <u>NO</u> | | |
| Req. records available: shell stock tags, parasite destruction | | | |
| 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 illness or injury. | | | |

| Compliance Status | | COS | R |
|--|----------------------|-----|---|
| Protection from Contamination | | | |
| 15 | <u>IN</u> OUT N/A NO | | |
| Food separated and protected | | | |
| 16 | <u>IN</u> OUT N/A | | |
| Food-contact surfaces cleaned and sanitized | | | |
| 17 | IN OUT <u>N/A</u> NO | | |
| Proper disposition or returned, previously served, reconditioned & unsafe food | | | |
| Time / Temperature Control for Safety | | | |
| 18 | IN OUT <u>N/A</u> NO | | |
| Proper cooking time and temperature | | | |
| 19 | IN OUT <u>N/A</u> NO | | |
| Proper reheating procedures for hot holding | | | |
| 20 | IN OUT <u>N/A</u> NO | | |
| Proper cooling time and temperatures | | | |
| 21 | IN OUT <u>N/A</u> NO | | |
| Proper hot holding temperatures | | | |
| 22 | <u>IN</u> OUT N/A NO | | |
| Proper cold holding temperatures | | | |
| 23 | <u>IN</u> OUT N/A NO | | |
| Proper date marking and disposition | | | |
| 24 | IN OUT <u>N/A</u> NO | | |
| Time as a Public Health Control: procedures and records | | | |
| Consumer Advisory | | | |
| 25 | IN OUT <u>N/A</u> | | |
| Consumer advisory provided for raw/undercooked foods | | | |
| Highly Susceptible Populations | | | |
| 26 | IN OUT <u>N/A</u> | | |
| Pasteurized foods used; prohibited foods not offered | | | |
| Food / Color Additives and Toxic Substances | | | |
| 27 | IN OUT <u>N/A</u> | | |
| Food additives: approved and properly used | | | |
| 28 | <u>IN</u> OUT N/A | | |
| Toxic substances properly identified, stored and used | | | |
| Conformance with Approved Procedures | | | |
| 19 | IN OUT <u>N/A</u> | | |
| Compliance with variance/specialized process/HACCP | | | |

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is not in compliance

Mark "X" on appropriate box for COS and/or

COS = corrected on-site during inspection

R = repeat violation

| Compliance Status | | COS | R |
|--|--|-----|---|
| Safe Food and Water | | | |
| 30 | | | |
| Pasteurized eggs used where required | | | |
| 31 | | | |
| Water & Ice from approved source | | | |
| 32 | | | |
| Variance obtained for specialized processing methods | | | |
| Food Temperature Control | | | |
| 33 | | | |
| Proper cooling methods used: adequate equipment for temp. control | | | |
| 34 | | | |
| Plant food properly cooked for hot holding | | | |
| 35 | | | |
| Approved thawing methods used | | | |
| 36 | | | |
| Thermometers provided and accurate | | | |
| Food Identification | | | |
| 37 | | | |
| Food properly labeled: original container | | | |
| Prevention of Food Contamination | | | |
| 38 | | | |
| Insects, rodents, & animals not present | | | |
| 39 | | | |
| Contamination prevented during food preparation, storage & display | | | |
| 40 | | | |
| Personal cleanliness | | | |
| 41 | | | |
| Wiping cloths: properly used & stored | | | |
| 42 | | | |
| Washing fruits & vegetables | | | |

| Compliance Status | | COS | R |
|---|--|-----|---|
| Proper Use of Utensils | | | |
| 43 | | | |
| In-use utensils properly stored | | | |
| 44 | | | |
| Utensils, equipment & linens: properly stored, dried, & handled | | | |
| 45 | | | |
| Single-use/single-service articles: properly stored & used | | | |
| 46 | | | |
| Gloves used properly | | | |
| Utensils, Equipment and Vending | | | |
| 47 | | | |
| Food and non-food contact surfaces cleanable, | | | |
| 48 | | | |
| Properly designed, constructed, & used | | | |
| 49 | | | |
| Warewashing: installed, maintained, & used: test strips | | | |
| Physical Facilities | | | |
| 50 | | | |
| Hot & cold water available adequate pressure | | | |
| 51 | | | |
| Plumbing installed, proper backflow devices | | | |
| 52 | | | |
| Sewage & waste water properly disposed | | | |
| 53 | | | |
| Toilet facilities properly constructed, supplied, & cleaned | | | |
| 54 | | | |
| Garbage & refuse properly disposed, facilities maintained | | | |
| 55 | | | |
| Physical facilities installed, maintained, & clean | | | |
| 56 | | | |
| Adequate ventilation & lighting, designated areas used | | | |

Type of Operation:

Discussion with Person-in-Charge:

Signature of Person in Charge:

Signature of Inspector:

License Posted:

Follow-Up:

Follow-Up Date:

Date:

Date: 4/25/2022

Date: 4/25/2027



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|--|-------------------------|--|--|
| Establishment: Ed Pane Memorial Concessions | Date: 4/22/22 | Page 1 of 2 | No. of Risk Factor/Intervention Violations 0 |
| Address: 10 Atherton Road | Time in: 8:45 | Time out: 9:30 | No. of Repeat Risk Factor/Intervention Violations 0 |
| Owner/Permit Holder: Suzanne Mailhoit | Risk Category: D | Total Violations 0 | |
| Email: | Phone: | Inspection Status: Green Yellow Red | |

| | | | | | |
|---------------------------------|---------------|-----------------|-----------------------|-----------|-------|
| Inspection Type: Routine | Re-inspection | Pre-operational | Illness Investigation | Complaint | Other |
|---------------------------------|---------------|-----------------|-----------------------|-----------|-------|

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, NO) for each item

Mark "X" in appropriate box for COS and/or R

IN = in compliance OUT = not in compliance NO = not observed N/A = not applicable COS = corrected on-site R = repeat violation

| Compliance Status | | COS | R | Compliance Status | | COS | R |
|---|---------------|-----|---|--|---------------|-----|---|
| Supervision | | | | Protection from Contamination | | | |
| 1 | IN OUT | | | 15 | IN OUT N/A NO | | |
| Person in charge present, demonstrates knowledge and performs duties | | | | Food separated and protected | | | |
| 2 | IN OUT N/A | | | 16 | IN OUT N/A | | |
| Certified Food Protection Manager | | | | Food-contact surfaces cleaned and sanitized | | | |
| Employee Health | | | | 17 | IN OUT N/A NO | | |
| 3 | IN OUT | | | Proper disposition or returned, previously served, reconditioned & unsafe food | | | |
| Management/food employees & conditional employee; knowledge, responsibilities and reporting | | | | Time / Temperature Control for Safety | | | |
| 4 | IN OUT | | | 18 | IN OUT N/A NO | | |
| Proper use of restriction and exclusion | | | | Proper cooking time and temperature | | | |
| 5 | IN OUT | | | 19 | IN OUT N/A NO | | |
| Procedures for responding to vomiting and diarrheal events | | | | Proper reheating procedures for hot holding | | | |
| Good Hygiene Practices | | | | 20 | IN OUT N/A NO | | |
| 6 | IN OUT | | | Proper cooling time and temperatures | | | |
| Proper eating, tasting, drinking, or tobacco use | | | | 21 | IN OUT N/A NO | | |
| 7 | IN OUT | | | Proper hot holding temperatures | | | |
| No discharge from eyes, nose, mouth | | | | 22 | IN OUT N/A NO | | |
| Preventing Contamination by Hands | | | | Proper cold holding temperatures | | | |
| 8 | IN OUT | | | 23 | IN OUT N/A NO | | |
| Hands clean & properly washed | | | | Proper date marking and disposition | | | |
| 9 | IN OUT N/A NO | | | 24 | IN OUT N/A NO | | |
| No bare hand contact with RTE food | | | | Time as a Public Health Control: procedures and records | | | |
| 10 | IN OUT | | | Consumer Advisory | | | |
| Adequate handwashing sinks properly supplied & accessible | | | | 25 | IN OUT N/A | | |
| Approved Source | | | | Consumer advisory provided for raw/undercooked foods | | | |
| 11 | IN OUT | | | Highly Susceptible Populations | | | |
| Food obtained from an approved source | | | | 26 | IN OUT N/A | | |
| 12 | IN OUT N/A NO | | | Pasteurized foods used; prohibited foods not offered | | | |
| Food received at proper temperature | | | | Food / Color Additives and Toxic Substances | | | |
| 13 | IN OUT | | | 27 | IN OUT N/A | | |
| Food in good condition, safe & unadulterated | | | | Food additives: approved and properly used | | | |
| 14 | IN OUT N/A NO | | | 28 | IN OUT N/A | | |
| Req. records available: shell stock tags, parasite destruction | | | | Toxic substances properly identified, stored and used | | | |
| 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 illness or injury. | | | | Conformance with Approved Procedures | | | |
| | | | | 19 | IN OUT N/A | | |
| | | | | Compliance with variance/specialized process/HACCP | | | |

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is not in compliance

Mark "X" on appropriate box for COS and/or

COS = corrected on-site during inspection

R = repeat violation

| Compliance Status | | COS | R | Compliance Status | | COS | R |
|--|--|-----|---|---|--|-----|---|
| Safe Food and Water | | | | Proper Use of Utensils | | | |
| 30 | | | | 43 | | | |
| Pasteurized eggs used where required | | | | In-use utensils properly stored | | | |
| 31 | | | | 44 | | | |
| Water & Ice from approved source | | | | Utensils, equipment & linens: properly stored, dried, & handled | | | |
| 32 | | | | 45 | | | |
| Variance obtained for specialized processing methods | | | | Single-use/single-service articles: properly stored & used | | | |
| Food Temperature Control | | | | 46 | | | |
| 33 | | | | Gloves used properly | | | |
| Proper cooling methods used: adequate equipment for temp. control | | | | Utensils, Equipment and Vending | | | |
| 34 | | | | 47 | | | |
| Plant food properly cooked for hot holding | | | | Food and non-food contact surfaces cleanable, | | | |
| 35 | | | | Properly designed, constructed, & used | | | |
| Approved thawing methods used | | | | 48 | | | |
| 36 | | | | Warewashing: installed, maintained, & used: test strips | | | |
| Thermometers provided and accurate | | | | Physical Facilities | | | |
| Food Identification | | | | 50 | | | |
| 37 | | | | Hot & cold water available adequate pressure | | | |
| Food properly labeled: original container | | | | 51 | | | |
| Prevention of Food Contamination | | | | Plumbing installed, proper backflow devices | | | |
| 38 | | | | 52 | | | |
| Insects, rodents, & animals not present | | | | Sewage & waste water properly disposed | | | |
| 39 | | | | 53 | | | |
| Contamination prevented during food preparation, storage & display | | | | Toilet facilities properly constructed, supplied, & cleaned | | | |
| 40 | | | | 54 | | | |
| Personal cleanliness | | | | Garbage & refuse properly disposed, facilities maintained | | | |
| 41 | | | | 55 | | | |
| Wiping cloths: properly used & stored | | | | Physical facilities installed, maintained, & clean | | | |
| 42 | | | | 56 | | | |
| Washing fruits & vegetables | | | | Adequate ventilation & lighting, designated areas used | | | |

Type of Operation:

Discussion with Person-in-Charge:

Signature of Person in Charge:

Signature of Inspector:

License Posted: **Y** N

Follow-Up: **Y** **N**

Follow-Up Date:

Date:

Date: **4/22/2022**

Date: 4/22/2022



MERRIMACK FIRE DEPARTMENT

HEALTH DIVISION

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|--|-----------------------|---------------------------------|---|
| Establishment: <u>The Biergarten</u> | Date: <u>4/14/22</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations: <u>0</u> |
| Address: <u>221 DW. Highway</u> | Time in: <u>11:00</u> | Time out: <u>11:30</u> | No. of Repeat Risk Factor/Intervention Violations: <u>0</u> |
| Owner/Permit Holder: <u>Anneuser - Bosch LLC</u> | Risk Category: | | Total Violations: <u>0</u> |
| Email: | Phone: | Inspection Status: <u>Green</u> | Yellow Red |

| | | | | | |
|---------------------------------|---------------|-----------------|-----------------------|-----------|-------|
| Inspection Type: <u>Routine</u> | Re-inspection | Pre-operational | Illness Investigation | Complaint | Other |
|---------------------------------|---------------|-----------------|-----------------------|-----------|-------|

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, NO) for each item

Mark "X" in appropriate box for COS and/or R

IN = in compliance OUT = not in compliance NO = not observed N/A = not applicable COS = corrected on-site R = repeat violation

| Compliance Status | | COS | R |
|---|------------------------------------|-----|---|
| Supervision | | | |
| 1 | <u>IN</u> OUT | | |
| Person in charge present, demonstrates knowledge and performs duties | | | |
| 2 | <u>IN</u> OUT <u>N/A</u> | | |
| Certified Food Protection Manager | | | |
| Employee Health | | | |
| 3 | <u>IN</u> OUT | | |
| Management/food employees & conditional employee; knowledge, responsibilities and reporting | | | |
| 4 | <u>IN</u> OUT | | |
| Proper use of restriction and exclusion | | | |
| 5 | <u>IN</u> OUT | | |
| Procedures for responding to vomiting and diarrheal events | | | |
| Good Hygiene Practices | | | |
| 6 | <u>IN</u> OUT <u>NO</u> | | |
| Proper eating, tasting, drinking, or tobacco use | | | |
| 7 | <u>IN</u> OUT <u>NO</u> | | |
| No discharge from eyes, nose, mouth | | | |
| Preventing Contamination by Hands | | | |
| 8 | <u>IN</u> OUT <u>NO</u> | | |
| Hands clean & properly washed | | | |
| 9 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| No bare hand contact with RTE food | | | |
| 10 | <u>IN</u> OUT | | |
| Adequate handwashing sinks properly supplied & accessible | | | |
| Approved Source | | | |
| 11 | <u>IN</u> OUT | | |
| Food obtained from an approved source | | | |
| 12 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Food received at proper temperature | | | |
| 13 | <u>IN</u> OUT | | |
| Food in good condition, safe & unadulterated | | | |
| 14 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Req. records available: shell stock tags, parasite destruction | | | |

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 illness or injury.

| Compliance Status | | COS | R |
|--|------------------------------------|-----|---|
| Protection from Contamination | | | |
| 15 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Food separated and protected | | | |
| 16 | <u>IN</u> OUT <u>N/A</u> | | |
| Food-contact surfaces cleaned and sanitized | | | |
| 17 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Proper disposition or returned, previously served, reconditioned & unsafe food | | | |
| Time / Temperature Control for Safety | | | |
| 18 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Proper cooking time and temperature | | | |
| 19 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Proper reheating procedures for hot holding | | | |
| 20 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Proper cooling time and temperatures | | | |
| 21 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Proper hot holding temperatures | | | |
| 22 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Proper cold holding temperatures | | | |
| 23 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Proper date marking and disposition | | | |
| 24 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Time as a Public Health Control: procedures and records | | | |
| Consumer Advisory | | | |
| 25 | <u>IN</u> OUT <u>N/A</u> | | |
| Consumer advisory provided for raw/undercooked foods | | | |
| Highly Susceptible Populations | | | |
| 26 | <u>IN</u> OUT <u>N/A</u> | | |
| Pasteurized foods used; prohibited foods not offered | | | |
| Food / Color Additives and Toxic Substances | | | |
| 27 | <u>IN</u> OUT <u>N/A</u> | | |
| Food additives: approved and properly used | | | |
| 28 | <u>IN</u> OUT <u>N/A</u> | | |
| Toxic substances properly identified, stored and used | | | |
| Conformance with Approved Procedures | | | |
| 19 | <u>IN</u> OUT <u>N/A</u> | | |
| Compliance with variance/specialized process/HACCP | | | |

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is not in compliance

Mark "X" on appropriate box for COS and/or

COS = corrected on-site during inspection

R = repeat violation

| Compliance Status | | COS | R |
|--|--|-----|---|
| Safe Food and Water | | | |
| 30 | | | |
| Pasteurized eggs used where required | | | |
| 31 | | | |
| Water & Ice from approved source | | | |
| 32 | | | |
| Variance obtained for specialized processing methods | | | |
| Food Temperature Control | | | |
| 33 | | | |
| Proper cooling methods used: adequate equipment for temp. control | | | |
| 34 | | | |
| Plant food properly cooked for hot holding | | | |
| 35 | | | |
| Approved thawing methods used | | | |
| 36 | | | |
| Thermometers provided and accurate | | | |
| Food Identification | | | |
| 37 | | | |
| Food properly labeled: original container | | | |
| Prevention of Food Contamination | | | |
| 38 | | | |
| Insects, rodents, & animals not present | | | |
| 39 | | | |
| Contamination prevented during food preparation, storage & display | | | |
| 40 | | | |
| Personal cleanliness | | | |
| 41 | | | |
| Wiping cloths: properly used & stored | | | |
| 42 | | | |
| Washing fruits & vegetables | | | |

| Compliance Status | | COS | R |
|---|--|-----|---|
| Proper Use of Utensils | | | |
| 43 | | | |
| In-use utensils properly stored | | | |
| 44 | | | |
| Utensils, equipment & linens: properly stored, dried, & handled | | | |
| 45 | | | |
| Single-use/single-service articles: properly stored & used | | | |
| 46 | | | |
| Gloves used properly | | | |
| Utensils, Equipment and Vending | | | |
| 47 | | | |
| Food and non-food contact surfaces cleanable, | | | |
| 48 | | | |
| Properly designed, constructed, & used | | | |
| 49 | | | |
| Warewashing: installed, maintained, & used: test strips | | | |
| Physical Facilities | | | |
| 50 | | | |
| Hot & cold water available adequate pressure | | | |
| 51 | | | |
| Plumbing installed, proper backflow devices | | | |
| 52 | | | |
| Sewage & waste water properly disposed | | | |
| 53 | | | |
| Toilet facilities properly constructed, supplied, & cleaned | | | |
| 54 | | | |
| Garbage & refuse properly disposed, facilities maintained | | | |
| 55 | | | |
| Physical facilities installed, maintained, & clean | | | |
| 56 | | | |
| Adequate ventilation & lighting, designated areas used | | | |

Type of Operation:

Discussion with Person-in-Charge:

License Posted: Y N

Follow-Up: Y N

Follow-Up Date:

Signature of Person in Charge:

Date:

Signature of Inspector:

Date: 4/16/2022

Date: 4/26/2022



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | |
|--|--|--|
| Establishment: <u>Antwerper-Busch-Vending</u> | Date: <u>4/24/22</u> Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations <u>0</u> |
| Address: <u>221 PW Highway</u> | Time in: <u>10:00</u> Time out: <u>10:30</u> | No. of Repeat Risk Factor/Intervention Violations <u>0</u> |
| Owner/Permit Holder: <u>E.E.G. Vending Co.</u> | Risk Category: <u>F</u> | Total Violations <u>0</u> |
| Email: | Phone: | Inspection Status: <u>Green</u> Yellow Red |

| | | | | | |
|---------------------------------|---------------|-----------------|-----------------------|-----------|-------|
| Inspection Type: <u>Routine</u> | Re-inspection | Pre-operational | Illness Investigation | Complaint | Other |
|---------------------------------|---------------|-----------------|-----------------------|-----------|-------|

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, NO) for each item

Mark "X" in appropriate box for COS and/or R

IN = in compliance OUT = not in compliance NO = not observed N/A = not applicable COS = corrected on-site R = repeat violation

| Compliance Status | | COS | R |
|---|-----------------------------|-----|---|
| Supervision | | | |
| 1 | <u>IN</u> OUT | | |
| Person in charge present, demonstrates knowledge and performs duties | | | |
| 2 | IN <u>OUT</u> <u>N/A</u> | | |
| Certified Food Protection Manager | | | |
| Employee Health | | | |
| 3 | <u>IN</u> OUT | | |
| Management/food employees & conditional employees; knowledge, responsibilities and reporting | | | |
| 4 | <u>IN</u> OUT | | |
| Proper use of restriction and exclusion | | | |
| 5 | <u>IN</u> OUT | | |
| Procedures for responding to vomiting and diarrheal events | | | |
| Good Hygiene Practices | | | |
| 6 | IN OUT <u>NO</u> | | |
| Proper eating, tasting, drinking, or tobacco use | | | |
| 7 | IN OUT <u>NO</u> | | |
| No discharge from eyes, nose, mouth | | | |
| Preventing Contamination by Hands | | | |
| 8 | IN OUT <u>NO</u> | | |
| Hands clean & properly washed | | | |
| 9 | IN OUT <u>N/A</u> <u>NO</u> | | |
| No bare hand contact with RTE food | | | |
| 10 | <u>IN</u> OUT | | |
| Adequate handwashing sinks properly supplied & accessible | | | |
| Approved Source | | | |
| 11 | <u>IN</u> OUT | | |
| Food obtained from an approved source | | | |
| 12 | IN OUT <u>N/A</u> <u>NO</u> | | |
| Food received at proper temperature | | | |
| 13 | <u>IN</u> OUT | | |
| Food in good condition, safe & unadulterated | | | |
| 14 | IN OUT <u>N/A</u> <u>NO</u> | | |
| Req. records available: shell stock tags, parasite destruction | | | |
| 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 illness or injury. | | | |

| Compliance Status | | COS | R |
|--|------------------------------------|-----|---|
| Protection from Contamination | | | |
| 15 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Food separated and protected | | | |
| 16 | <u>IN</u> OUT <u>N/A</u> | | |
| Food-contact surfaces cleaned and sanitized | | | |
| 17 | IN OUT <u>N/A</u> <u>NO</u> | | |
| Proper disposition or returned, previously served, reconditioned & unsafe food | | | |
| Time / Temperature Control for Safety | | | |
| 18 | IN OUT <u>N/A</u> <u>NO</u> | | |
| Proper cooking time and temperature | | | |
| 19 | IN OUT <u>N/A</u> <u>NO</u> | | |
| Proper reheating procedures for hot holding | | | |
| 20 | IN OUT <u>N/A</u> <u>NO</u> | | |
| Proper cooling time and temperatures | | | |
| 21 | IN OUT <u>N/A</u> <u>NO</u> | | |
| Proper hot holding temperatures | | | |
| 22 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Proper cold holding temperatures | | | |
| 23 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Proper date marking and disposition | | | |
| 24 | IN OUT <u>N/A</u> <u>NO</u> | | |
| Time as a Public Health Control: procedures and records | | | |
| Consumer Advisory | | | |
| 25 | IN OUT <u>N/A</u> | | |
| Consumer advisory provided for raw/undercooked foods | | | |
| Highly Susceptible Populations | | | |
| 26 | IN OUT <u>N/A</u> | | |
| Pasteurized foods used; prohibited foods not offered | | | |
| Food / Color Additives and Toxic Substances | | | |
| 27 | IN OUT <u>N/A</u> | | |
| Food additives: approved and properly used | | | |
| 28 | <u>IN</u> OUT <u>N/A</u> | | |
| Toxic substances properly identified, stored and used | | | |
| Conformance with Approved Procedures | | | |
| 19 | IN OUT <u>N/A</u> | | |
| Compliance with variance/specialized process/HACCP | | | |

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is not in compliance

Mark "X" on appropriate box for COS and/or

COS = corrected on-site during inspection

R = repeat violation

| Compliance Status | | COS | R |
|--|--|-----|---|
| Safe Food and Water | | | |
| 30 | | | |
| Pasteurized eggs used where required | | | |
| 31 | | | |
| Water & Ice from approved source | | | |
| 32 | | | |
| Variance obtained for specialized processing methods | | | |
| Food Temperature Control | | | |
| 33 | | | |
| Proper cooling methods used: adequate equipment for temp. control | | | |
| 34 | | | |
| Plant food properly cooked for hot holding | | | |
| 35 | | | |
| Approved thawing methods used | | | |
| 36 | | | |
| Thermometers provided and accurate | | | |
| Food Identification | | | |
| 37 | | | |
| Food properly labeled: original container | | | |
| Prevention of Food Contamination | | | |
| 38 | | | |
| Insects, rodents, & animals not present | | | |
| 39 | | | |
| Contamination prevented during food preparation, storage & display | | | |
| 40 | | | |
| Personal cleanliness | | | |
| 41 | | | |
| Wiping cloths: properly used & stored | | | |
| 42 | | | |
| Washing fruits & vegetables | | | |

| Compliance Status | | COS | R |
|---|--|-----|---|
| Proper Use of Utensils | | | |
| 43 | | | |
| In-use utensils properly stored | | | |
| 44 | | | |
| Utensils, equipment & linens: properly stored, dried, & handled | | | |
| 45 | | | |
| Single-use/single-service articles: properly stored & used | | | |
| 46 | | | |
| Gloves used properly | | | |
| Utensils, Equipment and Vending | | | |
| 47 | | | |
| Food and non-food contact surfaces cleanable, | | | |
| 48 | | | |
| Properly designed, constructed, & used | | | |
| 49 | | | |
| Warewashing: installed, maintained, & used: test strips | | | |
| Physical Facilities | | | |
| 50 | | | |
| Hot & cold water available adequate pressure | | | |
| 51 | | | |
| Plumbing installed, proper backflow devices | | | |
| 52 | | | |
| Sewage & waste water properly disposed | | | |
| 53 | | | |
| Toilet facilities properly constructed, supplied, & cleaned | | | |
| 54 | | | |
| Garbage & refuse properly disposed, facilities maintained | | | |
| 55 | | | |
| Physical facilities installed, maintained, & clean | | | |
| 56 | | | |
| Adequate ventilation & lighting, designated areas used | | | |

Type of Operation:

License Posted:

Y N

Discussion with Person-in-Charge:

Follow-Up:

Y N

Follow-Up Date:

Signature of Person in Charge:

Date:

Signature of Inspector:

Date: 4/20/2022

Date: 4/20/2017



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | |
|--|---|---|
| Establishment: <u>Rose Haven</u> | Date: <u>4/19/22</u> Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations: <u>0</u> |
| Address: <u>8 Jennifer Drive</u> | Time in: <u>10:00</u> Time out: <u>11:00</u> | No. of Repeat Risk Factor/Intervention Violations: <u>0</u> |
| Owner/Permit Holder: <u>Paula Whittier</u> | Risk Category: <u>C</u> | Total Violations: <u>1</u> |
| Email: | Phone: | Inspection Status: <u>Green</u> Yellow Red |
| Inspection Type: <u>Routine</u> | Re-inspection Pre-operational Illness Investigation Complaint Other | |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, NO) for each item

Mark "X" in appropriate box for COS and/or R

IN = in compliance OUT = not in compliance NO = not observed N/A = not applicable COS = corrected on-site R = repeat violation

| Compliance Status | | COS | R |
|---|----------------------|-----|---|
| Supervision | | | |
| 1 | <u>IN</u> OUT | | |
| Person in charge present, demonstrates knowledge and performs duties | | | |
| 2 | <u>IN</u> OUT N/A | | |
| Certified Food Protection Manager | | | |
| Employee Health | | | |
| 3 | <u>IN</u> OUT | | |
| Management/food employees & conditional employee; knowledge, responsibilities and reporting | | | |
| 4 | <u>IN</u> OUT | | |
| Proper use of restriction and exclusion | | | |
| 5 | <u>IN</u> OUT | | |
| Procedures for responding to vomiting and diarrheal events | | | |
| Good Hygiene Practices | | | |
| 6 | IN OUT <u>NO</u> | | |
| Proper eating, tasting, drinking, or tobacco use | | | |
| 7 | IN OUT <u>NO</u> | | |
| No discharge from eyes, nose, mouth | | | |
| Preventing Contamination by Hands | | | |
| 8 | <u>IN</u> OUT NO | | |
| Hands clean & properly washed | | | |
| 9 | <u>IN</u> OUT N/A NO | | |
| No bare hand contact with RTE food | | | |
| 10 | <u>IN</u> OUT | | |
| Adequate handwashing sinks properly supplied & accessible | | | |
| Approved Source | | | |
| 11 | <u>IN</u> OUT | | |
| Food obtained from an approved source | | | |
| 12 | IN OUT N/A <u>NO</u> | | |
| Food received at proper temperature | | | |
| 13 | <u>IN</u> OUT | | |
| Food in good condition, safe & unadulterated | | | |
| 14 | IN OUT N/A NO | | |
| Req. records available: shell stock tags, parasite destruction | | | |

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 illness or injury.

| Compliance Status | | COS | R |
|--|----------------------|-----|---|
| Protection from Contamination | | | |
| 15 | <u>IN</u> OUT N/A NO | | |
| Food separated and protected | | | |
| 16 | <u>IN</u> OUT N/A | | |
| Food-contact surfaces cleaned and sanitized | | | |
| 17 | IN OUT <u>N/A</u> NO | | |
| Proper disposition or returned, previously served, reconditioned & unsafe food | | | |
| Time / Temperature Control for Safety | | | |
| 18 | IN OUT N/A <u>NO</u> | | |
| Proper cooking time and temperature | | | |
| 19 | IN OUT N/A <u>NO</u> | | |
| Proper reheating procedures for hot holding | | | |
| 20 | IN OUT N/A <u>NO</u> | | |
| Proper cooling time and temperatures | | | |
| 21 | IN OUT N/A <u>NO</u> | | |
| Proper hot holding temperatures | | | |
| 22 | <u>IN</u> OUT N/A NO | | |
| Proper cold holding temperatures | | | |
| 23 | <u>IN</u> OUT N/A NO | | |
| Proper date marking and disposition | | | |
| 24 | IN OUT <u>N/A</u> NO | | |
| Time as a Public Health Control: procedures and records | | | |
| Consumer Advisory | | | |
| 25 | IN OUT <u>N/A</u> | | |
| Consumer advisory provided for raw/undercooked foods | | | |
| Highly Susceptible Populations | | | |
| 26 | <u>IN</u> OUT N/A | | |
| Pasteurized foods used; prohibited foods not offered | | | |
| Food / Color Additives and Toxic Substances | | | |
| 27 | IN OUT <u>N/A</u> | | |
| Food additives: approved and properly used | | | |
| 28 | <u>IN</u> OUT N/A | | |
| Toxic substances properly identified, stored and used | | | |
| Conformance with Approved Procedures | | | |
| 19 | IN OUT <u>N/A</u> | | |
| Compliance with variance/specialized process/HACCP | | | |

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is not in compliance

Mark "X" on appropriate box for COS and/or

COS = corrected on-site during inspection

R = repeat violation

| Compliance Status | | COS | R |
|--|--|-----|---|
| Safe Food and Water | | | |
| 30 | | | |
| Pasteurized eggs used where required | | | |
| 31 | | | |
| Water & Ice from approved source | | | |
| 32 | | | |
| Variance obtained for specialized processing methods | | | |
| Food Temperature Control | | | |
| 33 | | | |
| Proper cooling methods used: adequate equipment for temp. control | | | |
| 34 | | | |
| Plant food properly cooked for hot holding | | | |
| 35 | | | |
| Approved thawing methods used | | | |
| 36 | | | |
| Thermometers provided and accurate | | | |
| Food Identification | | | |
| 37 | | | |
| Food properly labeled: original container | | | |
| Prevention of Food Contamination | | | |
| 38 | | | |
| Insects, rodents, & animals not present | | | |
| 39 | | | |
| Contamination prevented during food preparation, storage & display | | | |
| 40 | | | |
| Personal cleanliness | | | |
| 41 | | | |
| Wiping cloths: properly used & stored | | | |
| 42 | | | |
| Washing fruits & vegetables | | | |

| Compliance Status | | COS | R |
|---|----------|-----|---|
| Proper Use of Utensils | | | |
| 43 | | | |
| In-use utensils properly stored | | | |
| 44 | | | |
| Utensils, equipment & linens: properly stored, dried, & handled | | | |
| 45 | | | |
| Single-use/single-service articles: properly stored & used | | | |
| 46 | | | |
| Gloves used properly | | | |
| Utensils, Equipment and Vending | | | |
| 47 | | | |
| Food and non-food contact surfaces cleanable, | | | |
| 48 | | | |
| Properly designed, constructed, & used | | | |
| 49 | | | |
| Warewashing: installed, maintained, & used: test strips | | | |
| Physical Facilities | | | |
| 50 | | | |
| Hot & cold water available adequate pressure | | | |
| 51 | | | |
| Plumbing installed, proper backflow devices | | | |
| 52 | | | |
| Sewage & waste water properly disposed | | | |
| 53 | | | |
| Toilet facilities properly constructed, supplied, & cleaned | | | |
| 54 | | | |
| Garbage & refuse properly disposed, facilities maintained | | | |
| 55 | <u>X</u> | | |
| Physical facilities installed, maintained, & clean | | | |
| 56 | | | |
| Adequate ventilation & lighting, designated areas used | | | |

Type of Operation:

License Posted: (Y) N

Discussion with Person-in-Charge:

Follow-Up: (Y) N

Follow-Up Date:

Signature of Person in Charge:

Date:

Signature of Inspector:

Date: 4/19/2022

Date: 4/19/2022



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|---|-------------------------|--|---|
| Establishment: <u>St. James church</u> | Date: <u>4/18/22</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations: <u>0</u> |
| Address: <u>646 Bus Highway</u> | Time in: <u>10:00</u> | Time out: <u>10:30</u> | No. of Repeat Risk Factor/Intervention Violations: <u>0</u> |
| Owner/Permit Holder: <u>St. James United Methodist church</u> | Risk Category: <u>0</u> | Total Violations: <u>0</u> | |
| Email: | Phone: | Inspection Status: <u>Green</u> Yellow Red | |
| Inspection Type: <u>Routine</u> | Re-inspection | Pre-operational | Illness Investigation |
| Complaint | Other: _____ | | |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, NO) for each item

Mark "X" in appropriate box for COS and/or R

IN = in compliance OUT = not in compliance NO = not observed N/A = not applicable COS = corrected on-site R = repeat violation

| Compliance Status | | COS | R |
|--|------------------------------------|-----|---|
| Supervision | | | |
| 1 | <u>IN</u> OUT | | |
| Person in charge present, demonstrates knowledge and performs duties | | | |
| 2 | <u>IN</u> OUT <u>N/A</u> | | |
| Certified Food Protection Manager | | | |
| Employee Health | | | |
| 3 | <u>IN</u> OUT | | |
| Management/food employees & conditional employee; knowledge, responsibilities and reporting | | | |
| 4 | <u>IN</u> OUT | | |
| Proper use of restriction and exclusion | | | |
| 5 | <u>IN</u> OUT | | |
| Procedures for responding to vomiting and diarrheal events | | | |
| Good Hygiene Practices | | | |
| 6 | <u>IN</u> OUT <u>NO</u> | | |
| Proper eating, tasting, drinking, or tobacco use | | | |
| 7 | <u>IN</u> OUT <u>NO</u> | | |
| No discharge from eyes, nose, mouth | | | |
| Preventing Contamination by Hands | | | |
| 8 | <u>IN</u> OUT <u>NO</u> | | |
| Hands clean & properly washed | | | |
| 9 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| No bare hand contact with RTE food | | | |
| 10 | <u>IN</u> OUT | | |
| Adequate handwashing sinks properly supplied & accessible | | | |
| Approved Source | | | |
| 11 | <u>IN</u> OUT | | |
| Food obtained from an approved source | | | |
| 12 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Food received at proper temperature | | | |
| 13 | <u>IN</u> OUT | | |
| Food in good condition, safe & unadulterated | | | |
| 14 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Req. records available: shell stock tags, parasite destruction | | | |
| <p>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 illness or injury.</p> | | | |

| Compliance Status | | COS | R |
|--|------------------------------------|-----|---|
| Protection from Contamination | | | |
| 15 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Food separated and protected | | | |
| 16 | <u>IN</u> OUT <u>N/A</u> | | |
| Food-contact surfaces cleaned and sanitized | | | |
| 17 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Proper disposition or returned, previously served, reconditioned & unsafe food | | | |
| Time / Temperature Control for Safety | | | |
| 18 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Proper cooking time and temperature | | | |
| 19 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Proper reheating procedures for hot holding | | | |
| 20 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Proper cooling time and temperatures | | | |
| 21 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Proper hot holding temperatures | | | |
| 22 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Proper cold holding temperatures | | | |
| 23 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Proper date marking and disposition | | | |
| 24 | <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| Time as a Public Health Control: procedures and records | | | |
| Consumer Advisory | | | |
| 25 | <u>IN</u> OUT <u>N/A</u> | | |
| Consumer advisory provided for raw/undercooked foods | | | |
| Highly Susceptible Populations | | | |
| 26 | <u>IN</u> OUT <u>N/A</u> | | |
| Pasteurized foods used; prohibited foods not offered | | | |
| Food / Color Additives and Toxic Substances | | | |
| 27 | <u>IN</u> OUT <u>N/A</u> | | |
| Food additives: approved and properly used | | | |
| 28 | <u>IN</u> OUT <u>N/A</u> | | |
| Toxic substances properly identified, stored and used | | | |
| Conformance with Approved Procedures | | | |
| 19 | <u>IN</u> OUT <u>N/A</u> | | |
| Compliance with variance/specialized process/HACCP | | | |

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is not in compliance

Mark "X" on appropriate box for COS and/or

COS = corrected on-site during inspection

R = repeat violation

| Compliance Status | | COS | R |
|--|--|-----|---|
| Safe Food and Water | | | |
| 30 | | | |
| Pasteurized eggs used where required | | | |
| 31 | | | |
| Water & Ice from approved source | | | |
| 32 | | | |
| Variance obtained for specialized processing methods | | | |
| Food Temperature Control | | | |
| 33 | | | |
| Proper cooling methods used: adequate equipment for temp. control | | | |
| 34 | | | |
| Plant food properly cooked for hot holding | | | |
| 35 | | | |
| Approved thawing methods used | | | |
| 36 | | | |
| Thermometers provided and accurate | | | |
| Food Identification | | | |
| 37 | | | |
| Food properly labeled: original container | | | |
| Prevention of Food Contamination | | | |
| 38 | | | |
| Insects, rodents, & animals not present | | | |
| 39 | | | |
| Contamination prevented during food preparation, storage & display | | | |
| 40 | | | |
| Personal cleanliness | | | |
| 41 | | | |
| Wiping cloths: properly used & stored | | | |
| 42 | | | |
| Washing fruits & vegetables | | | |

| Compliance Status | | COS | R |
|---|--|-----|---|
| Proper Use of Utensils | | | |
| 43 | | | |
| In-use utensils properly stored | | | |
| 44 | | | |
| Utensils, equipment & linens: properly stored, dried, & handled | | | |
| 45 | | | |
| Single-use/single-service articles: properly stored & used | | | |
| 46 | | | |
| Gloves used properly | | | |
| Utensils, Equipment and Vending | | | |
| 47 | | | |
| Food and non-food contact surfaces cleanable, | | | |
| 48 | | | |
| Properly designed, constructed, & used | | | |
| 49 | | | |
| Warewashing: installed, maintained, & used: test strips | | | |
| Physical Facilities | | | |
| 50 | | | |
| Hot & cold water available adequate pressure | | | |
| 51 | | | |
| Plumbing installed, proper backflow devices | | | |
| 52 | | | |
| Sewage & waste water properly disposed | | | |
| 53 | | | |
| Toilet facilities properly constructed, supplied, & cleaned | | | |
| 54 | | | |
| Garbage & refuse properly disposed, facilities maintained | | | |
| 55 | | | |
| Physical facilities installed, maintained, & clean | | | |
| 56 | | | |
| Adequate ventilation & lighting, designated areas used | | | |

Type of Operation:

Discussion with Person-in-Charge:

License Posted: Y N

Follow-Up: Y N

Follow-Up Date:

Signature of Person in Charge:

Date: 4/18/22

Signature of Inspector:

Date: 4/18/2022

Date: 4/12/2021



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | |
|---|--|---|
| Establishment: <u>Peminos</u> | Date: <u>4/12/22</u> Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations: <u>0</u> |
| Address: <u>456 Dow Highway</u> | Time in: <u>11:00</u> Time out: <u>11:50</u> | No. of Repeat Risk Factor/Intervention Violations: <u>0</u> |
| Owner/Permit Holder: <u>TBD Plaza, Inc.</u> | Risk Category: <u>C</u> | Total Violations: <u>0</u> |
| Email: | Phone: | Inspection Status: <u>Green</u> Yellow Red |
| Inspection Type: <u>Routine</u> | Re-inspection | Pre-operational |
| Illness Investigation | Complaint | Other |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, NO) for each item

Mark "X" in appropriate box for COS and/or R

IN = in compliance OUT = not in compliance NO = not observed N/A = not applicable COS = corrected on-site R = repeat violation

| Compliance Status | | COS | R |
|---|----------------------|-----|---|
| Supervision | | | |
| 1 | <u>IN</u> OUT | | |
| Person in charge present, demonstrates knowledge and performs duties | | | |
| 2 | <u>IN</u> OUT N/A | | |
| Certified Food Protection Manager | | | |
| Employee Health | | | |
| 3 | <u>IN</u> OUT | | |
| Management/food employees & conditional employee; knowledge, responsibilities and reporting | | | |
| 4 | <u>IN</u> OUT | | |
| Proper use of restriction and exclusion | | | |
| 5 | <u>IN</u> OUT | | |
| Procedures for responding to vomiting and diarrheal events | | | |
| Good Hygiene Practices | | | |
| 6 | IN OUT <u>NO</u> | | |
| Proper eating, tasting, drinking, or tobacco use | | | |
| 7 | IN OUT <u>NO</u> | | |
| No discharge from eyes, nose, mouth | | | |
| Preventing Contamination by Hands | | | |
| 8 | <u>IN</u> OUT NO | | |
| Hands clean & properly washed | | | |
| 9 | <u>IN</u> OUT N/A NO | | |
| No bare hand contact with RTE food | | | |
| 10 | <u>IN</u> OUT | | |
| Adequate handwashing sinks properly supplied & accessible | | | |
| Approved Source | | | |
| 11 | <u>IN</u> OUT | | |
| Food obtained from an approved source | | | |
| 12 | IN OUT N/A <u>NO</u> | | |
| Food received at proper temperature | | | |
| 13 | <u>IN</u> OUT | | |
| Food in good condition, safe & unadulterated | | | |
| 14 | IN OUT N/A <u>NO</u> | | |
| Req. records available: shell stock tags, parasite destruction | | | |
| 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 illness or injury. | | | |

| Compliance Status | | COS | R |
|--|----------------------|-----|---|
| Protection from Contamination | | | |
| 15 | <u>IN</u> OUT N/A NO | | |
| Food separated and protected | | | |
| 16 | <u>IN</u> OUT N/A | | |
| Food-contact surfaces cleaned and sanitized | | | |
| 17 | IN OUT <u>N/A</u> NO | | |
| Proper disposition or returned, previously served, reconditioned & unsafe food | | | |
| Time / Temperature Control for Safety | | | |
| 18 | IN OUT N/A <u>NO</u> | | |
| Proper cooking time and temperature | | | |
| 19 | IN OUT N/A <u>NO</u> | | |
| Proper reheating procedures for hot holding | | | |
| 20 | IN OUT N/A <u>NO</u> | | |
| Proper cooling time and temperatures | | | |
| 21 | IN OUT N/A <u>NO</u> | | |
| Proper hot holding temperatures | | | |
| 22 | <u>IN</u> OUT N/A NO | | |
| Proper cold holding temperatures | | | |
| 23 | <u>IN</u> OUT N/A NO | | |
| Proper date marking and disposition | | | |
| 24 | IN OUT <u>N/A</u> NO | | |
| Time as a Public Health Control: procedures and records | | | |
| Consumer Advisory | | | |
| 25 | <u>IN</u> OUT N/A | | |
| Consumer advisory provided for raw/undercooked foods | | | |
| Highly Susceptible Populations | | | |
| 26 | IN OUT <u>N/A</u> | | |
| Pasteurized foods used; prohibited foods not offered | | | |
| Food / Color Additives and Toxic Substances | | | |
| 27 | IN OUT <u>N/A</u> | | |
| Food additives: approved and properly used | | | |
| 28 | <u>IN</u> OUT N/A | | |
| Toxic substances properly identified, stored and used | | | |
| Conformance with Approved Procedures | | | |
| 19 | IN OUT <u>N/A</u> | | |
| Compliance with variance/specialized process/HACCP | | | |

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is not in compliance

Mark "X" on appropriate box for COS and/or

COS = corrected on-site during inspection

R = repeat violation

| Compliance Status | | COS | R |
|--|--|-----|---|
| Safe Food and Water | | | |
| 30 | | | |
| Pasteurized eggs used where required | | | |
| 31 | | | |
| Water & Ice from approved source | | | |
| 32 | | | |
| Variance obtained for specialized processing methods | | | |
| Food Temperature Control | | | |
| 33 | | | |
| Proper cooling methods used: adequate equipment for temp. control | | | |
| 34 | | | |
| Plant food properly cooked for hot holding | | | |
| 35 | | | |
| Approved thawing methods used | | | |
| 36 | | | |
| Thermometers provided and accurate | | | |
| Food Identification | | | |
| 37 | | | |
| Food properly labeled: original container | | | |
| Prevention of Food Contamination | | | |
| 38 | | | |
| Insects, rodents, & animals not present | | | |
| 39 | | | |
| Contamination prevented during food preparation, storage & display | | | |
| 40 | | | |
| Personal cleanliness | | | |
| 41 | | | |
| Wiping cloths: properly used & stored | | | |
| 42 | | | |
| Washing fruits & vegetables | | | |

| Compliance Status | | COS | R |
|---|--|-----|---|
| Proper Use of Utensils | | | |
| 43 | | | |
| In-use utensils properly stored | | | |
| 44 | | | |
| Utensils, equipment & linens: properly stored, dried, & handled | | | |
| 45 | | | |
| Single-use/single-service articles: properly stored & used | | | |
| 46 | | | |
| Gloves used properly | | | |
| Utensils, Equipment and Vending | | | |
| 47 | | | |
| Food and non-food contact surfaces cleanable, | | | |
| 48 | | | |
| Properly designed, constructed, & used | | | |
| 49 | | | |
| Warewashing: installed, maintained, & used: test strips | | | |
| Physical Facilities | | | |
| 50 | | | |
| Hot & cold water available adequate pressure | | | |
| 51 | | | |
| Plumbing installed, proper backflow devices | | | |
| 52 | | | |
| Sewage & waste water properly disposed | | | |
| 53 | | | |
| Toilet facilities properly constructed, supplied, & cleaned | | | |
| 54 | | | |
| Garbage & refuse properly disposed, facilities maintained | | | |
| 55 | | | |
| Physical facilities installed, maintained, & clean | | | |
| 56 | | | |
| Adequate ventilation & lighting, designated areas used | | | |

Type of Operation:

Discussion with Person-in-Charge:

Signature of Person in Charge:

Signature of Inspector:

License Posted:

Follow-Up:

Follow-Up Date:

Date:

Date: 4/12/2022

Date: 4/12/2022



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | |
|---|---|--|
| Establishment: Hot Rizec | Date: 4/11/22 Page 1 of 2 | No. of Risk Factor/Intervention Violations 1 |
| Address: 6A DW Highway | Time in: 11:00 Time out: 11:45 | No. of Repeat Risk Factor/Intervention Violations 0 |
| Owner/Permit Holder: Armada Enterprise LLC | Risk Category: C | Total Violations 1 |
| Email: | Phone: | Inspection Status: Green Yellow Red |
| Inspection Type: Routine | Re-inspection Pre-operational Illness Investigation Complaint Other | |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, NO) for each item

Mark "X" in appropriate box for COS and/or R

IN = in compliance OUT = not in compliance NO = not observed N/A = not applicable COS = corrected on-site R = repeat violation

| Compliance Status | | COS | R |
|---|---------------|---|---|
| Supervision | | | |
| 1 | IN OUT | Person in charge present, demonstrates knowledge and performs duties | |
| 2 | IN OUT N/A | Certified Food Protection Manager | |
| Employee Health | | | |
| 3 | IN OUT | Management/food employees & conditional employee; knowledge, responsibilities and reporting | |
| 4 | IN OUT | Proper use of restriction and exclusion | |
| 5 | IN OUT | Procedures for responding to vomiting and diarrheal events | |
| Good Hygiene Practices | | | |
| 6 | IN OUT NO | Proper eating, tasting, drinking, or tobacco use | |
| 7 | IN OUT NO | No discharge from eyes, nose, mouth | |
| Preventing Contamination by Hands | | | |
| 8 | IN OUT NO | Hands clean & properly washed | |
| 9 | IN OUT N/A NO | No bare hand contact with RTE food | |
| 10 | IN OUT | Adequate handwashing sinks properly supplied & accessible | |
| Approved Source | | | |
| 11 | IN OUT | Food obtained from an approved source | |
| 12 | IN OUT N/A NO | Food received at proper temperature | |
| 13 | IN OUT | Food in good condition, safe & unadulterated | |
| 14 | IN OUT N/A NO | Req. records available: shell stock tags, parasite destruction | |
| 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 illness or injury. | | | |

| Compliance Status | | COS | R |
|--|---------------|--|---|
| Protection from Contamination | | | |
| 15 | IN OUT N/A NO | Food separated and protected | |
| 16 | IN OUT N/A | Food-contact surfaces cleaned and sanitized | |
| 17 | IN OUT N/A NO | Proper disposition or returned, previously served, reconditioned & unsafe food | |
| Time / Temperature Control for Safety | | | |
| 18 | IN OUT N/A NO | Proper cooking time and temperature | |
| 19 | IN OUT N/A NO | Proper reheating procedures for hot holding | |
| 20 | IN OUT N/A NO | Proper cooling time and temperatures | |
| 21 | IN OUT N/A NO | Proper hot holding temperatures | |
| 22 | IN OUT N/A NO | Proper cold holding temperatures | |
| 23 | IN OUT N/A NO | Proper date marking and disposition | |
| 24 | IN OUT N/A NO | Time as a Public Health Control: procedures and records | |
| Consumer Advisory | | | |
| 25 | IN OUT N/A | Consumer advisory provided for raw/undercooked foods | |
| Highly Susceptible Populations | | | |
| 26 | IN OUT N/A | Pasteurized foods used; prohibited foods not offered | |
| Food / Color Additives and Toxic Substances | | | |
| 27 | IN OUT N/A | Food additives: approved and properly used | |
| 28 | IN OUT N/A | Toxic substances properly identified, stored and used | |
| Conformance with Approved Procedures | | | |
| 19 | IN OUT N/A | Compliance with variance/specialized process/HACCP | |

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is not in compliance

Mark "X" on appropriate box for COS and/or

COS = corrected on-site during inspection

R = repeat violation

| Compliance Status | | COS | R |
|---|--|-----|---|
| Safe Food and Water | | | |
| 30 | Pasteurized eggs used where required | | |
| 31 | Water & Ice from approved source | | |
| 32 | Variance obtained for specialized processing methods | | |
| Food Temperature Control | | | |
| 33 | Proper cooling methods used; adequate equipment for temp. control | | |
| 34 | Plant food properly cooked for hot holding | | |
| 35 | Approved thawing methods used | | |
| 36 | Thermometers provided and accurate | | |
| Food Identification | | | |
| 37 | Food properly labeled: original container | | |
| Prevention of Food Contamination | | | |
| 38 | Insects, rodents, & animals not present | | |
| 39 | Contamination prevented during food preparation, storage & display | | |
| 40 | Personal cleanliness | | |
| 41 | Wiping cloths: properly used & stored | | |
| 42 | Washing fruits & vegetables | | |

| Compliance Status | | COS | R |
|--|---|-----|---|
| Proper Use of Utensils | | | |
| 43 | In-use utensils properly stored | | |
| 44 | Utensils, equipment & linens: properly stored, dried, & handled | | |
| 45 | Single-use/single-service articles: properly stored & used | | |
| 46 | Gloves used properly | | |
| Utensils, Equipment and Vending | | | |
| 47 | Food and non-food contact surfaces cleanable, | | |
| 48 | Properly designed, constructed, & used | | |
| 49 | Warewashing: installed, maintained, & used: test strips | | |
| Physical Facilities | | | |
| 50 | Hot & cold water available adequate pressure | | |
| 51 | Plumbing installed, proper backflow devices | | |
| 52 | Sewage & waste water properly disposed | | |
| 53 | Toilet facilities properly constructed, supplied, & cleaned | | |
| 54 | Garbage & refuse properly disposed, facilities maintained | | |
| 55 | Physical facilities installed, maintained, & clean | | |
| 56 | Adequate ventilation & lighting, designated areas used | | |

Type of Operation:

License Posted: **(Y)** N

Discussion with Person-in-Charge:

Follow-Up: **(Y)** N

Signature of Person in Charge: *[Signature]*

Follow-Up Date:

Date: *4/11/22*

Signature of Inspector: *[Signature]*

Date: *4/11/2022*

Date: 4/11/2022



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | |
|---|--|---|
| Establishment: Merrimack Memorial Post #98 | Date: 4/14/22 Page 1 of 2 | No. of Risk Factor/Intervention Violations: 0 |
| Address: 43 Baboosk Lake Road | Time in: 2:00 Time out: 2:30 | No. of Repeat Risk Factor/Intervention Violations: 0 |
| Owner/Permit Holder: | Risk Category: D | Total Violations: 0 |
| Email: | Phone: | Inspection Status: Green Yellow Red |

| |
|--|
| Inspection Type: Routine Re-inspection Pre-operational Illness Investigation Complaint Other |
| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS |
| Circle designated compliance status (IN, OUT, N/A, NO) for each item Mark "X" in appropriate box for COS and/or R |
| IN = in compliance OUT = not in compliance NO = not observed N/A = not applicable COS = corrected on-site R = repeat violation |

| Compliance Status | | COS | R |
|--|----------------------|-----|---|
| Supervision | | | |
| 1 | IN OUT | | |
| 2 | IN OUT N/A | | |
| Employee Health | | | |
| 3 | IN OUT | | |
| 4 | IN OUT | | |
| 5 | IN OUT | | |
| Good Hygiene Practices | | | |
| 6 | IN OUT NO | | |
| 7 | IN OUT NO | | |
| Preventing Contamination by Hands | | | |
| 8 | IN OUT NO | | |
| 9 | IN OUT N/A NO | | |
| 10 | IN OUT | | |
| Approved Source | | | |
| 11 | IN OUT | | |
| 12 | IN OUT N/A NO | | |
| 13 | IN OUT | | |
| 14 | IN OUT N/A NO | | |

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 illness or injury.

| Compliance Status | | COS | R |
|--|----------------------|-----|---|
| Protection from Contamination | | | |
| 15 | IN OUT N/A NO | | |
| 16 | IN OUT N/A | | |
| 17 | IN OUT N/A NO | | |
| Time / Temperature Control for Safety | | | |
| 18 | IN OUT N/A NO | | |
| 19 | IN OUT N/A NO | | |
| 20 | IN OUT N/A NO | | |
| 21 | IN OUT N/A NO | | |
| 22 | IN OUT N/A NO | | |
| 23 | IN OUT N/A NO | | |
| 24 | IN OUT N/A NO | | |
| Consumer Advisory | | | |
| 25 | IN OUT N/A | | |
| Highly Susceptible Populations | | | |
| 26 | IN OUT N/A | | |
| Food / Color Additives and Toxic Substances | | | |
| 27 | IN OUT N/A | | |
| 28 | IN OUT N/A | | |
| Conformance with Approved Procedures | | | |
| 19 | IN OUT N/A | | |

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is not in compliance Mark "X" on appropriate box for COS and/or COS = corrected on-site during inspection R = repeat violation

| Compliance Status | | COS | R |
|---|--|-----|---|
| Safe Food and Water | | | |
| 30 | Pasteurized eggs used where required | | |
| 31 | Water & Ice from approved source | | |
| 32 | Variance obtained for specialized processing methods | | |
| Food Temperature Control | | | |
| 33 | Proper cooling methods used: adequate equipment for temp. control | | |
| 34 | Plant food properly cooked for hot holding | | |
| 35 | Approved thawing methods used | | |
| 36 | Thermometers provided and accurate | | |
| Food Identification | | | |
| 37 | Food properly labeled: original container | | |
| Prevention of Food Contamination | | | |
| 38 | Insects, rodents, & animals not present | | |
| 39 | Contamination prevented during food preparation, storage & display | | |
| 40 | Personal cleanliness | | |
| 41 | Wiping cloths: properly used & stored | | |
| 42 | Washing fruits & vegetables | | |

| Compliance Status | | COS | R |
|--|---|-----|---|
| Proper Use of Utensils | | | |
| 43 | In-use utensils properly stored | | |
| 44 | Utensils, equipment & linens: properly stored, dried, & handled | | |
| 45 | Single-use/single-service articles: properly stored & used | | |
| 46 | Gloves used properly | | |
| Utensils, Equipment and Vending | | | |
| 47 | Food and non-food contact surfaces cleanable, | | |
| 48 | Properly designed, constructed, & used | | |
| 49 | Warewashing: installed, maintained, & used: test strips | | |
| Physical Facilities | | | |
| 50 | Hot & cold water available adequate pressure | | |
| 51 | Plumbing installed, proper backflow devices | | |
| 52 | Sewage & waste water properly disposed | | |
| 53 | Toilet facilities properly constructed, supplied, & cleaned | | |
| 54 | Garbage & refuse properly disposed, facilities maintained | | |
| 55 | Physical facilities installed, maintained, & clean | | |
| 56 | Adequate ventilation & lighting, designated areas used | | |

| | |
|---|----------------------------|
| Type of Operation: | License Posted: Y N |
| Discussion with Person-in-Charge: | Follow-Up: Y N |
| Signature of Person in Charge: <i>[Signature]</i> | Follow-Up Date: |
| Signature of Inspector: <i>[Signature]</i> | Date: 4/17/2022 |

Date: 4/7/2027



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|--|-----------------------|---------------------------------|--|
| Establishment: <u>Apple Cinemas</u> | Date: <u>4/6/22</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations <u>0</u> |
| Address: <u>11 Executive Park Drive</u> | Time in: <u>10:00</u> | Time out: <u>6:30</u> | No. of Repeat Risk Factor/Intervention Violations <u>0</u> |
| Owner/Permit Holder: <u>Sand Media NH Inc.</u> | Risk Category: | | Total Violations <u>0</u> |
| Email: | Phone: | Inspection Status: <u>Green</u> | Yellow Red |
| Inspection Type: <u>Routine</u> | Re-inspection | Pre-operational | Illness Investigation |
| | Complaint | Other | |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, NO) for each item

Mark "X" in appropriate box for COS and/or R

IN = in compliance OUT = not in compliance NO = not observed N/A = not applicable COS = corrected on-site R = repeat violation

| Compliance Status | | COS | R |
|---|----------------------|-----|---|
| Supervision | | | |
| 1 | <u>IN</u> OUT | | |
| Person in charge present, demonstrates knowledge and performs duties | | | |
| 2 | <u>IN</u> OUT N/A | | |
| Certified Food Protection Manager | | | |
| Employee Health | | | |
| 3 | <u>IN</u> OUT | | |
| Management/food employees & conditional employee; knowledge, responsibilities and reporting | | | |
| 4 | <u>IN</u> OUT | | |
| Proper use of restriction and exclusion | | | |
| 5 | <u>IN</u> OUT | | |
| Procedures for responding to vomiting and diarrheal events | | | |
| Good Hygiene Practices | | | |
| 6 | IN OUT <u>NO</u> | | |
| Proper eating, tasting, drinking, or tobacco use | | | |
| 7 | IN OUT <u>NO</u> | | |
| No discharge from eyes, nose, mouth | | | |
| Preventing Contamination by Hands | | | |
| 8 | IN OUT <u>NO</u> | | |
| Hands clean & properly washed | | | |
| 9 | IN OUT N/A <u>NO</u> | | |
| No bare hand contact with RTE food | | | |
| 10 | <u>IN</u> OUT | | |
| Adequate handwashing sinks properly supplied & accessible | | | |
| Approved Source | | | |
| 11 | <u>IN</u> OUT | | |
| Food obtained from an approved source | | | |
| 12 | IN OUT N/A <u>NO</u> | | |
| Food received at proper temperature | | | |
| 13 | <u>IN</u> OUT | | |
| Food in good condition, safe & unadulterated | | | |
| 14 | IN OUT N/A <u>NO</u> | | |
| Req. records available: shell stock tags, parasite destruction | | | |

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 illness or injury.

| Compliance Status | | COS | R |
|--|----------------------|-----|---|
| Protection from Contamination | | | |
| 15 | <u>IN</u> OUT N/A NO | | |
| Food separated and protected | | | |
| 16 | <u>IN</u> OUT N/A | | |
| Food-contact surfaces cleaned and sanitized | | | |
| 17 | IN OUT N/A <u>NO</u> | | |
| Proper disposition or returned, previously served, reconditioned & unsafe food | | | |
| Time / Temperature Control for Safety | | | |
| 18 | IN OUT N/A <u>NO</u> | | |
| Proper cooking time and temperature | | | |
| 19 | IN OUT N/A <u>NO</u> | | |
| Proper reheating procedures for hot holding | | | |
| 20 | IN OUT N/A <u>NO</u> | | |
| Proper cooling time and temperatures | | | |
| 21 | IN OUT N/A <u>NO</u> | | |
| Proper hot holding temperatures | | | |
| 22 | <u>IN</u> OUT N/A NO | | |
| Proper cold holding temperatures | | | |
| 23 | <u>IN</u> OUT N/A NO | | |
| Proper date marking and disposition | | | |
| 24 | IN OUT <u>NO</u> N/A | | |
| Time as a Public Health Control: procedures and records | | | |
| Consumer Advisory | | | |
| 25 | IN OUT N/A <u>NO</u> | | |
| Consumer advisory provided for raw/undercooked foods | | | |
| Highly Susceptible Populations | | | |
| 26 | IN OUT N/A <u>NO</u> | | |
| Pasteurized foods used; prohibited foods not offered | | | |
| Food / Color Additives and Toxic Substances | | | |
| 27 | IN OUT N/A <u>NO</u> | | |
| Food additives: approved and properly used | | | |
| 28 | <u>IN</u> OUT N/A | | |
| Toxic substances properly identified, stored and used | | | |
| Conformance with Approved Procedures | | | |
| 29 | IN OUT <u>NO</u> N/A | | |
| Compliance with variance/specialized process/HACCP | | | |

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is not in compliance

Mark "X" on appropriate box for COS and/or

COS = corrected on-site during inspection

R = repeat violation

| Compliance Status | | COS | R |
|--|--|-----|---|
| Safe Food and Water | | | |
| 30 | | | |
| Pasteurized eggs used where required | | | |
| 31 | | | |
| Water & Ice from approved source | | | |
| 32 | | | |
| Variance obtained for specialized processing methods | | | |
| Food Temperature Control | | | |
| 33 | | | |
| Proper cooling methods used: adequate equipment for temp. control | | | |
| 34 | | | |
| Plant food properly cooked for hot holding | | | |
| 35 | | | |
| Approved thawing methods used | | | |
| 36 | | | |
| Thermometers provided and accurate | | | |
| Food Identification | | | |
| 37 | | | |
| Food properly labeled: original container | | | |
| Prevention of Food Contamination | | | |
| 38 | | | |
| Insects, rodents, & animals not present | | | |
| 39 | | | |
| Contamination prevented during food preparation, storage & display | | | |
| 40 | | | |
| Personal cleanliness | | | |
| 41 | | | |
| Wiping cloths: properly used & stored | | | |
| 42 | | | |
| Washing fruits & vegetables | | | |

| Compliance Status | | COS | R |
|---|--|-----|---|
| Proper Use of Utensils | | | |
| 43 | | | |
| In-use utensils properly stored | | | |
| 44 | | | |
| Utensils, equipment & linens: properly stored, dried, & handled | | | |
| 45 | | | |
| Single-use/single-service articles: properly stored & used | | | |
| 46 | | | |
| Gloves used properly | | | |
| Utensils, Equipment and Vending | | | |
| 47 | | | |
| Food and non-food contact surfaces cleanable, | | | |
| 48 | | | |
| Properly designed, constructed, & used | | | |
| 49 | | | |
| Warewashing: installed, maintained, & used: test strips | | | |
| Physical Facilities | | | |
| 50 | | | |
| Hot & cold water available adequate pressure | | | |
| 51 | | | |
| Plumbing installed, proper backflow devices | | | |
| 52 | | | |
| Sewage & waste water properly disposed | | | |
| 53 | | | |
| Toilet facilities properly constructed, supplied, & cleaned | | | |
| 54 | | | |
| Garbage & refuse properly disposed, facilities maintained | | | |
| 55 | | | |
| Physical facilities installed, maintained, & clean | | | |
| 56 | | | |
| Adequate ventilation & lighting, designated areas used | | | |

Type of Operation:

License Posted: Y N

Discussion with Person-in-Charge:

Follow-Up: Y N

Follow-Up Date:

Signature of Person in Charge: D. Raymond

Date:

Signature of Inspector: [Signature]

Date: 4/6/2022

Date: 4/6/2022



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|--|-----------------------|---------------------------------|--|
| Establishment: <u>Pizzico</u> | Date: <u>4/14/22</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations <u>0</u> |
| Address: <u>7 Continental Blvd.</u> | Time in: <u>11:30</u> | Time out: <u>12:50</u> | No. of Repeat Risk Factor/Intervention Violations <u>0</u> |
| Owner/Permit Holder: <u>Pizzico of Merrimack LLC</u> | Risk Category: | | Total Violations <u>0</u> |
| Email: | Phone: | Inspection Status: <u>Green</u> | Yellow Red |

| | | | | | |
|--|---------------|-----------------|-----------------------|-----------|-------|
| Inspection Type: <u>Routine</u> | Re-inspection | Pre-operational | Illness Investigation | Complaint | Other |
| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS | | | | | |
| Circle designated compliance status (IN, OUT, N/A, NO) for each item Mark "X" in appropriate box for COS and/or R | | | | | |
| IN = in compliance OUT = not in compliance NO = not observed N/A = not applicable COS = corrected on-site R = repeat violation | | | | | |

| Compliance Status | | COS | R |
|---|-----------------------------|-----|---|
| Supervision | | | |
| 1 | <u>IN</u> OUT | | |
| Person in charge present, demonstrates knowledge and performs duties | | | |
| 2 | <u>IN</u> OUT N/A | | |
| Certified Food Protection Manager | | | |
| Employee Health | | | |
| 3 | <u>IN</u> OUT | | |
| Management/food employees & conditional employee; knowledge, responsibilities and reporting | | | |
| 4 | <u>IN</u> OUT | | |
| Proper use of restriction and exclusion | | | |
| 5 | <u>IN</u> OUT | | |
| Procedures for responding to vomiting and diarrheal events | | | |
| Good Hygiene Practices | | | |
| 6 | <u>IN</u> OUT <u>NO</u> | | |
| Proper eating, tasting, drinking, or tobacco use | | | |
| 7 | <u>IN</u> OUT <u>NO</u> | | |
| No discharge from eyes, nose, mouth | | | |
| Preventing Contamination by Hands | | | |
| 8 | <u>IN</u> OUT NO | | |
| Hands clean & properly washed | | | |
| 9 | <u>IN</u> OUT N/A NO | | |
| No bare hand contact with RTE food | | | |
| 10 | <u>IN</u> OUT | | |
| Adequate handwashing sinks properly supplied & accessible | | | |
| Approved Source | | | |
| 11 | <u>IN</u> OUT | | |
| Food obtained from an approved source | | | |
| 12 | <u>IN</u> OUT N/A <u>NO</u> | | |
| Food received at proper temperature | | | |
| 13 | <u>IN</u> OUT | | |
| Food in good condition, safe & unadulterated | | | |
| 14 | <u>IN</u> OUT N/A NO | | |
| Req. records available: shell stock tags, parasite destruction | | | |

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 illness or injury.

| Compliance Status | | COS | R |
|--|-----------------------------|-----|---|
| Protection from Contamination | | | |
| 15 | <u>IN</u> OUT N/A NO | | |
| Food separated and protected | | | |
| 16 | <u>IN</u> OUT N/A | | |
| Food-contact surfaces cleaned and sanitized | | | |
| 17 | <u>IN</u> OUT N/A NO | | |
| Proper disposition or returned, previously served, reconditioned & unsafe food | | | |
| Time / Temperature Control for Safety | | | |
| 18 | <u>IN</u> OUT N/A <u>NO</u> | | |
| Proper cooking time and temperature | | | |
| 19 | <u>IN</u> OUT N/A <u>NO</u> | | |
| Proper reheating procedures for hot holding | | | |
| 20 | <u>IN</u> OUT N/A <u>NO</u> | | |
| Proper cooling time and temperatures | | | |
| 21 | <u>IN</u> OUT N/A <u>NO</u> | | |
| Proper hot holding temperatures | | | |
| 22 | <u>IN</u> OUT N/A NO | | |
| Proper cold holding temperatures | | | |
| 23 | <u>IN</u> OUT N/A NO | | |
| Proper date marking and disposition | | | |
| 24 | <u>IN</u> OUT N/A NO | | |
| Time as a Public Health Control: procedures and records | | | |
| Consumer Advisory | | | |
| 25 | <u>IN</u> OUT N/A | | |
| Consumer advisory provided for raw/undercooked foods | | | |
| Highly Susceptible Populations | | | |
| 26 | <u>IN</u> OUT N/A | | |
| Pasteurized foods used; prohibited foods not offered | | | |
| Food / Color Additives and Toxic Substances | | | |
| 27 | <u>IN</u> OUT N/A | | |
| Food additives: approved and properly used | | | |
| 28 | <u>IN</u> OUT N/A | | |
| Toxic substances properly identified, stored and used | | | |
| Conformance with Approved Procedures | | | |
| 19 | <u>IN</u> OUT N/A | | |
| Compliance with variance/specialized process/HACCP | | | |

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is not in compliance Mark "X" on appropriate box for COS and/or COS = corrected on-site during inspection R = repeat violation

| Compliance Status | | COS | R |
|--|--|-----|---|
| Safe Food and Water | | | |
| 30 | | | |
| Pasteurized eggs used where required | | | |
| 31 | | | |
| Water & Ice from approved source | | | |
| 32 | | | |
| Variance obtained for specialized processing methods | | | |
| Food Temperature Control | | | |
| 33 | | | |
| Proper cooling methods used: adequate equipment for temp. control | | | |
| 34 | | | |
| Plant food properly cooked for hot holding | | | |
| 35 | | | |
| Approved thawing methods used | | | |
| 36 | | | |
| Thermometers provided and accurate | | | |
| Food Identification | | | |
| 37 | | | |
| Food properly labeled: original container | | | |
| Prevention of Food Contamination | | | |
| 38 | | | |
| Insects, rodents, & animals not present | | | |
| 39 | | | |
| Contamination prevented during food preparation, storage & display | | | |
| 40 | | | |
| Personal cleanliness | | | |
| 41 | | | |
| Wiping cloths: properly used & stored | | | |
| 42 | | | |
| Washing fruits & vegetables | | | |

| Compliance Status | | COS | R |
|---|--|-----|---|
| Proper Use of Utensils | | | |
| 43 | | | |
| In-use utensils properly stored | | | |
| 44 | | | |
| Utensils, equipment & linens: properly stored, dried, & handled | | | |
| 45 | | | |
| Single-use/single-service articles: properly stored & used | | | |
| 46 | | | |
| Gloves used properly | | | |
| Utensils, Equipment and Vending | | | |
| 47 | | | |
| Food and non-food contact surfaces cleanable, | | | |
| 48 | | | |
| Properly designed, constructed, & used | | | |
| 49 | | | |
| Warewashing: installed, maintained, & used: test strips | | | |
| Physical Facilities | | | |
| 50 | | | |
| Hot & cold water available adequate pressure | | | |
| 51 | | | |
| Plumbing installed, proper backflow devices | | | |
| 52 | | | |
| Sewage & waste water properly disposed | | | |
| 53 | | | |
| Toilet facilities properly constructed, supplied, & cleaned | | | |
| 54 | | | |
| Garbage & refuse properly disposed, facilities maintained | | | |
| 55 | | | |
| Physical facilities installed, maintained, & clean | | | |
| 56 | | | |
| Adequate ventilation & lighting, designated areas used | | | |

| | |
|---|------------------------------|
| Type of Operation: | License Posted: <u>Y</u> N |
| Discussion with Person-in-Charge: | Follow-Up: <u>Y</u> <u>N</u> |
| | Follow-Up Date: |
| Signature of Person in Charge: <u>[Signature]</u> | Date: |
| Signature of Inspector: <u>[Signature]</u> | Date: <u>4/14/2022</u> |

Date: 4/4/2022



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|---|----------------------|---------------------------------|--|
| Establishment: <u>Curry Bites</u> | Date: <u>4/5/22</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations <u>0</u> |
| Address: <u>80 Premium outlet Blvd.</u> | Time in: <u>2:45</u> | Time out: <u>1:15</u> | No. of Repeat Risk Factor/Intervention Violations <u>0</u> |
| Owner/Permit Holder: <u>Sajal Latka</u> | Risk Category: | | Total Violations <u>0</u> |
| Email: | Phone: | Inspection Status: <u>Green</u> | Yellow Red |

| | | | | | |
|---------------------------------|---------------|-----------------|-----------------------|-----------|-------|
| Inspection Type: <u>Routine</u> | Re-inspection | Pre-operational | Illness Investigation | Complaint | Other |
|---------------------------------|---------------|-----------------|-----------------------|-----------|-------|

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, NO) for each item

Mark "X" in appropriate box for COS and/or R

IN = in compliance OUT = not in compliance NO = not observed N/A = not applicable COS = corrected on-site R = repeat violation

| Compliance Status | | COS | R |
|---|----------------------|-----|---|
| Supervision | | | |
| 1 | <u>IN</u> OUT | | |
| Person in charge present, demonstrates knowledge and performs duties | | | |
| 2 | <u>IN</u> OUT N/A | | |
| Certified Food Protection Manager | | | |
| Employee Health | | | |
| 3 | <u>IN</u> OUT | | |
| Management/food employees & conditional employees; knowledge, responsibilities and reporting | | | |
| 4 | <u>IN</u> OUT | | |
| Proper use of restriction and exclusion | | | |
| 5 | <u>IN</u> OUT | | |
| Procedures for responding to vomiting and diarrheal events | | | |
| Good Hygiene Practices | | | |
| 6 | IN OUT <u>NO</u> | | |
| Proper eating, tasting, drinking, or tobacco use | | | |
| 7 | IN OUT <u>NO</u> | | |
| No discharge from eyes, nose, mouth | | | |
| Preventing Contamination by Hands | | | |
| 8 | <u>IN</u> OUT NO | | |
| Hands clean & properly washed | | | |
| 9 | <u>IN</u> OUT N/A NO | | |
| No bare hand contact with RTE food | | | |
| 10 | <u>IN</u> OUT | | |
| Adequate handwashing sinks properly supplied & accessible | | | |
| Approved Source | | | |
| 11 | <u>IN</u> OUT | | |
| Food obtained from an approved source | | | |
| 12 | IN OUT N/A <u>NO</u> | | |
| Food received at proper temperature | | | |
| 13 | <u>IN</u> OUT | | |
| Food in good condition, safe & unadulterated | | | |
| 14 | IN OUT N/A NO | | |
| Req. records available: shelf stock tags, parasite destruction | | | |
| 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 illness or injury. | | | |

| Compliance Status | | COS | R |
|--|----------------------|-----|---|
| Protection from Contamination | | | |
| 15 | <u>IN</u> OUT N/A NO | | |
| Food separated and protected | | | |
| 16 | <u>IN</u> OUT N/A | | |
| Food-contact surfaces cleaned and sanitized | | | |
| 17 | IN OUT <u>N/A</u> NO | | |
| Proper disposition or returned, previously served, reconditioned & unsafe food | | | |
| Time / Temperature Control for Safety | | | |
| 18 | IN OUT <u>N/A</u> NO | | |
| Proper cooking time and temperature | | | |
| 19 | IN OUT <u>N/A</u> NO | | |
| Proper reheating procedures for hot holding | | | |
| 20 | IN OUT <u>N/A</u> NO | | |
| Proper cooling time and temperatures | | | |
| 21 | <u>IN</u> OUT N/A NO | | |
| Proper hot holding temperatures | | | |
| 22 | <u>IN</u> OUT N/A NO | | |
| Proper cold holding temperatures | | | |
| 23 | <u>IN</u> OUT N/A NO | | |
| Proper date marking and disposition | | | |
| 24 | IN OUT <u>N/A</u> NO | | |
| Time as a Public Health Control: procedures and records | | | |
| Consumer Advisory | | | |
| 25 | <u>IN</u> OUT N/A | | |
| Consumer advisory provided for raw/undercooked foods | | | |
| Highly Susceptible Populations | | | |
| 26 | <u>IN</u> OUT N/A | | |
| Pasteurized foods used; prohibited foods not offered | | | |
| Food / Color Additives and Toxic Substances | | | |
| 27 | IN OUT <u>N/A</u> | | |
| Food additives: approved and properly used | | | |
| 28 | <u>IN</u> OUT N/A | | |
| Toxic substances properly identified, stored and used | | | |
| Conformance with Approved Procedures | | | |
| 19 | IN OUT <u>N/A</u> | | |
| Compliance with variance/specialized process/HACCP | | | |

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is not in compliance

Mark "X" on appropriate box for COS and/or

COS = corrected on-site during inspection

R = repeat violation

| Compliance Status | | COS | R |
|--|--|-----|---|
| Safe Food and Water | | | |
| 30 | | | |
| Pasteurized eggs used where required | | | |
| 31 | | | |
| Water & ice from approved source | | | |
| 32 | | | |
| Variance obtained for specialized processing methods | | | |
| Food Temperature Control | | | |
| 33 | | | |
| Proper cooling methods used; adequate equipment for temp. control | | | |
| 34 | | | |
| Plant food properly cooked for hot holding | | | |
| 35 | | | |
| Approved thawing methods used | | | |
| 36 | | | |
| Thermometers provided and accurate | | | |
| Food Identification | | | |
| 37 | | | |
| Food properly labeled: original container | | | |
| Prevention of Food Contamination | | | |
| 38 | | | |
| Insects, rodents, & animals not present | | | |
| 39 | | | |
| Contamination prevented during food preparation, storage & display | | | |
| 40 | | | |
| Personal cleanliness | | | |
| 41 | | | |
| Wiping cloths: properly used & stored | | | |
| 42 | | | |
| Washing fruits & vegetables | | | |

| Compliance Status | | COS | R |
|---|--|-----|---|
| Proper Use of Utensils | | | |
| 43 | | | |
| In-use utensils properly stored | | | |
| 44 | | | |
| Utensils, equipment & linens: properly stored, dried, & handled | | | |
| 45 | | | |
| Single-use/single-service articles: properly stored & used | | | |
| 46 | | | |
| Gloves used properly | | | |
| Utensils, Equipment and Vending | | | |
| 47 | | | |
| Food and non-food contact surfaces cleanable, | | | |
| 48 | | | |
| Properly designed, constructed, & used | | | |
| 49 | | | |
| Warewashing: installed, maintained, & used: test strips | | | |
| Physical Facilities | | | |
| 50 | | | |
| Hot & cold water available adequate pressure | | | |
| 51 | | | |
| Plumbing installed, proper backflow devices | | | |
| 52 | | | |
| Sewage & waste water properly disposed | | | |
| 53 | | | |
| Toilet facilities properly constructed, supplied, & cleaned | | | |
| 54 | | | |
| Garbage & refuse properly disposed, facilities maintained | | | |
| 55 | | | |
| Physical facilities installed, maintained, & clean | | | |
| 56 | | | |
| Adequate ventilation & lighting, designated areas used | | | |

Type of Operation:

Discussion with Person-in-Charge:

License Posted: Y N

Follow-Up: Y N

Follow-Up Date:

Signature of Person in Charge: P. H. H.

Date:

Signature of Inspector: [Signature]

Date: 4/6/2022

Date: 4/5/2022



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | |
|-----------------------------------|---|--|
| Establishment: <u>Lot of Thai</u> | Date: <u>4/5/22</u> Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations <u>0</u> |
| Address: <u>360 Dew Highway</u> | Time in: <u>11:30</u> Time out: <u>12:30</u> | No. of Repeat Risk Factor/Intervention Violations <u>0</u> |
| Owner/Permit Holder: | Risk Category: <u>C</u> | Total Violations <u>0</u> |
| Email: | Phone: | Inspection Status: <u>Green</u> Yellow Red |
| Inspection Type: <u>Routine</u> | Re-inspection Pre-operational Illness Investigation Complaint Other | |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, NO) for each item

Mark "X" in appropriate box for COS and/or R

IN = in compliance OUT = not in compliance NO = not observed N/A = not applicable COS = corrected on-site R = repeat violation

| Compliance Status | | COS | R |
|---|----------------------|-----|---|
| Supervision | | | |
| 1 | <u>IN</u> OUT | | |
| Person in charge present, demonstrates knowledge and performs duties | | | |
| 2 | <u>IN</u> OUT N/A | | |
| Certified Food Protection Manager | | | |
| Employee Health | | | |
| 3 | <u>IN</u> OUT | | |
| Management/food employees & conditional employee; knowledge, responsibilities and reporting | | | |
| 4 | <u>IN</u> OUT | | |
| Proper use of restriction and exclusion | | | |
| 5 | <u>IN</u> OUT | | |
| Procedures for responding to vomiting and diarrheal events | | | |
| Good Hygiene Practices | | | |
| 6 | IN OUT <u>NO</u> | | |
| Proper eating, tasting, drinking, or tobacco use | | | |
| 7 | IN OUT <u>NO</u> | | |
| No discharge from eyes, nose, mouth | | | |
| Preventing Contamination by Hands | | | |
| 8 | <u>IN</u> OUT NO | | |
| Hands clean & properly washed | | | |
| 9 | <u>IN</u> OUT N/A NO | | |
| No bare hand contact with RTE food | | | |
| 10 | <u>IN</u> OUT | | |
| Adequate handwashing sinks properly supplied & accessible | | | |
| Approved Source | | | |
| 11 | <u>IN</u> OUT | | |
| Food obtained from an approved source | | | |
| 12 | IN OUT N/A <u>NO</u> | | |
| Food received at proper temperature | | | |
| 13 | <u>IN</u> OUT | | |
| Food in good condition, safe & unadulterated | | | |
| 14 | IN OUT N/A <u>NO</u> | | |
| Req. records available: shell stock tags, parasite destruction | | | |

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 illness or injury.

| Compliance Status | | COS | R |
|--|----------------------|-----|---|
| Protection from Contamination | | | |
| 15 | <u>IN</u> OUT N/A NO | | |
| Food separated and protected | | | |
| 16 | <u>IN</u> OUT N/A | | |
| Food-contact surfaces cleaned and sanitized | | | |
| 17 | IN OUT <u>N/A</u> NO | | |
| Proper disposition or returned, previously served, reconditioned & unsafe food | | | |
| Time / Temperature Control for Safety | | | |
| 18 | IN OUT N/A <u>NO</u> | | |
| Proper cooking time and temperature | | | |
| 19 | IN OUT N/A <u>NO</u> | | |
| Proper reheating procedures for hot holding | | | |
| 20 | IN OUT N/A <u>NO</u> | | |
| Proper cooling time and temperatures | | | |
| 21 | IN OUT N/A <u>NO</u> | | |
| Proper hot holding temperatures | | | |
| 22 | <u>IN</u> OUT N/A NO | | |
| Proper cold holding temperatures | | | |
| 23 | <u>IN</u> OUT N/A NO | | |
| Proper date marking and disposition | | | |
| 24 | IN OUT <u>N/A</u> NO | | |
| Time as a Public Health Control: procedures and records | | | |
| Consumer Advisory | | | |
| 25 | <u>IN</u> OUT N/A | | |
| Consumer advisory provided for raw/undercooked foods | | | |
| Highly Susceptible Populations | | | |
| 26 | <u>IN</u> OUT N/A | | |
| Pasteurized foods used; prohibited foods not offered | | | |
| Food / Color Additives and Toxic Substances | | | |
| 27 | IN OUT <u>N/A</u> | | |
| Food additives: approved and properly used | | | |
| 28 | <u>IN</u> OUT N/A | | |
| Toxic substances properly identified, stored and used | | | |
| Conformance with Approved Procedures | | | |
| 19 | IN OUT <u>N/A</u> | | |
| Compliance with variance/specialized process/HACCP | | | |

GOOD RETAIL PRACTICES

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

Mark "X" in box if numbered item is not in compliance

Mark "X" on appropriate box for COS and/or

COS = corrected on-site during inspection

R = repeat violation

| Compliance Status | | COS | R |
|--|--|-----|---|
| Safe Food and Water | | | |
| 30 | | | |
| Pasteurized eggs used where required | | | |
| 31 | | | |
| Water & Ice from approved source | | | |
| 32 | | | |
| Variance obtained for specialized processing methods | | | |
| Food Temperature Control | | | |
| 33 | | | |
| Proper cooling methods used: adequate equipment for temp. control | | | |
| 34 | | | |
| Plant food properly cooked for hot holding | | | |
| 35 | | | |
| Approved thawing methods used | | | |
| 36 | | | |
| Thermometers provided and accurate | | | |
| Food Identification | | | |
| 37 | | | |
| Food properly labeled: original container | | | |
| Prevention of Food Contamination | | | |
| 38 | | | |
| Insects, rodents, & animals not present | | | |
| 39 | | | |
| Contamination prevented during food preparation, storage & display | | | |
| 40 | | | |
| Personal cleanliness | | | |
| 41 | | | |
| Wiping cloths: properly used & stored | | | |
| 42 | | | |
| Washing fruits & vegetables | | | |

| Compliance Status | | COS | R |
|---|--|-----|---|
| Proper Use of Utensils | | | |
| 43 | | | |
| In-use utensils properly stored | | | |
| 44 | | | |
| Utensils, equipment & linens: properly stored, dried, & handled | | | |
| 45 | | | |
| Single-use/single-service articles: properly stored & used | | | |
| 46 | | | |
| Gloves used properly | | | |
| Utensils, Equipment and Vending | | | |
| 47 | | | |
| Food and non-food contact surfaces cleanable, | | | |
| 48 | | | |
| Properly designed, constructed, & used | | | |
| 49 | | | |
| Warewashing: installed, maintained, & used: test strips | | | |
| Physical Facilities | | | |
| 50 | | | |
| Hot & cold water available adequate pressure | | | |
| 51 | | | |
| Plumbing installed, proper backflow devices | | | |
| 52 | | | |
| Sewage & waste water properly disposed | | | |
| 53 | | | |
| Toilet facilities properly constructed, supplied, & cleaned | | | |
| 54 | | | |
| Garbage & refuse properly disposed, facilities maintained | | | |
| 55 | | | |
| Physical facilities installed, maintained, & clean | | | |
| 56 | | | |
| Adequate ventilation & lighting, designated areas used | | | |

Type of Operation:

Discussion with Person-in-Charge:

License Posted: Y N

Follow-Up: Y N

Follow-Up Date:

Signature of Person in Charge: Dmb

Date:

Signature of Inspector: [Signature]

Date: 4/5/2022

Date: 4/5/2022