



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: <u>MARCS PIZZA & SUBS</u>	Date: <u>2/18/24</u>	Page 1 of <u>2</u>	No. of Risk Factor/Intervention Violations: <u>0</u>
Address: <u>704 Milford Road</u>	Time in: <u>1:30</u>	Time out: <u>12:50</u>	No. of Repeat Risk Factor/Intervention Violations: <u>0</u>
Owner/Permit Holder:	Risk Category: <u>D</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 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Person in charge present, demonstrates knowledge and performs duties		
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Certified Food Protection Manager		
Employee Health		
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Management/food employees & conditional employee; knowledge, responsibilities and reporting		
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper use of restriction and exclusion		
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Procedures for responding to vomiting and diarrheal events		
Good Hygiene Practices		
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NC		
Proper eating, tasting, drinking, or tobacco use		
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NC		
No discharge from eyes, nose, mouth		
Preventing Contamination by Hands		
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO		
Hands clean & properly washed		
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
No bare hand contact with RTE food		
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Adequate handwashing sinks properly supplied & accessible		
Approved Source		
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food obtained from an approved source		
12 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Food received at proper temperature		
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food in good condition, safe & unadulterated		
14 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Req. records available; shell stock tags, parasite destruction		

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

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

Compliance Status	COS	R
Proper Use of Utensils		
43 <input checked="" type="checkbox"/>		
In-use utensils properly stored		
44 <input checked="" type="checkbox"/>		
Utensils, equipment & linens: properly stored, dried, & handled		
45 <input checked="" type="checkbox"/>		
Single-use/single-service articles: properly stored & used		
46 <input checked="" type="checkbox"/>		
Gloves used properly		
Utensils, Equipment and Vending		
47 <input checked="" type="checkbox"/>		
Food and non-food contact surfaces cleanable,		
48 <input checked="" type="checkbox"/>		
Properly designed, constructed, & used		
49 <input checked="" type="checkbox"/>		
Warewashing: installed, maintained, & used: test strips		
Physical Facilities		
50 <input checked="" type="checkbox"/>		
Hot & cold water available adequate pressure		
51 <input checked="" type="checkbox"/>		
Plumbing installed, proper backflow devices		
52 <input checked="" type="checkbox"/>		
Sewage & waste water properly disposed		
53 <input checked="" type="checkbox"/>		
Toilet facilities properly constructed, supplied, & cleaned		
54 <input checked="" type="checkbox"/>		
Garbage & refuse properly disposed, facilities maintained		
55 <input checked="" type="checkbox"/>		
Physical facilities installed, maintained, & clean		
56 <input checked="" type="checkbox"/>		
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>
Signature of Person in Charge: <u>[Signature]</u>	Follow-Up Date:
Signature of Inspector: <u>[Signature]</u>	Date: <u>2.28.2024</u>



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HEALTH DIVISION
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FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: *Matts Pizza & Subs*

Date: *2-28-2024* Page *2* of *2*

Address: *404 Milford Road*

Compliance Achieved: *2-28-2024*

TEMPERATURE OBSERVATIONS

Item / Location	Temp.	Item / Location	Temp.	Item / Location	Temp.

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

V	Item Number	Section of Code	Description of Violation	Dated Corrected or COS

No violations observed during time of inspection.

Signature of Person in Charge: *Sherry Baker*

Date: *2-28-2024*

Signature of Inspector: *[Signature]*

Date: *2-28-2024*



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FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: Holiday Inn Express & suites	Date: 2/27/24 Page 1 of 2	No. of Risk Factor/Intervention Violations: 0
Address: A Amherst Road	Time in: 00 Time out: 1:30	No. of Repeat Risk Factor/Intervention Violations: 0
Owner/Permit Holder: Roedel companies LLC	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 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Employee Health		
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Good Hygiene Practices		
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> NO		
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> NO		
Preventing Contamination by Hands		
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> NO		
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO		
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Approved Source		
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
12 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO		
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
14 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO		

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

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

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Compliance Status	COS	R
Safe Food and Water		
30		
31		
32		
Food Temperature Control		
33		
34		
35		
36		
Food Identification		
37		
Prevention of Food Contamination		
38		
39		
40		
41		
42		

Compliance Status	COS	R
Proper Use of Utensils		
43		
44		
45		
46		
Utensils, Equipment and Vending		
47		
48		
49		
Physical Facilities		
50		
51		
52		
53		
54		
55		
56		

Type of Operation:	License Posted: <input checked="" type="radio"/> Y <input type="radio"/> N
Discussion with Person-in-Charge:	Follow-Up: <input type="radio"/> Y <input checked="" type="radio"/> N
Signature of Person in Charge: <i>[Signature]</i>	Follow-Up Date:
Signature of Inspector: <i>[Signature]</i>	Date: 2-27-2024



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FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: <u>Homestead</u>	Date: <u>2/26/24</u>	Page 1 of <u>2</u>	No. of Risk Factor/Intervention Violations: <u>1</u>
Address: <u>641 Dow Highway</u>	Time into: <u>8:30</u>	Time out: <u>11:30</u>	No. of Repeat Risk Factor/Intervention Violations: <u>0</u>
Owner/Permit Holder:	Risk Category: <u>B</u>	Total Violations: <u>2</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 <input type="checkbox"/> IN <input type="checkbox"/> OUT			Person in charge present, demonstrates knowledge and performs duties
2 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		<input checked="" type="checkbox"/>	Certified Food Protection Manager
Employee Health			
3 <input type="checkbox"/> IN <input type="checkbox"/> OUT			Management/food employees & conditional employee; knowledge, responsibilities and reporting
4 <input type="checkbox"/> IN <input type="checkbox"/> OUT			Proper use of restriction and exclusion
5 <input type="checkbox"/> IN <input type="checkbox"/> OUT			Procedures for responding to vomiting and diarrheal events
Good Hygiene Practices			
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO			Proper eating, tasting, drinking, or tobacco use
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO			No discharge from eyes, nose, mouth
Preventing Contamination by Hands			
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO			Hands clean & properly washed
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> NO			No bare hand contact with RTE food
10 <input type="checkbox"/> IN <input type="checkbox"/> OUT			Adequate handwashing sinks properly supplied & accessible
Approved Source			
11 <input type="checkbox"/> IN <input type="checkbox"/> OUT			Food obtained from an approved source
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> NO			Food received at proper temperature
13 <input type="checkbox"/> IN <input type="checkbox"/> OUT			Food in good condition, safe & unadulterated
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> 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 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> NO			Food separated and protected
16 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A			Food-contact surfaces cleaned and sanitized
17 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> NO			Proper disposition or returned, previously served, reconditioned & unsafe food
Time / Temperature Control for Safety			
18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> NO			Proper cooking time and temperature
19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> NO			Proper reheating procedures for hot holding
20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> NO			Proper cooling time and temperatures
21 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> NO			Proper hot holding temperatures
22 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> NO			Proper cold holding temperatures
23 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> NO			Proper date marking and disposition
24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> NO			Time as a Public Health Control: procedures and records
Consumer Advisory			
25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A			Consumer advisory provided for raw/undercooked foods
Highly Susceptible Populations			
26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A			Pasteurized foods used; prohibited foods not offered
Food / Color Additives and Toxic Substances			
27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A			Food additives: approved and properly used
28 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A			Toxic substances properly identified, stored and used
Conformance with Approved Procedures			
19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> 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 <input type="checkbox"/>			Pasteurized eggs used where required
31 <input type="checkbox"/>			Water & Ice from approved source
32 <input type="checkbox"/>			Variance obtained for specialized processing methods
Food Temperature Control			
33 <input type="checkbox"/>			Proper cooling methods used: adequate equipment for temp. control
34 <input type="checkbox"/>		<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding
35 <input type="checkbox"/>			Approved thawing methods used
36 <input type="checkbox"/>			Thermometers provided and accurate
Food Identification			
37 <input type="checkbox"/>			Food properly labeled: original container
Prevention of Food Contamination			
38 <input type="checkbox"/>			Insects, rodents, & animals not present
39 <input type="checkbox"/>			Contamination prevented during food preparation, storage & display
40 <input type="checkbox"/>			Personal cleanliness
41 <input type="checkbox"/>			Wiping cloths: properly used & stored
42 <input type="checkbox"/>			Washing fruits & vegetables

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

Type of Operation:	License Posted: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Discussion with Person-in-Charge:	Follow-Up: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Signature of Person in Charge: <u>[Signature]</u>	Follow-Up Date:
Signature of Inspector: <u>[Signature]</u>	Date: <u>2-26-2024</u>



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FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: Homestead

Date: 2-26-2024

Page 2 of 2

Address: 641 Dus Hanway

Compliance Achieved:

TEMPERATURE OBSERVATIONS

Item / Location	Temp.	Item / Location	Temp.	Item / Location	Temp.

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

V	Item Number	Section of Code	Description of Violation	Dated Corrected or COS
			<u>Kitchen</u>	
<u>C</u>	<u>97</u>	<u>4-607.13</u>	<u>In-line refrigerator - interior lid / gaskets / shelves soiled with accumulation of debris. clean.</u>	
<u>Pf</u>	<u>16</u>	<u>4-601.4</u>	<u>interior chute / lid of ice machine heavily soiled with mold. clean.</u>	

Signature of Person in Charge: [Signature]
Signature of Inspector: [Signature]

Date: _____
Date: 2-26-2024



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FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: <u>Xing Wang</u>	Date: <u>2/25/24</u>	Page 1 of <u>2</u>	No. of Risk Factor/Intervention Violations: <u>1</u>
Address: <u>907 Milford Road</u>	Time in: <u>1:00</u>	Time out: <u>2:00</u>	No. of Repeat Risk Factor/Intervention Violations: <u>0</u>
Owner/Permit Holder: <u>Xing Wang 888, Inc</u>	Risk Category: <u>C</u>	Total Violations: <u>3</u>	
Email:	Phone:	Inspection Status: Green <u>Yellow</u> 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		<u>1</u>
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 <u>IN</u> OUT N/A NO Food received at proper temperature		
13 <u>IN</u> OUT Food in good condition, safe & unadulterated		
14 IN OUT <u>N/A</u> NO Req. records available: shell stock tags, parasite destruction		

Compliance Status	COS	R
Protection from Contamination		
15 <u>IN</u> OUT N/A NO Food separated and protected		<u>X</u>
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 <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		

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		<u>0</u>
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		<u>1</u>
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 <u>X</u> 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: <u>Y</u> N
Discussion with Person-in-Charge:	Follow-Up: <u>Y</u> N
Signature of Person in Charge:	Follow-Up Date:
Signature of Inspector: <u>[Signature]</u>	Date: <u>2-23-2024</u>



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: King Wang
Address: 904 Milford Road

Date: 2-23-2024

Page 2 of 2

Compliance Achieved:

TEMPERATURE OBSERVATIONS

Table with 6 columns: Item / Location, Temp., Item / Location, Temp., Item / Location, Temp.

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Table with 5 columns: V, Item Number, Section of Code, Description of Violation, Dated Corrected or COS. Includes handwritten entries for kitchen violations.

Signature of Person in Charge:

Date:

Signature of Inspector:

Date: 2-23-2024



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: <u>Thomas Moore College</u>	Date: <u>2/14/24</u>	Page 1 of <u>2</u>	No. of Risk Factor/Intervention Violations: <u>0</u>
Address: <u>6 Manchester Street</u>	Time in: <u>10:00</u>	Time out: <u>10:50</u>	No. of Repeat Risk Factor/Intervention Violations: <u>0</u>
Owner/Permit Holder: <u>Thomas Moore College</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	Description
Supervision			
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Person in charge present, demonstrates knowledge and performs duties
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Certified Food Protection Manager
Employee Health			
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Management/food employees & conditional employee; knowledge, responsibilities and reporting
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper use of restriction and exclusion
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Procedures for responding to vomiting and diarrheal events
Good Hygiene Practices			
6 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> NO			Proper eating, tasting, drinking, or tobacco use
7 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> NO			No discharge from eyes, nose, mouth
Preventing Contamination by Hands			
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO			Hands clean & properly washed
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			No bare hand contact with RTE food
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Adequate handwashing sinks properly supplied & accessible
Approved Source			
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Food obtained from an approved source
12 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Food received at proper temperature
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Food in good condition, safe & unadulterated
14 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> 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	Description
Protection from Contamination			
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Food separated and protected
16 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Food-contact surfaces cleaned and sanitized
17 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> NO			Proper disposition or returned, previously served, reconditioned & unsafe food
Time / Temperature Control for Safety			
18 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO			Proper cooking time and temperature
19 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO			Proper reheating procedures for hot holding
20 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO			Proper cooling time and temperatures
21 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO			Proper hot holding temperatures
22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Proper cold holding temperatures
23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Proper date marking and disposition
24 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> NO			Time as a Public Health Control: procedures and records
Consumer Advisory			
25 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Consumer advisory provided for raw/undercooked foods
Highly Susceptible Populations			
26 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			Pasteurized foods used; prohibited foods not offered
Food / Color Additives and Toxic Substances			
27 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			Food additives: approved and properly used
28 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Toxic substances properly identified, stored and used
Conformance with Approved Procedures			
29 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> 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	Description
Safe Food and Water			
30 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Pasteurized eggs used where required
31 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Water & Ice from approved source
32 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Variance obtained for specialized processing methods
Food Temperature Control			
33 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Proper cooling methods used: adequate equipment for temp. control
34 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Plant food properly cooked for hot holding
35 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Approved thawing methods used
36 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Thermometers provided and accurate
Food Identification			
37 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Food properly labeled: original container
Prevention of Food Contamination			
38 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Insects, rodents, & animals not present
39 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Contamination prevented during food preparation, storage & display
40 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Personal cleanliness
41 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Wiping cloths: properly used & stored
42 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Washing fruits & vegetables

Compliance Status	COS	R	Description
Proper Use of Utensils			
43 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			In-use utensils properly stored
44 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Utensils, equipment & linens: properly stored, dried, & handled
45 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Single-use/single-service articles: properly stored & used
46 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Gloves used properly
Utensils, Equipment and Vending			
47 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Food and non-food contact surfaces cleanable,
48 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Properly designed, constructed, & used
49 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Warewashing: installed, maintained, & used: test strips
Physical Facilities			
50 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Hot & cold water available adequate pressure
51 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Plumbing installed, proper backflow devices
52 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Sewage & waste water properly disposed
53 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Toilet facilities properly constructed, supplied, & cleaned
54 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Garbage & refuse properly disposed, facilities maintained
55 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Physical facilities installed, maintained, & clean
56 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Adequate ventilation & lighting, designated areas used

Type of Operation:	License Posted: <input checked="" type="radio"/> Y <input type="radio"/> N
Discussion with Person-in-Charge:	Follow-Up: <input type="radio"/> Y <input checked="" type="radio"/> N
Signature of Person in Charge:	Follow-Up Date:
Signature of Inspector: <u>[Signature]</u>	Date: <u>2-19-2024</u>



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: Thomas Moore college Date: 2-14-2024 Page 2 of 2
 Address: 6 Manchester street Compliance Achieved: 2-24-2024

TEMPERATURE OBSERVATIONS

Item / Location	Temp.	Item / Location	Temp.	Item / Location	Temp.

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

V	Item Number	Section of Code	Description of Violation	Dated Corrected or COS
			<u>No violations observed during time of inspection.</u>	

Signature of Person in Charge: [Signature] Date: 2-14-2024
 Signature of Inspector: [Signature] Date: 2-14-2024



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: <u>Arroma Joos</u>	Date: <u>2/13/24</u>	Page 1 of <u>2</u>	No. of Risk Factor/Intervention Violations: <u>0</u>
Address: <u>140 DW Highway</u>	Time in: <u>1:00</u>	Time out: <u>2:00</u>	No. of Repeat Risk Factor/Intervention Violations: <u>0</u>
Owner/Permit Holder: <u>Energy North Inc.</u>	Risk Category: <u>C</u>	Total Violations: <u>0</u>	
Email:	Phone:	Inspection Status: <u>Green</u> 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 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Person in charge present, demonstrates knowledge and performs duties		
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Certified Food Protection Manager		
Employee Health		
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Management/food employees & conditional employee; knowledge, responsibilities and reporting		
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper use of restriction and exclusion		
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Procedures for responding to vomiting and diarrheal events		
Good Hygiene Practices		
6 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> NO		
Proper eating, tasting, drinking, or tobacco use		
7 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> NO		
No discharge from eyes, nose, mouth		
Preventing Contamination by Hands		
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO		
Hands clean & properly washed		
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
No bare hand contact with RTE food		
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO		
Adequate handwashing sinks properly supplied & accessible		
Approved Source		
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food obtained from an approved source		
12 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO		
Food received at proper temperature		
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food in good condition, safe & unadulterated		
14 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> 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 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Food separated and protected		
16 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Food-contact surfaces cleaned and sanitized		
17 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO		
Proper disposition or returned, previously served, reconditioned & unsafe food		
Time / Temperature Control for Safety		
18 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO		
Proper cooking time and temperature		
19 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO		
Proper reheating procedures for hot holding		
20 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO		
Proper cooling time and temperatures		
21 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO		
Proper hot holding temperatures		
22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Proper cold holding temperatures		
23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Proper date marking and disposition		
24 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> NO		
Time as a Public Health Control: procedures and records		
Consumer Advisory		
25 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Consumer advisory provided for raw/undercooked foods		
Highly Susceptible Populations		
26 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Pasteurized foods used; prohibited foods not offered		
Food / Color Additives and Toxic Substances		
27 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO		
Food additives: approved and properly used		
28 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Toxic substances properly identified, stored and used		
Conformance with Approved Procedures		
29 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> 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 <input type="radio"/> IN <input type="radio"/> OUT		
Pasteurized eggs used where required		
31 <input type="radio"/> IN <input type="radio"/> OUT		
Water & Ice from approved source		
32 <input type="radio"/> IN <input type="radio"/> OUT		
Variance obtained for specialized processing methods		
Food Temperature Control		
33 <input type="radio"/> IN <input type="radio"/> OUT		
Proper cooling methods used: adequate equipment for temp. control		
34 <input type="radio"/> IN <input type="radio"/> OUT		
Plant food properly cooked for hot holding		
35 <input type="radio"/> IN <input type="radio"/> OUT		
Approved thawing methods used		
36 <input type="radio"/> IN <input type="radio"/> OUT		
Thermometers provided and accurate		
Food Identification		
37 <input type="radio"/> IN <input type="radio"/> OUT		
Food properly labeled: original container		
Prevention of Food Contamination		
38 <input type="radio"/> IN <input type="radio"/> OUT		
Insects, rodents, & animals not present		
39 <input type="radio"/> IN <input type="radio"/> OUT		
Contamination prevented during food preparation, storage & display		
40 <input type="radio"/> IN <input type="radio"/> OUT		
Personal cleanliness		
41 <input type="radio"/> IN <input type="radio"/> OUT		
Wiping cloths: properly used & stored		
42 <input type="radio"/> IN <input type="radio"/> OUT		
Washing fruits & vegetables		

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

Type of Operation:	License Posted: <input checked="" type="radio"/> Y <input type="radio"/> N
Discussion with Person-in-Charge:	Follow-Up: <input type="radio"/> Y <input checked="" type="radio"/> N
Signature of Person in Charge: <u>[Signature]</u>	Follow-Up Date:
Signature of Inspector: <u>[Signature]</u>	Date: <u>2-13-2024</u>



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: <u>Merrimack Valley Baptist Church</u>	Date: <u>2/9/24</u>	Page 1 of <u>2</u>	No. of Risk Factor/Intervention Violations: <u>0</u>
Address: <u>517 Boston Post Road</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:	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		

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		
29 <u>IN</u> OUT <u>N/A</u>		
Compliance with variance/specialized process/HACCP		

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>
Signature of Person in Charge: <u>Linette Lukowitz</u>	Follow-Up Date:
Signature of Inspector: <u>[Signature]</u>	Date: <u>2-9-2024</u>
	Date: <u>2-9-2024</u>



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: <u>Tomenawk Tavern & Butchery</u>	Date: <u>1/8/24</u>	Page 1 of <u>2</u>	No. of Risk Factor/Intervention Violations: <u>0</u>
Address: <u>52 Old Highway</u>	Time in: <u>1:00</u>	Time out: <u>2:30</u>	No. of Repeat Risk Factor/Intervention Violations: <u>0</u>
Owner/Permit Holder: <u>Tomenawk Tavern LLC</u>	Risk Category: <u>B</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		
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 <u>IN</u> OUT N/A NO		
13 <u>IN</u> OUT		
14 <u>IN</u> OUT N/A NO		

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 <u>N/A</u> NO		
19 IN OUT <u>N/A</u> NO		
20 IN OUT <u>N/A</u> NO		
21 IN OUT <u>N/A</u> 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 IN OUT <u>N/A</u>		
Food / Color Additives and Toxic Substances		
27 IN OUT <u>N/A</u>		
28 <u>IN</u> OUT N/A		
Conformance with Approved Procedures		
19 IN OUT <u>N/A</u>		

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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		
31		
32		
Food Temperature Control		
33		
34		
35		
36		
Food Identification		
37		
Prevention of Food Contamination		
38		
39		
40		
41		
42		

Compliance Status	COS	R
Proper Use of Utensils		
43		
44		
45		
46		
Utensils, Equipment and Vending		
47		
48		
49		
Physical Facilities		
50		
51		
52		
53		
54		
55 <u>X</u>		
56		

Type of Operation:	License Posted: <u>Y</u> N
Discussion with Person-in-Charge:	Follow-Up: <u>Y</u> N
Signature of Person in Charge: <u>[Signature]</u>	Follow-Up Date:
Signature of Inspector: <u>[Signature]</u>	Date: <u>2-8-2024</u>



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: Tomanawk Bakery & Pastry

Date: 2-8-2024

Page 2 of 2

Address: 954 Dunstable Highway

Compliance Achieved: 2-8-2024

TEMPERATURE OBSERVATIONS

Table with 6 columns: Item / Location, Temp., Item / Location, Temp., Item / Location, Temp.

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Table with 5 columns: V, Item Number, Section of Code, Description of Violation, Dated Corrected or COS

Signature of Person in Charge: [Signature]

Date:

Signature of Inspector: [Signature]

Date: 2-8-2024



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: <u>Hoywards Ice Cream</u>	Date: <u>2/9/24</u>	Page 1 of <u>2</u>	No. of Risk Factor/Intervention Violations: <u>0</u>
Address: <u>304 Old Highway</u>	Time in: <u>1:30</u>	Time out: <u>2:00</u>	No. of Repeat Risk Factor/Intervention Violations: <u>0</u>
Owner/Permit Holder: <u>Hoywards Ice Cream Stand</u>	Risk Category: <u>D</u>	Total Violations: <u>0</u>	
Email: <u>of Merrimack, Inc</u>	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 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Employee Health		
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Good Hygiene Practices		
6 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> NO		
7 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> NO		
Preventing Contamination by Hands		
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO		
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Approved Source		
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
12 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO		
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
14 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		

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

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		
31		
32		
Food Temperature Control		
33		
34		
35		
36		
Food Identification		
37		
Prevention of Food Contamination		
38		
39		
40		
41		
42		

Compliance Status	COS	R
Proper Use of Utensils		
43		
44		
45		
46		
Utensils, Equipment and Vending		
47		
48		
49		
Physical Facilities		
50		
51		
52		
53		
54		
55		
56		

Type of Operation:	License Posted: <input checked="" type="radio"/> Y <input type="radio"/> N
Discussion with Person-in-Charge:	Follow-Up: <input type="radio"/> Y <input checked="" type="radio"/> N
Signature of Person in Charge: <u>[Signature]</u>	Follow-Up Date:
Signature of Inspector: <u>[Signature]</u>	Date: <u>2-9-2024</u>



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: Haywards Ice Cream

Date: 2-17-2024

Page 2 of 2

Address: 364 Pio Highway

Compliance Achieved: 2-17-2024

TEMPERATURE OBSERVATIONS

Table with 6 columns: Item / Location, Temp., Item / Location, Temp., Item / Location, Temp.

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Table with 5 columns: V, Item Number, Section of Code, Description of Violation, Dated Corrected or COS. Contains handwritten note: No violations observed during time of inspection.

Signature of Person in Charge:

Handwritten signature of person in charge

Date:

Signature of Inspector:

Handwritten signature of inspector

Date: 2-9-2024



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: <u>Portofino</u>	Date: <u>2/6/24</u>	Page 1 of <u>2</u>	No. of Risk Factor/Intervention Violations: <u>0</u>
Address: <u>ASB DW Highway</u>	Time in: <u>1:30</u>	Time out: <u>2:30</u>	No. of Repeat Risk Factor/Intervention Violations: <u>0</u>
Owner/Permit Holder: <u>Portofino Italian Restaurant LLC</u>	Risk Category: <u>B</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>		Person in charge present, demonstrates knowledge and performs duties
2	<u>IN</u>		Certified Food Protection Manager
Employee Health			
3	<u>IN</u>		Management/food employees & conditional employee; knowledge, responsibilities and reporting
4	<u>IN</u>		Proper use of restriction and exclusion
5	<u>IN</u>		Procedures for responding to vomiting and diarrheal events
Good Hygiene Practices			
6	<u>IN</u>	<u>NO</u>	Proper eating, tasting, drinking, or tobacco use
7	<u>IN</u>	<u>NO</u>	No discharge from eyes, nose, mouth
Preventing Contamination by Hands			
8	<u>IN</u>	<u>NO</u>	Hands clean & properly washed
9	<u>IN</u>	<u>N/A</u>	No bare hand contact with RTE food
10	<u>IN</u>		Adequate handwashing sinks properly supplied & accessible
Approved Source			
11	<u>IN</u>		Food obtained from an approved source
12	<u>IN</u>	<u>N/A</u>	Food received at proper temperature
13	<u>IN</u>		Food in good condition, safe & unadulterated
14	<u>IN</u>	<u>N/A</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>		Food separated and protected
16	<u>IN</u>		Food-contact surfaces cleaned and sanitized
17	<u>IN</u>	<u>N/A</u>	Proper disposition or returned, previously served, reconditioned & unsafe food
Time / Temperature Control for Safety			
18	<u>IN</u>	<u>N/A</u>	Proper cooking time and temperature
19	<u>IN</u>	<u>N/A</u>	Proper reheating procedures for hot holding
20	<u>IN</u>	<u>N/A</u>	Proper cooling time and temperatures
21	<u>IN</u>	<u>N/A</u>	Proper hot holding temperatures
22	<u>IN</u>	<u>N/A</u>	Proper cold holding temperatures
23	<u>IN</u>	<u>N/A</u>	Proper date marking and disposition
24	<u>IN</u>	<u>N/A</u>	Time as a Public Health Control: procedures and records
Consumer Advisory			
25	<u>IN</u>	<u>N/A</u>	Consumer advisory provided for raw/undercooked foods
Highly Susceptible Populations			
26	<u>IN</u>	<u>N/A</u>	Pasteurized foods used; prohibited foods not offered
Food / Color Additives and Toxic Substances			
27	<u>IN</u>	<u>N/A</u>	Food additives: approved and properly used
28	<u>IN</u>	<u>N/A</u>	Toxic substances properly identified, stored and used
Conformance with Approved Procedures			
19	<u>IN</u>	<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	<u>X</u>		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> N
	Follow-Up Date:
Signature of Person in Charge: <u>[Signature]</u>	Date:
Signature of Inspector: <u>[Signature]</u>	Date: <u>2-6-2024</u>



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: Portofino

Date: 2-6-2024

Page 2 of 2

Address: 458 Old Highway

Compliance Achieved:

TEMPERATURE OBSERVATIONS

Item / Location	Temp.	Item / Location	Temp.	Item / Location	Temp.

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

V	Item Number	Section of Code	Description of Violation	Dated Corrected or COS
		<u>Kitchen</u>		
<u>C</u>	<u>51</u>	<u>5-205.15</u>	<u>- Handwash sink in cooling area in disrepair.</u>	

Signature of Person in Charge:

Date:

Signature of Inspector:

Date: 2-6-2024



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: <u>7-Eleven</u>	Date: <u>2/1/20</u>	Page 1 of <u>2</u>	No. of Risk Factor/Intervention Violations: <u>0</u>
Address: <u>728 Rt Highway</u>	Time in: <u>2:00</u>	Time out: <u>2:30</u>	No. of Repeat Risk Factor/Intervention Violations: <u>0</u>
Owner/Permit Holder: <u>St Kiyolos</u>	Risk Category: <u>D</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		
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 <u>IN</u> OUT <u>NO</u>		
7 <u>IN</u> OUT <u>NO</u>		
Preventing Contamination by Hands		
8 <u>IN</u> OUT <u>NO</u>		
9 <u>IN</u> OUT N/A <u>NO</u>		
10 <u>IN</u> OUT		
Approved Source		
11 <u>IN</u> OUT		
12 <u>IN</u> OUT N/A <u>NO</u>		
13 <u>IN</u> OUT		
14 <u>IN</u> OUT N/A <u>NO</u>		

Compliance Status	COS	R
Protection from Contamination		
15 <u>IN</u> OUT N/A <u>NO</u>		
16 <u>IN</u> OUT N/A		
17 <u>IN</u> OUT N/A <u>NO</u>		
Time / Temperature Control for Safety		
18 <u>IN</u> OUT N/A <u>NO</u>		
19 <u>IN</u> OUT N/A <u>NO</u>		
20 <u>IN</u> OUT N/A <u>NO</u>		
21 <u>IN</u> OUT N/A <u>NO</u>		
22 <u>IN</u> OUT N/A <u>NO</u>		
23 <u>IN</u> OUT N/A <u>NO</u>		
24 <u>IN</u> OUT N/A <u>NO</u>		
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		
29 <u>IN</u> OUT N/A		

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		
31		
32		
Food Temperature Control		
33		
34		
35		
36		
Food Identification		
37		
Prevention of Food Contamination		
38		
39		
40		
41		
42		

Compliance Status	COS	R
Proper Use of Utensils		
43		
44		
45		
46		
Utensils, Equipment and Vending		
47		
48		
49		
Physical Facilities		
50		
51		
52		
53		
54		
55		
56		

Type of Operation:	License Posted: <u>Y</u> <u>N</u>
Discussion with Person-in-Charge:	Follow-Up: <u>Y</u> <u>N</u>
Signature of Person in Charge:	Follow-Up Date:
Signature of Inspector:	Date: <u>2-1-2020</u>



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: <u>Merrimack High School</u>	Date: <u>2-2-24</u>	Page 1 of <u>2</u>	No. of Risk Factor/Intervention Violations: <u>0</u>
Address: <u>38 McElwain Street</u>	Time in: <u>9:00</u>	Time out: <u>1:00</u>	No. of Repeat Risk Factor/Intervention Violations: <u>0</u>
Owner/Permit Holder: <u>SAU 26</u>	Risk Category: <u>0</u>	Total Violations: <u>0</u>	
Email:	Phone:	Inspection Status: <u>Green</u>	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 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Employee Health		
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Good Hygiene Practices		
6 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> NO		
7 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> NO		
Preventing Contamination by Hands		
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO		
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Approved Source		
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
12 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO		
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
14 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO		

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

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		
31		
32		
Food Temperature Control		
33		
34		
35		
36		
Food Identification		
37		
Prevention of Food Contamination		
38		
39		
40		
41		
42		

Compliance Status	COS	R
Proper Use of Utensils		
43		
44		
45		
46		
Utensils, Equipment and Vending		
47		
48		
49		
Physical Facilities		
50		
51		
52		
53		
54		
55		
56		

Type of Operation:	License Posted: <input checked="" type="radio"/> Y <input type="radio"/> N
Discussion with Person-in-Charge:	Follow-Up: <input type="radio"/> Y <input checked="" type="radio"/> N
Signature of Person in Charge: <u>[Signature]</u>	Follow-Up Date:
Signature of Inspector: <u>[Signature]</u>	Date: <u>2-2-2024</u>
	Date: <u>2-2-2024</u>



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: <u>Merrimack Middle School</u>	Date: <u>2/22/24</u>	Page 1 of <u>2</u>	No. of Risk Factor/Intervention Violations <u>0</u>
Address: <u>31 Madeline Bennett Lane</u>	Time in: <u>9:00</u>	Time out: <u>6:00</u>	No. of Repeat Risk Factor/Intervention Violations <u>0</u>
Owner/Permit Holder: <u>SAU 26</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		
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		

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 N/A 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 IN OUT N/A <u>NO</u>		
22 <u>IN</u> OUT N/A NO		
23 <u>IN</u> 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 <u>IN</u> OUT N/A		
Conformance with Approved Procedures		
19 IN OUT N/A		

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GOOD RETAIL PRACTICES

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Compliance Status	COS	R
Safe Food and Water		
30		
31		
32		
Food Temperature Control		
33		
34		
35		
36		
Food Identification		
37		
Prevention of Food Contamination		
38		
39		
40		
41		
42		

Compliance Status	COS	R
Proper Use of Utensils		
43		
44		
45		
46		
Utensils, Equipment and Vending		
47		
48		
49		
Physical Facilities		
50		
51		
52		
53		
54		
55		
56		

Type of Operation:	License Posted: <u>Y</u> <u>N</u>
Discussion with Person-in-Charge:	Follow-Up: <u>Y</u> <u>N</u>
Signature of Person in Charge: <u>[Signature]</u>	Follow-Up Date:
Signature of Inspector: <u>[Signature]</u>	Date: <u>2-2-2024</u>
	Date: <u>2-2-2024</u>



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: *Merrimack Middle School*

Date: *2-2-2024*

Page *2* of *2*

Address: *31 Madeline Bennett Lane*

Compliance Achieved: *2-2-2024*

TEMPERATURE OBSERVATIONS

Item / Location	Temp.	Item / Location	Temp.	Item / Location	Temp.

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

V	Item Number	Section of Code	Description of Violation	Dated Corrected or COS
			<i>No violations observed during inspection.</i>	

Signature of Person in Charge: *[Handwritten Signature]*

Date: *2-2-2024*

Signature of Inspector: *[Handwritten Signature]*

Date: *2-2-2024*



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: <u>Reeds Ferry School</u>	Date: <u>2/2/24</u>	Page 1 of <u>2</u>	No. of Risk Factor/Intervention Violations: <u>0</u>
Address: <u>15 Lyons Road</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>SALU ZB</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		
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 <u>IN</u> OUT <u>NO</u>		
7 <u>IN</u> OUT <u>NO</u>		
Preventing Contamination by Hands		
8 <u>IN</u> OUT <u>NO</u>		
9 <u>IN</u> OUT N/A <u>NO</u>		
10 <u>IN</u> OUT		
Approved Source		
11 <u>IN</u> OUT		
12 <u>IN</u> OUT N/A <u>NO</u>		
13 <u>IN</u> OUT		
14 <u>IN</u> OUT N/A <u>NO</u>		

Compliance Status	COS	R
Protection from Contamination		
15 <u>IN</u> OUT N/A <u>NO</u>		
16 <u>IN</u> OUT N/A		
17 <u>IN</u> OUT N/A <u>NO</u>		
Time / Temperature Control for Safety		
18 <u>IN</u> OUT N/A <u>NO</u>		
19 <u>IN</u> OUT N/A <u>NO</u>		
20 <u>IN</u> OUT N/A <u>NO</u>		
21 <u>IN</u> OUT N/A <u>NO</u>		
22 <u>IN</u> OUT N/A <u>NO</u>		
23 <u>IN</u> OUT N/A <u>NO</u>		
24 <u>IN</u> OUT N/A <u>NO</u>		
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 <u>IN</u> OUT N/A		

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.

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Compliance Status	COS	R
Safe Food and Water		
30		
31		
32		
Food Temperature Control		
33		
34		
35		
36		
Food Identification		
37		
Prevention of Food Contamination		
38		
39		
40		
41		
42		

Compliance Status	COS	R
Proper Use of Utensils		
43		
44		
45		
46		
Utensils, Equipment and Vending		
47		
48		
49		
Physical Facilities		
50		
51		
52		
53		
54		
55		
56		

Type of Operation:	License Posted: <u>Y</u> <u>N</u>
Discussion with Person-in-Charge:	Follow-Up: <u>Y</u> <u>N</u>
Signature of Person in Charge: <u>[Signature]</u>	Follow-Up Date:
Signature of Inspector: <u>[Signature]</u>	Date: <u>2-2-2024</u>
	Date: <u>2-2-2024</u>



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: JIMMIES UPPER	Date: 2/2/24	Page 1 of 2	No. of Risk Factor/Intervention Violations: 0
Address: 26 Baboosic Lake Road	Time in: 1:00	Time out: 1:30	No. of Repeat Risk Factor/Intervention Violations: 0
Owner/Permit Holder: SAO 26	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:	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: 2-2-2024
	Date: 2-2-2024



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: JMOES UPPER

Date: 2-2-2024

Page 2 of 2

Address: 26 Baboosic Lake Road

Compliance Achieved: 2-2-2024

TEMPERATURE OBSERVATIONS

Table with 6 columns: Item / Location, Temp., Item / Location, Temp., Item / Location, Temp.

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Table with 4 columns: V, Item Number, Section of Code, Description of Violation, Dated Corrected or COS

No violations observed.

Signature of Person in Charge:

Date:

2-2-2024

Signature of Inspector:

Date:

2-2-2024



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: <u>JMOES</u>	Date: <u>2/2/24</u>	Page 1 of <u>2</u>	No. of Risk Factor/Intervention Violations <u>0</u>
Address: <u>7 SCHOOL STREET</u>	Time in: <u>1:00</u>	Time out: <u>1:30</u>	No. of Repeat Risk Factor/Intervention Violations <u>0</u>
Owner/Permit Holder: <u>SAO 26</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 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Person in charge present, demonstrates knowledge and performs duties		
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Certified Food Protection Manager		
Employee Health		
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Management/food employees & conditional employee; knowledge, responsibilities and reporting		
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper use of restriction and exclusion		
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Procedures for responding to vomiting and diarrheal events		
Good Hygiene Practices		
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO		
Proper eating, tasting, drinking, or tobacco use		
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO		
No discharge from eyes, nose, mouth		
Preventing Contamination by Hands		
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO		
Hands clean & properly washed		
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
No bare hand contact with RTE food		
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Adequate handwashing sinks properly supplied & accessible		
Approved Source		
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food obtained from an approved source		
12 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Food received at proper temperature		
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food in good condition, safe & unadulterated		
14 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Req. records available: shell stock tags, parasite destruction		

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

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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: <input checked="" type="radio"/> Y <input type="radio"/> N
Discussion with Person-in-Charge:	Follow-Up: <input checked="" type="radio"/> Y <input type="radio"/> N
Signature of Person in Charge: <i>[Signature]</i>	Follow-Up Date:
Signature of Inspector: <i>[Signature]</i>	Date: <u>2-2-2024</u>
	Date: <u>2-2-2024</u>



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: JIMMIES

Date: 2-2-2024

Page 2 of 2

Address: 17 SCHOOL STREET

Compliance Achieved: 2-2-2024

TEMPERATURE OBSERVATIONS

Table with 6 columns: Item / Location, Temp., Item / Location, Temp., Item / Location, Temp.

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Table with 5 columns: V, Item Number, Section of Code, Description of Violation, Dated Corrected or COS. Contains handwritten text: No violations observed.

Signature of Person in Charge: [Handwritten Signature]

Date: 2-2-2024

Signature of Inspector: [Handwritten Signature]

Date: 2-2-2024



MERRIMACK FIRE DEPARTMENT

HEALTH DIVISION
432 Daniel Webster Highway
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FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: <u>Thorntons Ferry School</u>	Date: <u>2/2/24</u> Page 1 of <u>2</u>	No. of Risk Factor/Intervention Violations <u>0</u>
Address: <u>134 Camp Sargent Road</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>SAU 26</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	Description
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 <u>IN</u> OUT N/A NO			Food received at proper temperature
13 <u>IN</u> OUT			Food in good condition, safe & unadulterated
14 IN OUT <u>N/A</u> NO			Req. records available: shell stock tags, parasite destruction

Compliance Status	COS	R	Description
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 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

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

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