



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|---|-------------------------|--|--|
| Establishment: <u>Billys Famous Pizza</u> | Date: <u>5/30/23</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations <u>0</u> |
| Address: <u>380 Old 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>Billys Famous Pizza LLC</u> | Risk Category: <u>D</u> | Total Violations <u>0</u> | |
| Email: | Phone: | Inspection Status: <u>Green</u> Yellow Red | |

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

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

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

GOOD RETAIL PRACTICES

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

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

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

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

| | |
|--|-----------------------------------|
| Type of Operation: | License Posted: <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>Christina Rivera</u> | Follow-Up Date: |
| Signature of Inspector: <u>[Signature]</u> | Date: <u>5-30-2023</u> |

Date: 5/30/2023



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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|--|-------------------------|--|--|
| Establishment: <u>Qdoba #2449</u> | Date: <u>5/16/23</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations <u>0</u> |
| Address: <u>14 Premium Outlet Blvd</u> | Time in: <u>12:00</u> | Time out: <u>1:00</u> | No. of Repeat Risk Factor/Intervention Violations <u>0</u> |
| Owner/Permit Holder: <u>Qdoba Rest corporation</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> | | |

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

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

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 | | |
| Utensile, 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>Devin D.</u> | Follow-Up Date: |
| Signature of Inspector: <u>[Signature]</u> | Date: <u>5/16/2023</u> |

Date: 5/16/2023



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FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|--|-------------------------|--|--|
| Establishment: <u>Depot Farm Stand</u> | Date: <u>5/16/23</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations <u>0</u> |
| Address: <u>668 Rte Highway</u> | Time in: <u>11:00</u> | Time out: <u>1:30</u> | No. of Repeat Risk Factor/Intervention Violations <u>0</u> |
| Owner/Permit Holder: <u>Depot Farm Stand</u> | Risk Category: <u>F</u> | Total Violations <u>0</u> | |
| Email: | Phone: | Inspection Status: <u>Green</u> Yellow Red | |

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

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, NO) for each item Mark "X" in appropriate box for COS and/or R

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

| Compliance Status | COS | R | Compliance Status | COS | R |
|---|-----|---|--|-----|---|
| Supervision | | | Protection from Contamination | | |
| 1 <u>IN</u> OUT | | | 15 <u>IN</u> OUT N/A NO | | |
| 2 <u>IN</u> OUT <u>N/A</u> | | | 16 <u>IN</u> OUT N/A | | |
| Employee Health | | | 17 <u>IN</u> OUT N/A NO | | |
| 3 <u>IN</u> OUT | | | Time / Temperature Control for Safety | | |
| 4 <u>IN</u> OUT | | | 18 <u>IN</u> OUT N/A NO | | |
| 5 <u>IN</u> OUT | | | 19 <u>IN</u> OUT N/A NO | | |
| Good Hygiene Practices | | | 20 <u>IN</u> OUT N/A NO | | |
| 6 <u>IN</u> OUT <u>NO</u> | | | 21 <u>IN</u> OUT N/A NO | | |
| 7 <u>IN</u> OUT <u>NO</u> | | | 22 <u>IN</u> OUT N/A NO | | |
| Preventing Contamination by Hands | | | 23 <u>IN</u> OUT N/A NO | | |
| 8 <u>IN</u> OUT <u>NO</u> | | | 24 <u>IN</u> OUT N/A NO | | |
| 9 <u>IN</u> OUT N/A NO | | | Consumer Advisory | | |
| 10 <u>IN</u> OUT <u>NO</u> | | | 25 <u>IN</u> OUT N/A | | |
| Approved Source | | | Highly Susceptible Populations | | |
| 11 <u>IN</u> OUT | | | 26 <u>IN</u> OUT N/A | | |
| 12 <u>IN</u> OUT N/A NO | | | Food / Color Additives and Toxic Substances | | |
| 13 <u>IN</u> OUT | | | 27 <u>IN</u> OUT N/A | | |
| 14 <u>IN</u> OUT N/A NO | | | 28 <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. | | | Conformance with Approved Procedures | | |
| | | | 19 <u>IN</u> OUT N/A | | |

GOOD RETAIL PRACTICES

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

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

| Compliance Status | COS | R | Compliance Status | COS | R |
|---|-----|---|--|-----|---|
| Safe Food and Water | | | Proper Use of Utensils | | |
| 30 | | | 43 | | |
| 31 | | | 44 | | |
| 32 | | | 45 | | |
| Food Temperature Control | | | 46 | | |
| 33 | | | Utensils, Equipment and Vending | | |
| 34 | | | 47 | | |
| 35 | | | 48 | | |
| 36 | | | 49 | | |
| Food Identification | | | Physical Facilities | | |
| 37 | | | 50 | | |
| Prevention of Food Contamination | | | 51 | | |
| 38 | | | 52 | | |
| 39 | | | 53 | | |
| 40 | | | 54 | | |
| 41 | | | 55 | | |
| 42 | | | 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>Stephan Lee</u> | Follow-Up Date: |
| Signature of Inspector: <u>[Signature]</u> | Date: <u>5-16-2023</u> |



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | |
|--|--|---|
| Establishment: <u>Martel concessions</u> | Date: <u>5/12/23</u> Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations: <u>0</u> |
| Address: <u>10 Atherton Road</u> | Time in: <u>10:00</u> Time out: <u>12:30</u> | No. of Repeat Risk Factor/Intervention Violations: <u>0</u> |
| Owner/Permit Holder: | Risk Category: <u>D</u> | Total Violations: <u>0</u> |
| Email: | Phone: | Inspection Status: <u>Green</u> Yellow Red |

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

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, NO) for each item Mark "X" in appropriate box for COS and/or R

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

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

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

GOOD RETAIL PRACTICES

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

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

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

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

| | |
|---|----------------------------|
| Type of Operation: | License Posted: <u>Y</u> N |
| Discussion with Person-in-Charge: | Follow-Up: <u>Y</u> N |
| | Follow-Up Date: |
| Signature of Person in Charge: <u>[Signature]</u> | Date: |
| Signature of Inspector: <u>[Signature]</u> | Date: <u>5/12/2023</u> |

Date: 5/12/2023



MERRIMACK FIRE DEPARTMENT

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(603) 420-1730



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | | |
|--|-------------------------|--|---|-------------------------------------|
| Establishment: <u>Bite Me Kupcaiet</u> | Date: <u>5/11/23</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations | <input checked="" type="checkbox"/> |
| Address: <u>4 Mound Court</u> | Time in: <u>1:00</u> | Time out: <u>1:00</u> | No. of Repeat Risk Factor/Intervention Violations | <input checked="" type="checkbox"/> |
| Owner/Permit Holder: | Risk Category: <u>C</u> | Total Violations | | <input checked="" type="checkbox"/> |
| 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 | Compliance Status | | COS | R |
|---|--|---|---|--|--|--|---|
| Supervision | | | | Protection from Contamination | | | |
| 1 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | Person in charge present, demonstrates knowledge and performs duties | | 15 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO | Food separated and protected | |
| 2 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A | Certified Food Protection Manager | | 16 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A | Food-contact surfaces cleaned and sanitized | |
| Employee Health | | | | 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 | |
| 3 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | Management/food employees & conditional employee; knowledge, responsibilities and reporting | | Time / Temperature Control for Safety | | | |
| 4 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | Proper use of restriction and exclusion | | 18 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO | Proper cooking time and temperature | |
| 5 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | Procedures for responding to vomiting and diarrheal events | | 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 | |
| Good Hygiene Practices | | | | 20 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO | Proper cooling time and temperatures | |
| 6 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO | Proper eating, tasting, drinking, or tobacco use | | 21 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO | Proper hot holding temperatures | |
| 7 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO | No discharge from eyes, nose, mouth | | 22 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO | Proper cold holding temperatures | |
| Preventing Contamination by Hands | | | | 23 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO | Proper date marking and disposition | |
| 8 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO | Hands clean & properly washed | | 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 | |
| 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 | | Consumer Advisory | | | |
| 10 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | Adequate handwashing sinks properly supplied & accessible | | 25 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A | Consumer advisory provided for raw/undercooked foods | |
| Approved Source | | | | Highly Susceptible Populations | | | |
| 11 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | Food obtained from an approved source | | 26 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A | Pasteurized foods used; prohibited foods not offered | |
| 12 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO | Food received at proper temperature | | Food / Color Additives and Toxic Substances | | | |
| 13 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | Food in good condition, safe & unadulterated | | 27 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A | Food additives: approved and properly used | |
| 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 | | 28 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A | Toxic substances properly identified, stored and used | |
| Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury. | | | | Conformance with Approved Procedures | | | |
| | | | | 19 | <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 R COS = corrected on-site during inspection R = repeat violation

| Compliance Status | | COS | R | Compliance Status | | COS | R |
|---|--|--|---|--|--|---|---|
| Safe Food and Water | | | | Proper Use of Utensils | | | |
| 30 | | Pasteurized eggs used where required | | 43 | | In-use utensils properly stored | |
| 31 | | Water & Ice from approved source | | 44 | | Utensils, equipment & linens: properly stored, dried, & handled | |
| 32 | | Variance obtained for specialized processing methods | | 45 | | Single-use/single-service articles: properly stored & used | |
| Food Temperature Control | | | | 46 | | Gloves used properly | |
| 33 | | Proper cooling methods used: adequate equipment for temp. control | | Utensils, Equipment and Vending | | | |
| 34 | | Plant food properly cooked for hot holding | | 47 | | Food and non-food contact surfaces cleanable, | |
| 35 | | Approved thawing methods used | | 48 | | Properly designed, constructed, & used | |
| 36 | | Thermometers provided and accurate | | 49 | | Warewashing: installed, maintained, & used: test strips | |
| Food Identification | | | | Physical Facilities | | | |
| 37 | | Food properly labeled: original container | | 50 | | Hot & cold water available adequate pressure | |
| Prevention of Food Contamination | | | | 51 | | Plumbing installed, proper backflow devices | |
| 38 | | Insects, rodents, & animals not present | | 52 | | Sewage & waste water properly disposed | |
| 39 | | Contamination prevented during food preparation, storage & display | | 53 | | Toilet facilities properly constructed, supplied, & cleaned | |
| 40 | | Personal cleanliness | | 54 | | Garbage & refuse properly disposed, facilities maintained | |
| 41 | | Wiping cloths: properly used & stored | | 55 | | Physical facilities installed, maintained, & clean | |
| 42 | | Washing fruits & vegetables | | 56 | | Adequate ventilation & lighting, designated areas used | |

| | |
|---|--|
| Type of Operation: | License Posted: <input checked="" type="checkbox"/> N |
| Discussion with Person-in-Charge: | Follow-Up: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Signature of Person in Charge: <u>[Signature]</u> | Follow-Up Date: |
| Signature of Inspector: <u>[Signature]</u> | Date: <u>5/11/2023</u> |

Compliance Achieved: 5/11/2023



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|---|-------------------------|--|--|
| Establishment: <u>Tuckers</u> | Date: <u>5/10/23</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations <u>0</u> |
| Address: <u>360 Paw Highway</u> | Time in: <u>12:00</u> | Time out: <u>1:00</u> | No. of Repeat Risk Factor/Intervention Violations <u>0</u> |
| Owner/Permit Holder: <u>Tuckers Rest. Group LLC</u> | Risk Category: <u>B</u> | Total Violations <u>0</u> | |
| Email: | Phone: | Inspection Status: <u>Green</u> Yellow Red | |
| Inspection Type: <u>Routine</u> | Re-inspection | Pre-operational | Illness Investigation |
| Complaint | Other | | |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

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

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

GOOD RETAIL PRACTICES

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

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

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

COS = corrected on-site during inspection

R = repeat violation

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

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

Type of Operation:

Discussion with Person-in-Charge:

License Posted: Y N

Follow-Up: Y N

Follow-Up Date:

Signature of Person in Charge: [Signature]

Date:

Signature of Inspector: [Signature]

Date: 5/10/2023

Date: 5/15/2023



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|---|-------------------------|---------------------------------|--|
| Establishment: <u>Sals Pizza</u> | Date: <u>5/8/23</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations <u>0</u> |
| Address: <u>501 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>Ties Pies LLC</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 | IN OUT | | |
| 2 | IN OUT N/A | | |
| Employee Health | | | |
| 3 | IN OUT | | |
| 4 | IN OUT | | |
| 5 | IN OUT | | |
| Good Hygiene Practices | | | |
| 6 | IN OUT NO | | |
| 7 | IN OUT NO | | |
| Preventing Contamination by Hands | | | |
| 8 | IN OUT NO | | |
| 9 | IN OUT N/A NO | | |
| 10 | IN OUT | | |
| Approved Source | | | |
| 11 | IN OUT | | |
| 12 | IN OUT N/A NO | | |
| 13 | IN OUT | | |
| 14 | IN OUT N/A NO | | |

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

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

GOOD RETAIL PRACTICES

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

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

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

COS = corrected on-site during inspection

R = repeat violation

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

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

Type of Operation:

Discussion with Person-in-Charge:

License Posted: Y N

Follow-Up: Y N

Follow-Up Date:

Signature of Person in Charge: [Signature]

Date: 5-8-23

Signature of Inspector: [Signature]

Date: 5-8-2023

Date: 5-8-2023



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|--|-------------------------|--|---|
| Establishment: <u>MYA Bisc Concession stand</u> | Date: <u>5/5/23</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations: <u>0</u> |
| Address: <u>487 Rte Highway</u> | Time in: <u>1:00</u> | Time out: <u>1:30</u> | No. of Repeat Risk Factor/Intervention Violations: <u>0</u> |
| Owner/Permit Holder: <u>Merrimack Youth Ass.</u> | Risk Category: <u>0</u> | Total Violations: <u>2</u> | |
| Email: | Phone: | Inspection Status: <u>Green</u> Yellow Red | |

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

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

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

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

GOOD RETAIL PRACTICES

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

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

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

COS = corrected on-site during inspection

R = repeat violation

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

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

Type of Operation:

License Posted: Y N

Discussion with Person-in-Charge:

Follow-Up: Y N

Follow-Up Date:

Signature of Person in Charge: [Signature]

Date: 5/5/2023

Signature of Inspector: [Signature]

Date: 5-5-2023

Date: 5-5-2023



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|---|-------------------------|--|--|
| Establishment: <u>Dunkin Donuts</u> | Date: <u>5/2/23</u> | Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations <u>0</u> |
| Address: <u>80 continental Blvd.</u> | Time in: <u>2:00</u> | Time out: <u>3:00</u> | No. of Repeat Risk Factor/Intervention Violations <u>0</u> |
| Owner/Permit Holder: <u>Attorney Donuts, Inc.</u> | Risk Category: <u>D</u> | Total Violations <u>1</u> | |
| Email: | Phone: | Inspection Status: <u>Green</u> Yellow Red | |

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

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

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

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

GOOD RETAIL PRACTICES

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

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

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

COS = corrected on-site during inspection

R = repeat violation

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

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

| | |
|--|----------------------------|
| Type of Operation: | License Posted: <u>Y</u> N |
| Discussion with Person-in-Charge: | Follow-Up: <u>Y</u> N |
| | Follow-Up Date: |
| Signature of Person in Charge: <u>Miguel Menezes</u> | Date: |
| Signature of Inspector: <u>[Signature]</u> | Date: <u>5-2-2023</u> |

Date: 5-2-2028



MERRIMACK FIRE DEPARTMENT

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



FOOD ESTABLISHMENT INSPECTION REPORT

| | | |
|---|---|---|
| Establishment: <u>AB E E G vending</u> | Date: <u>5-1-23</u> Page 1 of <u>2</u> | No. of Risk Factor/Intervention Violations: <u>0</u> |
| Address: <u>221 Dow Highway</u> | Time in: <u>10:50</u> Time out: <u>1:00</u> | No. of Repeat Risk Factor/Intervention Violations: <u>0</u> |
| Owner/Permit Holder: <u>E E G vending company</u> | Risk Category: <u>F</u> | Total Violations: <u>0</u> |
| Email: | Phone: | Inspection Status: <u>Green</u> Yellow Red |

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

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

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

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

GOOD RETAIL PRACTICES

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

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

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

COS = corrected on-site during inspection

R = repeat violation

| Compliance Status | | COS | R |
|--|--|-----|---|
| Safe Food and Water | | | |
| 30 | | | |
| Pasteurized eggs used where required | | | |
| 31 | | | |
| Water & Ice from approved source | | | |
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| Variance obtained for specialized processing methods | | | |
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| 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 | | | |
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| Contamination prevented during food preparation, storage & display | | | |
| 40 | | | |
| Personal cleanliness | | | |
| 41 | | | |
| Wiping cloths: properly used & stored | | | |
| 42 | | | |
| Washing fruits & vegetables | | | |

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

Type of Operation:

License Posted: Y N

Discussion with Person-in-Charge:

Follow-Up: Y N

Follow-Up Date:

Signature of Person in Charge: [Signature]

Date:

Signature of Inspector: [Signature]

Date: 5-1-2023

Date: 5-1-2023