



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|---|-------------------------|--|---|
| Establishment: <u>Pizzaroma</u> | Date: <u>1/31/24</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations: <u>0</u> |
| Address: <u>280 DW Highway unit A</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>Pizzaroma LLC</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 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 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 type="radio"/> IN <input type="radio"/> OUT 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 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 |
|--|-----|---|
| Protection from Contamination | | |
| 15 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> NO Food separated and protected | | |
| 16 <input checked="" type="radio"/> IN <input type="radio"/> OUT 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 N/A <input checked="" type="radio"/> NO Proper cooking time and temperature | | |
| 19 <input type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> NO Proper reheating procedures for hot holding | | |
| 20 <input type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> NO Proper cooling time and temperatures | | |
| 21 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> NO Proper hot holding temperatures | | |
| 22 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> NO Proper cold holding temperatures | | |
| 23 <input checked="" type="radio"/> IN <input type="radio"/> OUT 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 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 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"/> <input type="radio"/> Pasteurized eggs used where required | | |
| 31 <input type="radio"/> <input type="radio"/> Water & Ice from approved source | | |
| 32 <input type="radio"/> <input type="radio"/> Variance obtained for specialized processing methods | | |
| Food Temperature Control | | |
| 33 <input type="radio"/> <input type="radio"/> Proper cooling methods used: adequate equipment for temp. control | | |
| 34 <input type="radio"/> <input type="radio"/> Plant food properly cooked for hot holding | | |
| 35 <input type="radio"/> <input type="radio"/> Approved thawing methods used | | |
| 36 <input type="radio"/> <input type="radio"/> Thermometers provided and accurate | | |
| Food Identification | | |
| 37 <input type="radio"/> <input type="radio"/> Food properly labeled: original container | | |
| Prevention of Food Contamination | | |
| 38 <input type="radio"/> <input type="radio"/> Insects, rodents, & animals not present | | |
| 39 <input type="radio"/> <input type="radio"/> Contamination prevented during food preparation, storage & display | | |
| 40 <input type="radio"/> <input type="radio"/> Personal cleanliness | | |
| 41 <input type="radio"/> <input type="radio"/> Wiping cloths: properly used & stored | | |
| 42 <input type="radio"/> <input type="radio"/> Washing fruits & vegetables | | |

| Compliance Status | COS | R |
|--|-----|---|
| Proper Use of Utensils | | |
| 43 <input type="radio"/> <input type="radio"/> In-use utensils properly stored | | |
| 44 <input type="radio"/> <input type="radio"/> Utensils, equipment & linens: properly stored, dried, & handled | | |
| 45 <input type="radio"/> <input type="radio"/> Single-use/single-service articles: properly stored & used | | |
| 46 <input type="radio"/> <input type="radio"/> Gloves used properly | | |
| Utensils, Equipment and Vending | | |
| 47 <input type="radio"/> <input type="radio"/> Food and non-food contact surfaces cleanable, | | |
| 48 <input type="radio"/> <input type="radio"/> Properly designed, constructed, & used | | |
| 49 <input type="radio"/> <input type="radio"/> Warewashing: installed, maintained, & used: test strips | | |
| Physical Facilities | | |
| 50 <input type="radio"/> <input type="radio"/> Hot & cold water available adequate pressure | | |
| 51 <input type="radio"/> <input type="radio"/> Plumbing installed, proper backflow devices | | |
| 52 <input type="radio"/> <input type="radio"/> Sewage & waste water properly disposed | | |
| 53 <input type="radio"/> <input type="radio"/> Toilet facilities properly constructed, supplied, & cleaned | | |
| 54 <input type="radio"/> <input type="radio"/> Garbage & refuse properly disposed, facilities maintained | | |
| 55 <input type="radio"/> <input type="radio"/> Physical facilities installed, maintained, & clean | | |
| 56 <input type="radio"/> <input type="radio"/> 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>1-31-2024</u> |



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FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: Pizza Roma

Date: 1-31-2024

Page 2 of 2

Address: 280 DW Highway

Compliance Achieved: 1-31-2024

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]

Date:

Signature of Inspector: [Handwritten Signature]

Date: 1-31-2024



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FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|---|-------------------------|--|---|
| Establishment: <u>Merrimack YMCA</u> | Date: <u>1/21/24</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations: <u>0</u> |
| Address: <u>6 Henry Clay Drive</u> | Time in: <u>10:00</u> | Time out: <u>11:00</u> | No. of Repeat Risk Factor/Intervention Violations: <u>0</u> |
| Owner/Permit Holder: <u>YMCA of Greater Nashua</u> | Risk Category: <u>G</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 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 type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> NO | | |
| Hands clean & properly washed | | |
| 9 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" 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 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 | | |
| <p>Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.</p> | | |

| Compliance Status | COS | R |
|---|-----|---|
| Protection from Contamination | | |
| 15 <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 type="radio"/> IN <input type="radio"/> OUT <input checked="" 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 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 |
|--|-----|---|
| 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 |
|--|-----|---|
| 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: <u>[Signature]</u> | Follow-Up Date: |
| Signature of Inspector: <u>[Signature]</u> | Date: <u>1-30-2024</u> |



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|---|-------------------------|--|---|
| Establishment: <u>Merrimack HOP</u> | Date: <u>1/29/24</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations: <u>0</u> |
| Address: <u>563 Dow 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>MHRPS</u> | Risk Category: <u>C</u> | Total Violations: <u>1</u> | |
| Email: | Phone: | Inspection Status: <u>Green</u> Yellow Red | |
| Inspection Type: <u>Routine</u> Re-inspection Pre-operational Illness Investigation Complaint Other | | | |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, NO) for each item Mark "X" in appropriate box for COS and/or R
IN = in compliance OUT = not in compliance NO = not observed N/A = not applicable COS = corrected on-site R = repeat violation

| Compliance Status | COS | R |
|---|-----|---|
| Supervision | | |
| 1 <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 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 checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A | | |
| Food additives: approved and properly used | | |
| 28 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" 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 checked="" type="radio"/> Y <input type="radio"/> N |
| Signature of Person in Charge: <u>Hans</u> | Follow-Up Date: |
| Signature of Inspector: <u>[Signature]</u> | Date: <u>1-29-2024</u> |



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: Merrimack HOP Date: 1-29-2024 Page 2 of 2

Address: 563 Old Highway Compliance Achieved: 1-29-2024

TEMPERATURE OBSERVATIONS

Table with 6 columns: Item / Location, Temp., Item / Location, Temp., Item / Location, Temp. (Empty rows)

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Table with 5 columns: V, Item Number, Section of Code, Description of Violation, Dated Corrected or COS. Row 1: Kitchen, C 55, 6-501.12 - wall/floor below 3-Bay sink soiled with accumulation of debris - clean.

Signature of Person in Charge: [Signature] Date: [Blank]
Signature of Inspector: [Signature] Date: 1-29-2024



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | | |
|---|-------------------------|--|---|-------------------------------------|
| Establishment: <u>Burger King # 2805</u> | Date: <u>1/26/24</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations | <input checked="" type="checkbox"/> |
| Address: <u>2 Amherst Road</u> | Time in: <u>1:50</u> | Time out: <u>2:30</u> | No. of Repeat Risk Factor/Intervention Violations | <input checked="" type="checkbox"/> |
| Owner/Permit Holder: <u>Northeast Foods LLC</u> | Risk Category: <u>C</u> | Total Violations <input checked="" type="checkbox"/> | | |
| 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 | | | 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 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 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 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 | | | |
| 19 <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 | | | 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 type="radio"/> Y <input checked="" type="radio"/> N |
| Signature of Person in Charge: _____ | Follow-Up Date: |
| Signature of Inspector: <u>[Signature]</u> | Date: <u>1-25-2024</u> |



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: Burger King #2805

Date: 1-25-2024

Page 2 of 2

Address: 2 Amherst Road

Compliance Achieved: 1-25-2024

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]

Date:

Signature of Inspector: [Handwritten Signature]

Date: 1-25-2024



MERRIMACK FIRE DEPARTMENT

HEALTH DIVISION
432 Daniel Webster Highway
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(603) 420-1730



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|---|-------------------------|--|--|
| Establishment: <u>Loucy Discount Mart</u> | Date: <u>1-25-24</u> | Page 1 of <u>3</u> | No. of Risk Factor/Intervention Violations <u>0</u> |
| Address: <u>557 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>SRJ Jay Corp</u> | Risk Category: <u>C</u> | Total Violations <u>0</u> | |
| Email: | Phone: | Inspection Status: <u>Green</u> Yellow Red | |
| Inspection Type: <u>Routine</u> | Re-inspection | Pre-operational | Illness Investigation |
| Complaint | | Other | |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, NO) for each item Mark "X" in appropriate box for COS and/or R
 IN = in compliance OUT = not in compliance NO = not observed N/A = not applicable COS = corrected on-site R = repeat violation

| Compliance Status | COS | R |
|--|-----|---|
| Supervision | | |
| 1 <u>IN</u> OUT | | |
| 2 <u>IN</u> OUT <u>N/A</u> | | |
| 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 <u>N/A</u> <u>NO</u> | | |
| 10 <u>IN</u> OUT | | |
| Approved Source | | |
| 11 <u>IN</u> OUT | | |
| 12 <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| 13 <u>IN</u> OUT | | |
| 14 <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |

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

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 R=repeat violation
 COS =corrected on-site during inspection

| 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>1-25-2024</u> |



MERRIMACK FIRE DEPARTMENT

HEALTH DIVISION
432 Daniel Webster Highway
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(603) 420-1730



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|--|-------------------------|---------------------------------|--|
| Establishment: <u>Floor Garden Balcony</u> | Date: <u>1-19-2024</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations <u>0</u> |
| Address: <u>4 Windsor Drive</u> | Time in: <u>11:00</u> | Time out: <u>11:50</u> | No. of Repeat Risk Factor/Intervention Violations <u>0</u> |
| Owner/Permit Holder: | Risk Category: <u>H</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 <u>N/A</u> | | |
| 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 <u>N/A</u> <u>NO</u> | | |
| 10 <u>IN</u> OUT | | |
| Approved Source | | |
| 11 <u>IN</u> OUT | | |
| 12 <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| 13 <u>IN</u> OUT | | |
| 14 <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |

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

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

GOOD RETAIL PRACTICES

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

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

| Compliance Status | COS | R |
|---|-----|---|
| Safe Food and Water | | |
| 30 | | |
| 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: Y N

Discussion with Person-in-Charge:

Follow-Up: Y N

Follow-Up Date:

Signature of Person in Charge: [Signature]

Date: 1-19-2024

Signature of Inspector: [Signature]

Date: 1-19-2024



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: *wild floor Bakery*

Date: *1-19-2024*

Page *2* of *2*

Address: *17 windsor drive*

Compliance Achieved: *1-19-2024*

TEMPERATURE OBSERVATIONS

| Item / Location | Temp. | Item / Location | Temp. | Item / Location | Temp. |
|-----------------|-------|-----------------|-------|-----------------|-------|
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OBSERVATIONS AND/OR CORRECTIVE ACTIONS

| V | Item Number | Section of Code | Description of Violation | Dated Corrected or COS |
|---|-------------|-----------------|---|------------------------|
| | | | <i>No violations observed during time of inspection</i> | |
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Signature of Person in Charge: *[Signature]*
Signature of Inspector: *[Signature]*

Date: *1-19-2024*
Date: *1-19-2024*



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|---|-------------------------|--|---|
| Establishment: <u>Gate City Charter School</u> | Date: <u>1/19/24</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations: <u>0</u> |
| Address: <u>7 Henry Clay Drive</u> | Time in: <u>10:00</u> | Time out: <u>11:00</u> | No. of Repeat Risk Factor/Intervention Violations: <u>0</u> |
| Owner/Permit Holder: <u>Gate City Charter School</u> | Risk Category: <u>G</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 <u>N/A</u> <u>NO</u> | | |
| 10 <u>IN</u> OUT | | |
| Approved Source | | |
| 11 <u>IN</u> OUT | | |
| 12 <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| 13 <u>IN</u> OUT | | |
| 14 <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |

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

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 | | |

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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: |
| Signature of Inspector: <u>[Signature]</u> | Date: <u>011924</u> |
| | Date: <u>1-19-2024</u> |



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: *Gate City Charter School*

Date: *1-19-2024*

Page *2* of *2*

Address: *7 Henry Clay Drive*

Compliance Achieved: *1-19-2024*

TEMPERATURE OBSERVATIONS

| Item / Location | Temp. | Item / Location | Temp. | Item / Location | Temp. |
|-----------------|-------|-----------------|-------|-----------------|-------|
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OBSERVATIONS AND/OR CORRECTIVE ACTIONS

| V | Item Number | Section of Code | Description of Violation | Dated Corrected or COS |
|---|-------------|-----------------|--|------------------------|
| | | | <i>No violation observed during time of inspection</i> | |
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Signature of Person in Charge: *[Signature]*

Date: *011924*

Signature of Inspector: *[Signature]*

Date: *1-19-2024*



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|---|-------------------------|--|--|
| Establishment: Rapid Refill #134 | Date: 1/18/24 | Page 1 of 2 | No. of Risk Factor/Intervention Violations 0 |
| Address: 1 Peachtree Lane | Time in: 9:50 | Time out: 2:00 | No. of Repeat Risk Factor/Intervention Violations 0 |
| Owner/Permit Holder: MP6 Corporation | Risk Category: D | Total Violations 0 | |
| Email: | Phone: D | 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 | | |
| 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 | | |

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 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 | | |

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: <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: | Follow-Up Date: |
| Signature of Inspector: | Date: 1-18-2024 |



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|---|-------------------------|--|---|
| Establishment: Rapid Refill #140 | Date: 1/12/24 | Page 1 of 2 | No. of Risk Factor/Intervention Violations: 0 |
| Address: 715 DW Highway | Time in: 10:00 | Time out: 10:30 | No. of Repeat Risk Factor/Intervention Violations: 0 |
| Owner/Permit Holder: M.P.S Corporation | Risk Category: D | Total Violations: 0 | |
| Email: | Phone: | Inspection Status: Green Yellow Red | |
| Inspection Type: Routine Re-inspection Pre-operational Illness Investigation Complaint Other | | | |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, NO) for each item Mark "X" in appropriate box for COS and/or R
 IN = in compliance OUT = not in compliance NO = not observed N/A = not applicable COS = corrected on-site R = repeat violation

| Compliance Status | COS | R |
|--|-----|---|
| Supervision | | |
| 1 <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 type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> NO | | |
| 9 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" 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 checked="" type="radio"/> N/A <input type="radio"/> NO | | |
| 13 <input checked="" type="radio"/> IN <input type="radio"/> OUT | | |
| 14 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" 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 checked="" type="radio"/> N/A <input type="radio"/> NO | | |
| 19 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> NO | | |
| 20 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> NO | | |
| 21 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" 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 type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A | | |
| Highly Susceptible Populations | | |
| 26 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" 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 | | |
| 29 <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: <i>[Signature]</i> | Follow-Up Date: |
| Signature of Inspector: <i>[Signature]</i> | Date: 1-12-2024 |



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: Rapid Refill #140

Date: 1-12-2024

Page 2 of 2

Address: 715 DW Highway

Compliance Achieved: 1-12-2024

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]

Date:

Signature of Inspector: [Handwritten Signature]

Date: 1-12-2024



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|---|-------------------------|---------------------------------|---|
| Establishment: <u>VFW Post 8841</u> | Date: <u>1/10/24</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations: <u>0</u> |
| Address: <u>282 DW Highway</u> | Time in: <u>2:00</u> | Time out: <u>2:50</u> | No. of Repeat Risk Factor/Intervention Violations: <u>0</u> |
| Owner/Permit Holder: <u>Veterans Affairs near Post 8841</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 <u>N/A</u> | | |
| 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 <u>N/A</u> <u>NO</u> | | |
| 10 <u>IN</u> OUT | | |
| Approved Source | | |
| 11 <u>IN</u> OUT | | |
| 12 <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |
| 13 <u>IN</u> OUT | | |
| 14 <u>IN</u> OUT <u>N/A</u> <u>NO</u> | | |

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

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: <u>Stephanie Desmarais</u> | Follow-Up Date: |
| Signature of Inspector: <u>[Signature]</u> | Date: <u>1-10-2024</u> |



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|--|----------------------|---------------------------------|--|
| Establishment: <u>Girgios</u> | Date: <u>1-10-24</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations <u>0</u> |
| Address: <u>407 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>GTE Restaurant Corp.</u> | Risk Category: | 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 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 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 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 |

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 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 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 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 | | | |
| 19 <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 <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 | |
|--|-----|---|---|
| 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: <i>[Signature]</i> | Date: _____ |
| Signature of Inspector: <i>[Signature]</i> | Date: <u>1-10-2024</u> |



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: Girgis Date: 1-10-2024 Page 2 of 2
Address: 907 Mitford Road Compliance Achieved: 1-10-2024

TEMPERATURE OBSERVATIONS

Table with 6 columns: Item / Location, Temp., Item / Location, Temp., Item / Location, Temp. (Empty rows)

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 during time of inspection.'

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

Date:
Date: 1-10-2024



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|---|-------------------------|--|--|
| Establishment: <u>charlies homestyle diner</u> | Date: <u>1/9/24</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations <u>0</u> |
| Address: <u>600 Dur Highway</u> | Time in: <u>11:00</u> | Time out: <u>12:00</u> | No. of Repeat Risk Factor/Intervention Violations <u>0</u> |
| Owner/Permit Holder: <u>charlies homestyle diner LLC</u> | Risk Category: <u>C</u> | Total Violations <u>0</u> | |
| Email: | Phone: | Inspection Status: <u>Green</u> Yellow Red | |
| Inspection Type: <u>Routine</u> Re-inspection Pre-operational Illness Investigation Complaint Other _____ | | | |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, NO) for each item Mark "X" in appropriate box for COS and/or R
IN = in compliance OUT = not in compliance NO = not observed N/A = not applicable COS = corrected on-site R = repeat violation

| Compliance Status | COS | R |
|--|-----|---|
| Supervision | | |
| 1 <u>IN</u> OUT | | |
| 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 <u>NO</u> | | |

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

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> N |
| Discussion with Person-in-Charge: <u>[Signature]</u> | Follow-Up: Y <u>N</u> |
| Signature of Person in Charge: | Follow-Up Date: |
| Signature of Inspector: <u>[Signature]</u> | Date: <u>1-9-2024</u> |



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|---|-----------------------|--|---|
| Establishment: <u>Coffy Bites</u> | Date: <u>1/9/24</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations: <u>1</u> |
| Address: <u>80 Premium Outlet Blvd.</u> | Time in: <u>12:00</u> | Time out: <u>12:45</u> | No. of Repeat Risk Factor/Intervention Violations: <u>0</u> |
| Owner/Permit Holder: <u>Sajal Latka</u> | Risk Category: | | Total Violations: <u>2</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 <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 IN OUT <u>NO</u> | | |
| 9 IN OUT N/A <u>NO</u> | | |
| 10 IN <u>OUT</u> | | X |
| Approved Source | | |
| 11 <u>IN</u> OUT | | |
| 12 IN OUT N/A <u>NO</u> | | |
| 13 <u>IN</u> OUT | | |
| 14 IN OUT <u>N/A</u> <u>NO</u> | | |

| Compliance Status | COS | R |
|--|-----|---|
| Protection from Contamination | | |
| 15 <u>IN</u> OUT N/A NO | | |
| 16 <u>IN</u> OUT N/A | | |
| 17 IN OUT <u>N/A</u> NO | | |
| Time / Temperature Control for Safety | | |
| 18 IN OUT N/A <u>NO</u> | | |
| 19 IN OUT N/A <u>NO</u> | | |
| 20 IN OUT N/A <u>NO</u> | | |
| 21 <u>IN</u> OUT N/A NO | | |
| 22 <u>IN</u> OUT N/A NO | | |
| 23 <u>IN</u> OUT N/A NO | | |
| 24 IN OUT <u>N/A</u> NO | | |
| Consumer Advisory | | |
| 25 <u>IN</u> OUT N/A | | |
| Highly Susceptible Populations | | |
| 26 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> | | |

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 X | | |
| 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>B. V. [Signature]</u> | Follow-Up Date: |
| Signature of Inspector: <u>[Signature]</u> | Date: <u>1-9-2024</u> |



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|---|-------------------------|--|---|
| Establishment: Papa Gino's | Date: 8-24 | Page 1 of 2 | No. of Risk Factor/Intervention Violations: 3 |
| Address: 3 Continental Blvd. | Time in: 3:30 | Time out: 2:30 | No. of Repeat Risk Factor/Intervention Violations: 0 |
| Owner/Permit Holder: | Risk Category: B | Total Violations: 3 | |
| Email: | Phone: | Inspection Status: Green Yellow Red | |
| Inspection Type: Routine Re-inspection Pre-operational Illness Investigation Complaint Other | | | |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, NO) for each item Mark "X" in appropriate box for COS and/or R
 IN = in compliance OUT = not in compliance NO = not observed N/A = not applicable COS = corrected on-site R = repeat violation

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

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

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 | X | |
| 48 | | |
| 49 | | |
| Physical Facilities | | |
| 50 | | |
| 51 | | |
| 52 | | |
| 53 | | |
| 54 | | |
| 55 | X | |
| 56 | | |

| | |
|---|----------------------------|
| 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: 1-8-2024 |



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: papa Ginos

Date: 1-8-2024

Page 2 of 2

Address: 3 continental Blvd.

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> | | |
| C | 55 | 6-501.12 | - floor drain below mop sink soiled with accumulation of debris. clean. | |
| C | 55 | 6-501.12 | - walk-in refrigerator floor soiled with accumulation of food debris. clean. | |
| C | 47 | 9-602.13 | - In-line refrigerator across from cookline - accumulation of food debris on shelves and door gaskets. clean. | |
| | | | | |
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Signature of Person in Charge: [Signature]
 Signature of Inspector: [Signature]

Date: 1-8-2024



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|---|-------------------------|--|---|
| Establishment: <u>Los Primos</u> | Date: <u>8-24</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations: <u>0</u> |
| Address: <u>3 Amherst Road</u> | Time in: <u>2:00</u> | Time out: <u>∞</u> | No. of Repeat Risk Factor/Intervention Violations: <u>0</u> |
| Owner/Permit Holder: <u>Los Primos</u> | Risk Category: <u>C</u> | | Total Violations: <u>0</u> |
| Email: | Phone: | Inspection Status: <u>Green</u> Yellow Red | |
| Inspection Type: <u>Routine</u> Re-inspection Pre-operational Illness Investigation Complaint Other _____ | | | |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, NO) for each item Mark "X" in appropriate box for COS and/or R
 IN = in compliance OUT = not in compliance NO = not observed N/A = not applicable COS = corrected on-site R = repeat violation

| Compliance Status | COS | R |
|--|-----|---|
| Supervision | | |
| 1 <u>IN</u> OUT | | |
| 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: <u>[Signature]</u> | Follow-Up Date: |
| Signature of Inspector: <u>[Signature]</u> | Date: <u>8-24-2024</u> |



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: Los Primos

Date: 1-8-2018

Page 2 of 2

Address: 3 Amherst Road

Compliance Achieved: 1-8-2018

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: [Signature]

Date:

Signature of Inspector: [Signature]

Date: 1-8-2018



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|---|-------------------------|--|---|
| Establishment: Jade Dragon | Date: 1/4/24 | Page 1 of 2 | No. of Risk Factor/Intervention Violations: 2 |
| Address: 815 Rte Highway | Time in: 6:00 | Time out: 13:00 | No. of Repeat Risk Factor/Intervention Violations: 2 |
| Owner/Permit Holder: Evergreen Hospitality LLC | Risk Category: A | Total Violations: 7 | |
| 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 | | <input checked="" type="radio"/> 2 |
| 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 checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input 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 | | <input checked="" type="radio"/> |
| 17 <input type="radio"/> IN <input type="radio"/> OUT <input 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 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 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 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

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 <input checked="" type="radio"/> 1 | | |
| 35 | | |
| 36 | | |
| Food Identification | | |
| 37 | | |
| Prevention of Food Contamination | | |
| 38 | | |
| 39 | | |
| 40 | | |
| 41 | | |
| 42 <input checked="" type="radio"/> 2 | | |

| Compliance Status | COS | R |
|--|-----|------------------------------------|
| Proper Use of Utensils | | |
| 43 | | |
| 44 | | |
| 45 | | |
| 46 | | |
| Utensils, Equipment and Vending | | |
| 47 <input checked="" type="radio"/> X | | |
| 48 | | |
| 49 | | |
| Physical Facilities | | |
| 50 | | |
| 51 | | |
| 52 | | |
| 53 | | |
| 54 | | |
| 55 <input checked="" type="radio"/> X | | <input checked="" type="radio"/> X |
| 56 <input checked="" type="radio"/> X | | <input checked="" type="radio"/> X |

| | |
|--|--|
| 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: | Follow-Up Date: |
| Signature of Inspector: <i>Erin...</i> | Date: 1-4-2024 |



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: Jade dragon Date: 1-4-2024 Page 2 of 2

Address: 515 DW Highway 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: [Signature] Date: 1-4-2024
Signature of Inspector: [Signature] Date: 1-4-2024



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|---|-------------------------|--|---|
| Establishment: CVS Pharmacy #90Z | Date: 1-3-2024 | Page 1 of 2 | No. of Risk Factor/Intervention Violations: 0 |
| Address: 456 Dow Highway | Time in: 12:00 | Time out: 12:30 | No. of Repeat Risk Factor/Intervention Violations: 0 |
| Owner/Permit Holder: CVS Pharmacy Manchester NH | Risk Category: F | 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 type="radio"/> NO | | |
| 7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO | | |
| Preventing Contamination by Hands | | |
| 8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A | | |
| 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 checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input 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 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 type="radio"/> NO | | |
| 19 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO | | |
| 20 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input 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 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 | | |
| 29 <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

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"/> | | |
| 31 <input type="checkbox"/> | | |
| 32 <input type="checkbox"/> | | |
| Food Temperature Control | | |
| 33 <input type="checkbox"/> | | |
| 34 <input type="checkbox"/> | | |
| 35 <input type="checkbox"/> | | |
| 36 <input type="checkbox"/> | | |
| Food Identification | | |
| 37 <input type="checkbox"/> | | |
| Prevention of Food Contamination | | |
| 38 <input type="checkbox"/> | | |
| 39 <input type="checkbox"/> | | |
| 40 <input type="checkbox"/> | | |
| 41 <input type="checkbox"/> | | |
| 42 <input type="checkbox"/> | | |

| Compliance Status | COS | R |
|--|-----|---|
| Proper Use of Utensils | | |
| 43 <input type="checkbox"/> | | |
| 44 <input type="checkbox"/> | | |
| 45 <input type="checkbox"/> | | |
| 46 <input type="checkbox"/> | | |
| Utensils, Equipment and Vending | | |
| 47 <input type="checkbox"/> | | |
| 48 <input type="checkbox"/> | | |
| 49 <input type="checkbox"/> | | |
| Physical Facilities | | |
| 50 <input type="checkbox"/> | | |
| 51 <input type="checkbox"/> | | |
| 52 <input type="checkbox"/> | | |
| 53 <input type="checkbox"/> | | |
| 54 <input type="checkbox"/> | | |
| 55 <input type="checkbox"/> | | |
| 56 <input type="checkbox"/> | | |

| | |
|---|--|
| 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>Rhonda Adjutant</i> | Follow-Up Date: |
| Signature of Inspector: <i>[Signature]</i> | Date: 1-3-2024 |



MERRIMACK FIRE DEPARTMENT



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

FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: CVS Pharmacy # 902

Date: 1-3-2024

Page 2 of 2

Address: 456 DW Highway

Compliance Achieved: 1-3-2024

TEMPERATURE OBSERVATIONS

| Item / Location | Temp. | Item / Location | Temp. | Item / Location | Temp. |
|-----------------|-------|-----------------|-------|-----------------|-------|
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OBSERVATIONS AND/OR CORRECTIVE ACTIONS

| V | Item Number | Section of Code | Description of Violation | Dated Corrected or COS |
|---|-------------|-----------------|--------------------------|------------------------|
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No violations observed during time of inspection.

Signature of Person in Charge: Rhonah Aguiar

Date:

Signature of Inspector: [Signature]

Date: 1-3-2024