

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



FOOD ESTABLISHMENT INSPECTION REPORT

Date(1/20/77) Page 1 of Z No.

Establishment: cremuex French Podicseric	Į (Date	30/22	Page 1 of Z	No. of Risk Factor/Intervention Violati	ons 0
Address: 40 4 Milford Road unit C		l'ime in		Time ou	No. of Repeat Risk Factor/Intervention Violati	ons 🖨
Owner/Permit Holder-Tcapelle (baddell	F	Risk Ca	tegory:		Total Violati	
Email:	F	hone:			Inspection Status: Green Yellow Rec	d d
Inspection Type: Routine Re-inspection Pre-ope	eration	al	Iline	ss Investigation	Complaint Other	
FOODBORNE ILLNESS RIS						
Circle designated compliance status (IN, OUT, N					in appropriate box for COS and/or R	
IN = in compliance OUT= not in compliance NO =	not obs	erved N	/A = not	applicable COS =	corrected on-site R = repeat violation	
Compliance Status	cos	R		pliance Status		cos
Supervision	1000	1	30111	Ditarice Otatus	Protection from Contamination	OS
Person in charge present, demonstrates knowledge and performs duties	T		15	INOUT N/A NO	Food separated and protected	
2 NOUT N/A Certified Food Protection Manager	+	1	16	IN OUT N/A	Food-contact surfaces cleaned and sanitized	
Employee Health	1		17	IN OUT NA NO	Proper disposition or returned, previously served,	
3 NOUT Management/food employees & conditional employee;	T				reconditioned & unsafe food	
knowledge, responsibilities and reporting	-	+	- 10		Time / Temperature Control for Safety	
4 INOUT Proper use of restriction and exclusion 5 INOUT Procedures for responding to vomiting and diarrheal events	+	+	18	IN OUT N/A(NO)	Proper cooking time and temperature	_
Good Hygiene Practices			20	IN OUT N/A NO	Proper reheating procedures for hot holding	
6 IN OUT NG Proper eating, tasting, drinking, or tobacco use	T		21	IN OUT N/A NO	Proper cooling time and temperatures Proper hot holding temperatures	
7 IN OUT (NO) No discharge from eyes, nose, mouth			22	(IN OUT N/A NO	Proper cold holding temperatures	
Preventing Contamination by Hands			23	(IN DUT N/A NO	Proper date marking and disposition	
B NOUT NO Hands clean & properly washed	1		24	IN OUT N/A NO	Time as a Public Health Control: procedures and records	-
9 TNOUT N/A NO No bare hand contact with RTE food					Consumer Advisory	
10 INPUT Adequate handwashing sinks properly supplied & accessible			25	IN OUT N/A	Consumer advisory provided for raw/undercooked foods	1
Approved Source	_				Highly Susceptible Populations	
11 OUT Food obtained from an approved source			26	IN OUT WA	Pasteurized foods used; prohibited foods not offered	
12 NOUT N/ANO Food received at proper temperature				Foo	d / Color Additives and Toxic Substances	
13 (IN OUT Food In good condition, safe & unadulterated			27	IN OUT N/A	Food additives: approved and properly used	
14 IN OU NANO Req. records available: shell stock tags, parasite destruction			28	IN OUT N/A	Toxic substances properly identified, stored and used	
Risk factors are improper practices or procedures identified as the mo	ost			Co	onformance with Approved Procedures	
Risk factors are improper practices or procedures identified as the m. Prevalent contributing factors of foodborne illness or injury, Public Hea Interventions are control measures to prevent foodborne illness or inju	aith ury.		19	IN OUT N/A	Compliance with variance/specialized process/HACCP	
GU	OOD RI	ETAIL	PRACT	ICES		
Good retail practices are preventative measures t					and physical objects into foods.	
Mark "X" in box if numbered item is not in compliance Mark "X" on app					corrected on-site during inspection R=repeat viole	ation
ompliance Status	cos	R	Compl	liance Status	100	30 D
Safe Food and Water	003		Comp	nance status	Proper Use of Utensils	DS R
30 Pasteurized eggs used where required			43	In-use utensil	Is properly stored	
Water & ice from approved source			44	Utensils, equi	ipment & linens; properly stored, dried, & handled	
32 Variance obtained for specialized processing methods			45	Single-use/si	ngle-service articles: properly stored & used	
Food Temperature Control			46	Gloves used		\neg
Proper cooling methods used: adequate equipment for temp. control				1,44.	Utensils, Equipment and Vending	
Plant food properly cooked for hot holding			47	Food and nor	n-food contact surfaces cleanable,	
Approved thawing methods used			48	Properly design	gned, constructed, & used	
Thermometers provided and accurate			49	Warewashing	: installed, maintained, & used: test strips	
Food Identification					Physical Facilities	
Food properly labeled: original container			50		iter available adequate pressure	\perp
Prevention of Food Contamination			51		alled, proper backflow devices	
18 Insects, rodents, & animals not present		_	52		ste water properly disposed	
Contamination prevented during food preparation, storage & display Personal cleanliness			53		properly constructed, supplied, & deaned	
	-		54		ruse properly disposed, facilities maintained	
Wiping cloths; properly used & stored Washing fruits & vegetables			55 56		ites installed, maintained, & clean	
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			50	Adequate veni	tilation & lighting, designated areas used	
ype of Operation:					License Posted:) N
Discussion with Person-in-Charge:		-			Follow-Up: Y	N
	M	1	7	-	·	9
Solver Mun Golosul	zi-	- 16		7	Follow-Up Date:	
ignature of Person in Charge:					Date:	
ignature of Inspector:					Doto: 1: 12: 12: 12:	
					Date: (1/30/2022	



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



Establishme	nt: Cremeux	French Pati	Sserie.	Date:	11/30/2022	Page 2	of 2
Address:	T Wilford R	pad unit C		Compli	iance Achieved: 11/3	0/2022	
			TEMPERATURE OBSERVA	TIONS			
	Item / Location	Temp.	Item / Location	Temp.	Item / Locatio	th .	Ter
		OB	ERVATIONS AND/OR CORRECTI	VE ACTIONS			
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Number	0001011 01 0000	_	Description of a			or	cos
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nature of Pe	rson in Charge:	Somello M	wanda		Date:		
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A TOTAL OF IUS	procioi.	1			Date: (1)	30/2022	



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



Establishment: Pelicacy Ton Express Date Sol Pege 1 of 1 No. of Risk Factor/Intervention V No. of Risk Factor Intervention S No. of Risk Factor/Intervention V No. of Risk Factor Intervention M Intervention V No. of Risk Factor Intervention M Intervention V No. of Risk Factor Intervention M Intervention V No. of Risk Factor Intervention V No. of Risk Factor Interve	cos	\$ 0
Consider Permit Holder: Phone: Inspection Status: Green Yellow	cos	\$ 0
Inspection Type: Routine Re-inspection Pre-operational liness Investigation Complaint Other Re-inspection Pre-operational Pre-operational liness Investigation Complaint Other ROODBORNE 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 M/A = not applicable COS = corrected on-site R = repeat violation Compliance Status Supervision Person in charge present, demonstrates knowledge and person of the person and the	Red	
Inspection Type: Routine Re-inspection Pre-operational Illiness Investigation Complaint Other. **ROODBORNS ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS** IN = in compliance OUT= not in compliance NO = not observed NIA = not applicable CoS = corrected on-site R = repeat violation Compliance Status N = in compliance OUT= not in compliance NO = not observed NIA = not applicable CoS = corrected on-site R = repeat violation Compliance Status N = in compliance OUT= not in compliance NO = not observed NIA = not applicable CoS = corrected on-site R = repeat violation N = in compliance OUT= not in compliance NO = not observed NIA = not applicable CoS = corrected on-site R = repeat violation N = in compliance OUT= not in compliance NO = not observed NIA = not applicable CoS = corrected on-site R = repeat violation N = in compliance OUT= not in compliance NO = not observed NIA = not applicable CoS = corrected on-site R = repeat violation N = in compliance OUT= not in compliance NO = not observed NIA = not applicable CoS = corrected on-site R = repeat violation N = in compliance OUT= not in compliance NO = not observed NIA = not applicable CoS = corrected on-site R = repeat violation N = in compliance Status	COS	S
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Oterisis, equipment a line is, properly stored, a nandrea	_	\top
32 Variance obtained for specialized processing methods 45 Single-use/single-service articles: properly stored & used	1	1
Food Temperature Control 46 Gloves used properly		
Proper cooling methods used: adequate equipment for temp. control Utensils, Equipment and Vending		
Plant food properly cooked for hot holding 47 Food and non-food contact surfaces cleanable,		
Approved thawing methods used 48 Properly designed, constructed, & used Thermometers provided and accurate		_
77 Parl owners mig. The maintain at a section by		
Food properly labeled; original container 50 Hot & cold water available adequate pressure		
Prevention of Food Contamination 51 Plumbing installed, proper backflow devices	 	
BB Insects, rodents, & animals not present 52 Sewage & waste water properly disposed	+	\vdash
Contamination prevented during food preparation, storage & display 53 Tollet facilities properly constructed, supplied, & cleaned	+-	\vdash
Personal cleanliness 54 Garbage & refuse properly disposed, facilities maintained	+	\vdash
Wiping doths: properly used & stored 55 Physical facilities installed, maintained, & clean	+-	\vdash
Washing fruits & vegetables 56 Adequate ventilation & lighting, designated areas used		H
Type of Operation:		
ype of Operation: License Posted:	1	N
Discussion with Person-in-Charge: Follow-Up:	(Y).	N
Follow-Up Date:	(Y) .	-7
importune of Paragraphic Character of A. a. C. C. C.	(Ý) Y (
ignature of Person in Charge: Date:	(Y) Y (
Signature of Inspector:	(Ý) Y (



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



Establishment: Hotidary Address: 4 Amners +	In Express		Date: [1	13012022	Page 2 of
Address: 4 Amnerst	Road		Complian	ce Achieved: 1113	017.077
		TEMPERATURE OBSERVAT	HUNS		
Item / Location	Temp.	Item / Location	Тетр.	Item / Locatio	n '
	ORS	SERVATIONS AND/OR CORRECTI	TATE ACTIONS		
V Item Section of Code	02.				Dated Corr
Number Section of Code		Description of V	/iolation		or CO
	the valence	-2-01			
	NO OWE	tions observed dur	ing time	at inspection	<u>a . </u>
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HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



Time In It y S Time out y S Ti	Establishment:	Tortilla Flat		Date	11/.	29/2	Pag	ge 1 of _Z ,	No. of F	Risk Factor/In	tervention	Violatio	ns 1
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HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



Es	tablishme	nt: Tortilla	I 10C+			Date:	11-29-2022	Page 2	of <u>Z</u>
Ad	dress: 5	95 De Hi	gnurey			Comp	liance Achieved:		
			U		TEMPERATURE OBSERVATIONS				
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						l T			
					OBSERVATIONS AND/OR CORRECTIVE ACT	IONS			
V	Item	Section of Code			Description of Violation			Dated	Corrected
	Number			7				or	COS
			KHENER						
C	55	6-501-12-	FLOOT L	wa	IL below cookline equip	ment.	coiled with		
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			-				Date: 11 - 2	7-202	26



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



FOOD ESTABLISHMENT INSPECTION REPORT Date V70/20 Page 1 of 7

Establishment: Ewit Systems		Date VZ	28/72	Page 1 of 💆	No. of Risk Factor/Intervention Viola	ations 6
Address: 220 pw Highway		Time in:	:00	Time out Z:00	No. of Repeat Risk Factor/Intervention Viola	ations
Owner/Permit Holder: Kollsman Inc.		Risk Cat	tegory:	A	Total Viola	ations
Email:		Phone:			Inspection Status: Green Yellow	ed
Inspection Type: Routine Re-inspection Pr	e-operation	nal	Illnes	ss Investigation	Complaint Other	
FOODBORNE ILLNESS	RISK FA	CTORS A	ND PUI	BLIC HEALTH I		
Circle designated compliance status (IN, OL					in appropriate box for COS and/or R	
IN = in compliance OUT= not in compliance it	NO = not at	oserved N/	/A = not	applicable COS =	corrected on-site R = repeat violation	
Compliance Status	CO					lana I
Supervision	00	5 K	Com	pliance Status	Protection from Contamination	cos
Person in charge present, demonstrates knowledge an performs duties	d		15	IN OUT WANO	Food separated and protected	
2 INOUT N/A Certified Food Protection Manager			16	IN OUT N/A	Food-contact surfaces cleaned and sanitized	-
Employee Health	, .		17	IN OUT NAMO	Proper disposition or returned, previously served,	
3 Management/food employees & conditional employee;		-			reconditioned & unsafe food	1
knowledge, responsibilities and reporting					Time / Temperature Control for Safety	
4 INDUT Proper use of restriction and exclusion			18	ON W TUO NI	Proper cooking time and temperature	
5 INOUT Procedures for responding to vomiting and diamheal evi	ents		19	IN OUT NA NO	Proper reheating procedures for hot holding	
Good Hygiene Practices		-	20	IN OUT N/A NO	Proper cooling time and temperatures	
6 IN OUT NO Proper eating, tasting, drinking, or tobacco use			21	IN OUT N/A(NO)	Proper hot holding temperatures	
7 IN OUT NO No discharge from eyes, nose, mouth			22	IN OUT N/A NO	Proper cold holding temperatures	
Preventing Contamination by Hands			23	IN OUT N/A NO	Proper date marking and disposition	
8 INOUT NO Hands clean & properly washed			24	IN OUT N/A)10	Time as a Public Health Control: procedures and records	
9 IN OUT N/A NO No bare hand contact with RTE food					Consumer Advisory.	
10 IN OUT Adequate handwashing sinks properly supplied & access	sible		25	IN OUT N/A	Consumer advisory provided for raw/undercooked foods	
Approved Source				-	Highly Susceptible Populations	
11 IN OUT Food obtained from an approved source			26	IN OUT(N/A)	Pasteurized foods used; prohibited foods not offered	_
12 IN OUT N/4 NO Food received at proper temperature		1		Foo	d / Color Additives and Toxic Substances	
3 IN OUT Food in good condition, safe & unadulterated	l l	1 1	27	IN OUT N/A	Food additives: approved and properly used	
				11.00 (10)		
14 IN OU N/A NO Req. records available: shell stock tags, parasite destruc	tion		28	IN OUT N/A	Toxic substances properly identified, stored and used	
			—	INOUT N/A		
			28	INJOUT N/A	Toxic substances properly identified, stored and used puformance with Approved Procedures	
A IN OUT (N/A) (O Req. records available; shell stock tags, parasite destruct Risk factors are improper practices or procedures identified as the Prevalent contributing factors of foodborne illness or injury. Publi Interventions are control measures to prevent foodborne illness.	he most ic Health or injury.		28	IN OUT N/A	Toxic substances properly identified, stored and used	
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HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



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Ad	Idress: 2:	20 PW Hig	navay			Compliance Achieved: N		
	<u>.</u>			TEMPERATURE OBSERVA	HUNS			
		Item / Location	Temp.	Item / Location	Теп	p. Item/Loc	ation	Temp
								
				OBSERVATIONS AND/OR CORRECT	VE ACTIONS			
V	Item	Section of Code		Description of \			Dated (Corrected
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HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



Es	tablishment:	ytinomme	HOSPICE	House	ı	Date 1	25/27	Page	1 of <u>7</u>	No. of Risk Factor/Intervention Viola	ations	0
Ac	Idress:210	raticook	Rock	10000					out 30	No. of Repeat Risk Factor/Intervention Viola	ations	の
Ov	vner/Permit Hok	der:Home He	zadda a u v	Orac Service	$\overline{}$	Risk Ca				Total Viola		<u>~</u>
En	naif:	HOME	zervi cuta	ALEBOTO C		Phone:		<u> </u>			Red	
Ins	spection Type:	Routine	Re-inspection	Pre-ope			lilne	es Inv	estigation	Complaint Other		_
77.7	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cribatino							-	NTERVENTIONS		
		Circle designat	ted compliance sta		_					in appropriate box for COS and/or R		
								t applic		corrected on-site R = repeat violation		
	lianes Status											
COII	npliance Status	Sur	pervision		cos	R	Com	plianc	e Status	Protection from Contamination	cos	F
1	NOUT	Person in charge pre	esent, demonstrates k	nowledge and	T		15	/in/	OUT N/A NO	Food separated and protected	T -	Т
2	NOUT N/A	performs duties Certified Food Protect	ntion Monager		\vdash		16	+-	OUT N/A	<u> </u>	+	+
_	THE POT NOT				-			 X	UT N/A NO	Proper disposition or returned, previously served,	+	+
			nployees & conditions	employee:			17	<u> </u>	UI N/A NO	reconditioned & unsafe food	Ш	\perp
3	TUCKI	knowledge, responsit		ar campioyee,					01	Time / Temperature Control for Safety	7 1	
4	(IN)OUT	Proper use of restricti					18	INC	UT NA NO	Proper cooking time and temperature		
5	ТИООИТ		ending to vorniting and	diamheal events		Щ	19	_	UT N/A(NO)	Proper reheating procedures for hot holding		_
	wer 6	1	giene Practices			-	20		UT N/A(NO)	Proper cooling time and temperatures	↓	\perp
6	IN OUT NO		, drinking, or tobacco	use		\vdash	21	1	UT N/A (10)	Proper hot holding temperatures	ļ	╄
-	IN OUT (10)	No discharge from ey					22		UT N/A NO	Proper cold holding temperatures	-	₩
В	NOUT NO	1	amination by Har	nds		-	23	1	UT N/A NO	Proper date marking and disposition	₩	-
9	IN OUT N/A NO	Hands clean & proper					24	1140	UTWANO	Time as a Public Health Control: procedures and records		
10	IN OUT	No bare hand contact		licel 9ible			25	Livio	IT GUA	Consumer Advisory		
10	(NY GOT	Adequate handwashin	ved Source	plied & accessible			25	INO	JT N/A	Consumer advisory provided for raw/undercooked foods		<u></u>
11	IN DUT	Food obtained from an					26	IND	UT N/A	Highly Susceptible Populations Pasteurized foods used; prohibited foods not offered		
12	IN OUT N/A NO					-	20	1172		d / Color Additives and Toxic Substances		
13							27	IN O	UT(N/A)	Food additives: approved and properly used		_
14	IN OUT NA NO	Req. records available					28	-	JT N/A	Toxic substances properly identified, stored and used		
	Risk factors a	re improper practices	s or procedures ide	entified as the mo	net					informance with Approved Procedures		
	Prevalent conf	re improper practices ributing factors of foc are control measures	odborne illness or	Injury, Public Hea	alth		19	INIO	JT (VA)			
			to proveri rocaso						7.60	Compliance with variance/specialized process/HACCP		
		Good cot	tail pragtices are prov			ETAIL				and the second of the second of		
Mar	k "X" in box if num	bered item is not in o		Mark "X" on app	_					and physical objects into foods. Corrected on-site during inspection R=repeat vi	iolation	
	-U Od-4											
om	oliance Status	Sufa Fond	d and Water		cos	R	Comp	liance	Status		cos	R
30	Pasteurized	eggs used where require					43		In-use utensil	Proper Use of Utensils s properly stored		
31		from approved source					44			pment & linens: properly stored, dried, & handled		
32		tained for specialized pro	ocessing methods				45			ngle-service articles: properly stored & used		-
-		Food Tempe	rature Control				46		Gloves used p		-	\neg
33	Proper coofii	ng methods used: adequ	uate equipment for ter	mp. control					1 6	Utensils, Equipment and Vending		
34	Plant food p	operly cooked for hot ho	olding				47		Food and non	-food contact surfaces cleanable,		\neg
35	Approved the	awing methods used					48		Properly desig	gned, constructed, & used	\rightarrow	\neg
36	Thermomete	rs provided and accurate	,e				49		Warewashing:	: installed, maintained, & used: test strips	\neg	\neg
			ntification							Physical Facilities		
37	Food propert	y labeled: original contai					50		Hot & cold wa	ter available adequate pressure		
		Prevention of Fo	od Contamination	0			51		Plumbing insta	alled, proper backflow devices		
38		nts, & animals not prese					52		Sewage & was	ste water properly disposed		
39		on prevented during food	I preparation, storage	& display			53		Toilet facilities	properly constructed, supplied, & cleaned		_
40	Personal clea				\rightarrow	_	54	-		use properly disposed, facilities maintained		
41		: properly used & stored	1		_	_	55	-		ies installed, maintained, & clean		_
(2	Washing must	s & vegetables			_		56	نلب	Adequate vent	illation & lighting, designated areas used		_
Тур	e of Operation:									License Posted:	IA K	П
		on in Charac									الأمراب	\vdash
JISC	ussion with Pen	son-in-charge:								Follow-Up:	((M	り!
						,				Follow-Up Date:		
Sian	ature of Person	in Charge:		Ry	44.0	1.0	0			Date:		\neg
			4	100	W_		<u> </u>	_				\dashv
∍ign	ature of Inspect	or.	->/							Date: 1 123 / 2.02	<u></u>	



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



Es	tablishme	it: Commu	uity t	16812	ive thouse	Date: 1V	23/2027	Page 7	of 7
Ad	dress: 2	D Natica	010 10	Don d	- track	Compliant	23/2022	raye =	_01
		100017 (0)		302	TEMPERATURE OBSERVAT	Compliand	e Achieved: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3/40 2	
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						2,111,05	TREATY EXCENDE	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Lem
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					OBSERVATIONS AND/OR CORRECTI	VE ACTIONS			
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HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



Establishment: Lobster Boot Cestourcunt							KEI OK							_
		Date	ŧ٧	22/2	z₽a	ge 1 of Z	N	lo. of Ris	k Facto	r/Inter	vention	Violat	ions	2
Address: 453 Dw HANNEY					_	ne out								$\frac{\sim}{\varnothing}$
Owner/Permit Holder: GFM Corporation				tegory	_			poderto		7111601		_		
Email:		_		ilegol y	٠. پ			_				Violati	ions	7_
		Phor	ne:				Inspection	Status:	Gree	D	Yellow	Re	d	
	peration					nvestigation		nplaint	(Other_				
FOODBORNE ILLNESS RI					BLI	C HEALTH D	NTERVENT	TONS						
Circle designated compliance status (IN, OUT,							in appropriat							
IN = in compliance OUT= not in compliance NO	= not ol	oserve	d N	/A = no	t app	olicable COS =	corrected or	n-site R =	repeat vi	olation	1			
Compliance Status	CO	S R		Corr	rplia	nce Status							cos	F
Supervision							Protection	n from C	ontamir	ation				,
1 Person in charge present, demonstrates knowledge and performs duties				15	(IA)	OUT N/A NO	Food separa	ted and pro	tected					
2 IN OUT N/A Certified Food Protection Manager		+	7	16	- K	OUT N/A	Food-contac	t surfaces o	leaned an	d saniti	zed	-		-
Employee Health				17	_	OWAND	Proper dispo	sition or ret	urned, pre			-		-
Management/food employees & conditional employee;	1		٦.	-			reconditione							L.,
knowledge, responsibilities and reporting		+	4				Time / Temp	_			яy			
		-	4	18	-	ON WA TOO	Proper cooki							
5 Procedures for responding to vomiting and diarrheal events Good Hygiene Practices			\dashv	19	+	OUT N/A(NO)	Proper rehea				ng			_
6 IN OUT Proper eating, tasting, drinking, or tobacco use		_	-	20	1	OUT N/A NO	Proper coolin			res				_
7 IN OUT (O) No discharge from eyes, nose, mouth		+	\dashv	22	-	ON AN TUC	Proper hot he							_
Preventing Contamination by Hands			\exists	23	-	DOUT N/A NO	Proper date r							
8 B OUT NO Hands clean & properly washed	7	T	1	24	_	OUTNANO	Time as a Pu				er and rec	orde	-	
9 INOUT N/A NO No bare hand contact with RTE food		+	╣		1	551,537,15		sumer A		00000	to allu (du	UI GS		
10 (IN) UT Adequate handwashing sinks properly supplied & accessible		+-	1	25	IN	DUT N/A	Consumer ac			w/unde	repoked for	nde		
Approved Source			7				Highly St				000100101	500		
11 INDUT Food obtained from an approved source			7	26	IN	OUT (/A)	Pasteurized f				not offered			
12 IN OUT N/ANO Food received at proper temperature						Foo	d / Color Ad	ditives an	d Toxic	Substa	inces			
						01/27/20	Food additives	s: annmved	and prop	erly use	ed	\top		
13 (N) UT Food In good condition, safe & unadulterated			_	27	IN	OUT (/A)		or approvo						
13 (NOUT) Food In good condition, safe & unadulterated 14 IN OUT N/A NO Req. records available: shell stock tags, parasite destruction				27	100	OUT MA	Toxic substan				and used			_
14 IN OUT NO NO Req. records available: shell stock tags, parasite destruction	nost			\vdash	100	UTTTO		ces propert	/ identified	l, stored				
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HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



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Ade	ress: 🕰	S3 PW H	ignway				Complian	ce Achieved: 11/30	12077	
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	Item	T		UBSE	RVATIONS AND/OR CORRI	ECTIVE ACTIO	ONS			
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HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



Establishment: R	se Haven @ Herrimack		Date:	21/27	Page 1 of <u>2</u>	No. of Ri	isk Factor/Intervention V	iolatio	ns 🖊
Address: 8 Ter	mifer prive		Time in	1:30	Time out 2:30	No. of Repeat R	isk Factor/Intervention V	iolatio	ns (>S
	der Rose Howen @ Merrimack	\neg	Risk Ca				Total V	iolatio	ns 🕖
Email:	Kose Honer C. Harringac		Phone:			Inspection Status		Red	ער
								reu	
Inspection Type:	Routine Re-inspection Pre-ope				ss Investigation	Complaint	Other		
	FOODBORNE ILLNESS RISK								
	Circle designated compliance status (IN, OUT, N/A					in appropriate box fo			
	IN = in compliance OUT= not in compliance NO = n	ot ob	served N	/A = not	applicable COS =	corrected on-site R	= repeat violation		
Compliance Status		COS	R	Com	pliance Status			CI	OS F
	Supervision					Protection from	Contamination		
1 IN OUT	Person in charge present, demonstrates knowledge and performs duties			15	IN OUT N/A NO	Food separated and p	protected		
2 (IN)OUT N/A	Certified Food Protection Manager			16	IN DUT N/A	Food-contact surfaces	s cleaned and sanitized	\dashv	
	Employee Health			17	IN OUT NA NO	Proper disposition or reconditioned & unsafe	eturned, previously served,		
3 CHOUT	Management/food employees & conditional employee;			-					
4 ID OUT	knowledge, responsibilities and reporting			40		Time / Temperature			
5 IN OUT	Proper use of restriction and exclusion Procedures for responding to vomiting and diarrheal events	-	+	18	IN OUT N/A NO	Proper cooking time a		+	
3 (11)001	Good Hygiene Practices			20	IN OUT N/A NO	Proper reheating proc Proper cooling time ar		-	+
6 IN OUT GO	Proper eating, tasting, drinking, or tobacco use			21	IN OUT N/A(NO)			+	+
7 IN OUT NO	No discharge from eyes, nose, mouth			22	IN OUT N/A NO	Proper hot holding terr		-	-
7 111001 (110)		_		<u> </u>		Proper cold holding te	·		+
a Chlour Ho	Preventing Contamination by Hands			23	(IN DUT N/A NO	Proper date marking a		+	-
B INOUT NO	Hands clean & properly washed		+	24	IN OUT WAYO		th Control: procedures and recor	ds	
9 IN OUT N/A NO	No bare hand contact with RTE food		-			Consumer			
10 (IN)OUT	Adequate handwashing sinks properly supplied & accessible			25	IN OUT WA		ovided for raw/undercooked food	s	
	Approved Source			-		Highly Susceptib			
11 II) OUT	Food obtained from an approved source			26	OUT N/A		d; prohibited foods not offered		
12 IN OUT NA NO	Food received at proper temperature		4				and Toxic Substances		
13 IN OUT	Food in good condition, safe & unadulterated			27	IN OUT (NI)	Food additives; approv		-	\perp
14 IN OUT N/A NO	Req. records available: shell stock tags, parasite destruction			28	IN OUT N/A	Toxic substances prope	erly identified, stored and used		
Risk factors a	re improper practices or procedures identified as the mo tributing factors of foodbome illness or injury. Public Hea are control measures to prevent foodborne illness or injur	st lth			C	onformance with Ap	proved Procedures		
Interventions a	are control measures to prevent foodborne illness or injui	ry.		19	IN OUT NA	Compliance with varian	ce/specialized process/HACCP		
	GO	OD I	RETAIL	PRACT	ICES				
	Good retail practices are preventative measures to					and physical objects into	foods.		
Mark "X" in box if num	bered item is not in compliance Mark "X" on appr					=corrected on-site du		at viola	tion
			1 - 1-					1	
ompliance Status	Safe Food and Water	os	R	Comp	iance Status	D	CII	CO	SR
30 Pasteurized	eggs used where required			43	In-use utensi	Proper Use of its property stored	i Cichalia		
	from approved source		 	44			y stored, dried, & handled	+-	+
	tained for specialized processing methods		 	45		ingle-service articles; pro			-
SZ Valialité ou	Food Temperature Control			46			berry stored or deen		
33 Proper coolii	ng methods used: adequate equipment for temp. control			46	Gloves used				
	roperly cooked for hot holding			47	Section 1	Utensils, Equipmes			
				47				+	
1-11	awing methods used		+	48		gned, constructed, & use			
36 Thermomete	ers provided and accurate			49	warewasning	: Installed, maintained, 8	<u></u>	٠.,	
	Food Identification			50	Net 8 estatem	Physical Fa			
or rood propen	ly labeled: original container			50		ater available adequate p		+	
the state of	Prevention of Food Contamination			51		talled, proper backflow di		+	+
	ents, & animals not present			52		ste water properly dispo		+	
	on prevented during food preparation, storage & display		-	53		s properly constructed, s		-	44
10 Personal clea				54		fuse properly disposed, t		+	44
	s: properly used & stored			55		ties installed, maintained		-	+
Washing fruit	ts & vegetables			56	Adequate ven	tilation & lighting, design	nated areas used		
Type of Operation:							License Posted:	(Y)	NI IA
								Ľ	N
Discussion with Pen	son-in-Charge:						Follow-Up:	Υ	(N)
	. 1					ļ	Follow-Up Date:		
	- A - 1						· · · · · · · · · · · · · · · · · · ·		
ignature of Person	in Charge: Level						Date:		
Signature of Inspect	or:						Date: 11/21/202	2	
							INITALION	-	



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



Establishme	nt: Rose Haven			Date: ()	121/2022	Page <u>1</u> of <u>1</u>
Address:	ent: Rose Haven 3 Tennifer Driv	٨.		Compliano	ce Achieved:	10.17
			TEMPERATURE OBSERVAT	TONS	1/2/	077
	Item / Location	Temp.	Item / Location	Temp.	Item / Location	Temp.
						
, Item		OBSE	ERVATIONS AND/OR CORRECTIVE	VE ACTIONS		
V Number	Section of Code		Description of Vi	olation		Dated Corrected or COS
						0,000
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		No utolo	tions obscived do	prince time o	e increation	
			tions observed du	7		
			<u></u>			
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ionature of D	erson in Charge:		A /		5.1	
		1	- M		Date:	
signature of In	spector:	- Com			Date: 11/21/	2027



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



Address:				1/1	- 140	A	ge 1 of <u>1</u>	No. of Risk Factor/Intervention Violations
Muliess. 86	remium outlet Blud #699	B	Tim	e in ç	:00	Tim	ne ou 2:15	No. of Repeat Risk Factor/Intervention Violations
Owner/Permit Ho	der: Goang Fa Inc.		Risk	Cat	tegon	/: <u>n</u>		Total Violations
Email:			Pho					Inspection Status: Green (Yellow) Red
inspection Type:	Routine Re-inspection Pre-o	peratio	nal		litne	eee Ir	vestigation	Complaint Other
	FOODBORNE ILLNESS R			RS A			-	
	Circle designated compliance status (IN, OUT,							in appropriate box for COS and/or R
	IN = in compliance OUT= not in compliance NO		<u> </u>			ot app		
Compliance Status		6.5						
compliance Status	Supervision	COS	5 1	₹	Cor	npliar	ice Status	Protection from Contamination
1 INOUT	Person in charge present, demonstrates knowledge and	\top	T		15	IN	DUT N/A NO	
2 IN OUT N/A	performs duties Certified Food Protection Manager	-	-		-	\sim	OUTN/A	Food separated and protected
2 NOOTNA				_	16			Food-contact surfaces cleaned and sanitized Proper disposition or returned, previously served,
	Employee Health Management/food employees & conditional employee;				17	IN	OUT NIA NO	reconditioned & unsafe food
3 TN OUT	knowledge, responsibilities and reporting		\perp			1 <		Time / Temperature Control for Safety
4 INOUT	Proper use of restriction and exclusion				18	ΙN	OUT N/A NO	Proper cooking time and temperature
5 TNOUT	Procedures for responding to vomiting and diarrheal events	š			19	IN	OUT N/A NO	Proper reheating procedures for hot holding
	Good Hygiene Practices	100			20	NI	OUT N/ANO	Proper cooling time and temperatures
6 IN OUT (NO)	Proper eating, tasting, drinking, or tobacco use			_	21		OUT N/A NO	Proper hot holding temperatures
7 IN OUT 🔞	No discharge from eyes, nose, mouth			_ (22	IN	OUT N/A NO	Proper cold holding temperatures
	Preventing Contamination by Hands				23		DUT N/A NO	Proper date marking and disposition
B NOUT NO	Hands clean & properly washed				24	IN	OUT IANO	Time as a Public Health Control: procedures and records
9 (IN)OUT N/A NO	No bare hand contact with RTE food							Consumer Advisory
10 IN OUT	Adequate handwashing sinks properly supplied & accessible	e	X		25	(N)	DUT N/A	Consumer advisory provided for raw/undercooked foods
	Approved Source							Highly Susceptible Populations
11 (IN)OUT	Food obtained from an approved source			_	26	IN	OUT (VA)	Pasteurized foods used; prohibited foods not offered
12 IN OUT N/ANO	Food received at proper temperature						Foo	d / Color Additives and Toxic Substances
13 (IN)DUT	Food in good condition, safe & unadulterated	_			27	IN	OUT(N/A)	Food additives: approved and properly used
			_					
14 IN OUT NO NO	Req. records available: shell stock tags, parasite destruction				28		OUT N/A	Toxic substances properly identified, stored and used
14 IN OUT NO NO					28			Toxic substances properly identified, stored and used informance with Approved Procedures
14 IN OUT NO NO	Req. records available: shell stock tags, parasite destruction are improper practices or procedures identified as the tributing factors of foodborne illness or injury. Public hare control measures to prevent foodborne illness or i				19			
14 IN OUT NO NO	are improper practices or procedures identified as the tributing factors of foodborne illness or injury. Public F are control measures to prevent foodborne illness or i	most lealth injury.	RIET A	II. F	19	IN	Co OUT(NA)	informance with Approved Procedures
14 IN OUT NA NO	are improper practices or procedures identified as the tributing factors of foodborne illness or injury. Public I are control measures to prevent foodborne illness or i	most lealth injury.			19 PRAC	IN	Co OUT(NA)	onformance with Approved Procedures Compliance with variance/specialized process/HACCP
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HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



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



Establishment: Odoba #2999 Address: 177 Premium outlet Blud. Uni Owner/Permit Holder: Odoba Restaurant Co				reage for /		iolation	el #
Owner/Permit Holder: Odoba Restaurant Co			7:60	Page 1 of Time out3.50	No. of Risk Factor/Intervention V No. of Repeat Risk Factor/Intervention V		+4
CHOCK CONTROL KESTAUTENT CO	+ -		ategory				X
Email:	th.	Phone			Total V		90
	\			1	Inspection Status Green Yellow	Red	
Inspection Type: Routine Re-inspection P FOODBORNE ILLNES	re-operation			ss Investigation	Complaint Other_		
Circle designated compliance status (IN, C							
IN = in compliance OUT= not in compliance		<u> </u>			in appropriate box for COS and/or R		
		-			corrected on-site R = repeat violation		_
Compliance Status	COS	S R	Com	pliance Status		co	S
Supervision Person in charge present, demonstrates knowledge a	ind		- 10		Protection from Contamination		
performs duties		\rightarrow	15	IN OUT N/A NO	Food separated and protected		_
2 IN OUT N/A Certified Food Protection Manager	<u></u>		16	(IN OUT N/A	Frond-contact surfaces cleaned and sanitized		4
Employee Health			17	IN OUT WANO	Proper disposition or returned, previously served, reconditioned & unsafe food		
3 INOUT Management/food employees & conditional employee knowledge, responsibilities and reporting	P;		1	.* =	Time / Temperature Control for Safety		. ,
4 If OUT Proper use of restriction and exclusion			18	IN OUT N/A NO	Proper cooking time and temperature		Т
5 INOUT Procedures for responding to vorniting and diarrheal e	vents		19	IN OUT N/A(NO)	Proper reheating procedures for hot holding		1
Good Hygiene Practices			20	IN OUT N/A NO	Proper cooling time and temperatures		
6 IN OUT (NO) Proper eating, tasting, drinking, or tobacco use			21	TINOUT N/A NO	Proper hot holding temperatures		7
7 IN OUT (NO) No discharge from eyes, nose, mouth			22	ON AN TUCKE	Proper cold holding temperatures		
Preventing Contamination by Hands			23	IN OUT N/A NO	Proper date marking and disposition		\neg
OUT NO Hands dean & properly washed			24	IN OUT NATO	Time as a Public Health Control: procedures and record	ds	\Box
OUT N/A NO No bare hand contact with RTE food					Consumer Advisory		Ĺ
INOUT Adequate handwashing slnks properly supplied & acce	ssible		25 (IN OUT N/A	Consumer advisory provided for raw/undercooked food	5	Т
Approved Source					Highly Susceptible Populations		
1 INOUT Food obtained from an approved source			26	IN OUT (N/A)	Pasteurized foods used; prohibited foods not offered		
2 IN OUT N/A (O) Food received at proper temperature				Foo	d / Color Additives and Toxic Substances		
Food in good condition, safe & unadulterated			27	IN OUT MA	Food additives; approved and properly used		
4 IN OUT NAMO Req. records available: shell stock tags, parasite destru	uction		28	N OUT NA	Toxic substances properly identified, stored and used		
Risk factors are improper practices or procedures identified as Prevalent contributing factors of foodborne illness or injury. Put Interventions are control measures to prevent foodborne illness	olic Health s or injury.	- 1			enformance with Approved Procedures Compliance with variance/specialized process/HACCP	1	
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HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



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



Es	lablishment: 🏷	ounkin Donots		Datet _l	122	Page 1 of 2	No. of Risk Factor/Intervention Violations
Ad	dress:1425	ow Hanway-		Time in	00.7	Time out 1:45	No. of Repeat Risk Factor/Intervention Violations
	ner/Permit Hole			Risk Cat	egory:		Total Violations
Em	ait:		\neg	Phone:			Inspection Status: Green Yellow Red
Ins	pection Type:	(Routine) Re-inspection Pre-ope			Iline	ss Investigation	Complaint Other
-		FOODBORNE ILLNESS RISK					
		Circle designated compliance status (IN, OUT, N//					in appropriate box for COS and/or R
		IN = in compliance OUT= not in compliance NO = n					
	uliana Status						
20m	pliance Status	Supervision	COS	R	Com	pliance Status	Protection from Contamination
1	ТИОИТ	Person in charge present, demonstrates knowledge and		\neg	15	IN OUT N/A NO	
2	INOUT N/A	performs duties	-			D	Food separated and protected
-	INDUI NA	Certified Food Protection Manager			16	IV OUT N/A	Proper disposition or returned, previously served,
	K	Employee Health Management/food employees & conditional employee;			17	IN OUT WAYNO	reconditioned & unsafe food
3	TUOUT	knowledge, responsibilities and reporting			11		Time / Temperature Control for Safety
4	INOUT	Proper use of restriction and exclusion			18	IN OUT N/A/NO	Proper cooking time and temperature
5	IN PUT	Procedures for responding to vorniting and diarrheal events			19	IN OUT N/A NO	Proper reheating procedures for hot holding
		Good Hygiene Practices			20	IN OUT N/A NO	Proper cooling time and temperatures
6	IN OUT (NO)	Proper eating, tasting, drinking, or tobacco use			21	IN OUT N/A(NO)	Proper hot holding temperatures
7	IN OUT (NO)	No discharge from eyes, nose, mouth			22 (IN DUT N/A NO	Proper cold holding temperatures
		Preventing Contamination by Hands			23	INJOUT N/A NO	Proper date marking and disposition
8	DOUT NO	Hands clean & properly washed			24	IN OUT NA NO	Time as a Public Health Control: procedures and records
9	IN DUT N/A NO	No bare hand contact with RTE food					Consumer Advisory
10	трит	Adequate handwashing sinks properly supplied & accessible			25	A/N TUC(NI	Consumer advisory provided for raw/undercooked foods
11 /	IN OUT	Approved Source					Highly Susceptible Populations
12	IN OUT N/A(NO)	Food obtained from an approved source			26	IN OU (N/A)	Pasteurized foods used; prohibited foods not offered
13 🗚	IN DUT_	Food received at proper temperature Food In good condition, safe & unadulterated	_		07	7.3	d / Color Additives and Toxic Substances
14	IN OUT N/A NO	Req. records available: shell stock tags, parasite destruction		-	27	IN)OUT N/A	Food additives: approved and properly used
1-4			_		20	IN OUT N/A	Toxic substances properly identified, stored and used
	Prevalent cont	re improper practices or procedures identified as the mo- tributing factors of foodborne illness or injury. Public Heal are control measures to prevent foodborne illness or injur	st Ith				informance with Approved Procedures
	Interventions a	are control measures to prevent foodborne illness or injur	у.		19	IN OUT NA	Compliance with variance/specialized process/HACCP
				RETAIL P			
		Good retall practices are preventative measures to					and physical objects into foods.
Vlark	"X" in box if num	bered item is not in compliance Mark "X" on appr	opria	ite box for	COS a	nd/or COS =	-corrected on-site during inspection R≃repeat violation
omp	liance Status	C	os	R	Compl	iance Status	COS 1
		Safe Food and Water					Proper Use of Utensils
30	Pasteurized	eggs used where required			43	In-use utensil	s properly stored
31	Water & Ice	from approved source			44	Utensils, equi	pment & linens: properly stored, dried, & handled
32	Variance ob	tained for specialized processing methods			45	Single-use/sir	ngle-service articles; properly stored & used
		Food Temperature Control			46	Gloves used p	properly
3	Proper coolis	ng methods used: adequate equipment for temp. control				<u>. 1 </u>	Utensils, Equipment and Vending
4	Plant food pr	operly cooked for hot holding			47	Food and non	-food contact surfaces cleanable,
5	Approved the	awing methods used			48	Properly desig	gned, constructed, & used
6	Thermomete	rs provided and accurate			49	Warewashing:	: installed, maintained, & used: test strips
_		Food Identification					Physical Facilities
7	Food propert	y labeled: original container			50	Hot & cold was	ter available adequate pressure
	10 10 10 10	Prevention of Food Contamination			51	Plumbing insta	alled, proper backflow devices
8		nts, & animals not present			52	Sewage & was	ste water properly disposed
9		on prevented during food preparation, storage & display			53	Toilet facilities	properly constructed, supplied, & deaned
0	Personal clea			$\sqcup \downarrow$	54		use properly disposed, facilities maintained
1		x properly used & stored			55	Physical faciliti	les installed, maintained, & clean
2	Washing fruit	s & vegetables			56	Adequate vent	tilation & lighting, designated areas used
ype	of Operation:	0					License Posted: Y N
		on in Charge:		1			
ıaül	ussion with Pers	SUPERPORAIGE.	//	_			Follow-Up: Y N
		MIMALE.	1	7			Follow-Up Date:
ians	iture of Person	in Charge:		_			Date:
gna	ture of Inspect						Date: 11 (3/2022
	- 2						Date. 11 [3170 22



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



Establishment	DUNKIN DONG) + S		Date: LL	1312022	Pageof
Address: 42	5 Milford Road			Compliano	ce Achieved: 11/	212072
			TEMPERATURE OBSERVAT	FIONS		
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						or CO
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nature of Pers	on in Charge:	ACAMAL	11/2/		Date:	
nature of Inspe						
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HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



Email: Phone: Inspection Status: Green Yell Inspection Type: Re-inspection Pre-operational Illness Investigation Complaint Other FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS	otal Violations
Owner/Permit Holder: GTA 12 Tr.C. Risk Category: D Tr.C. Risk Catego	
Email: Phone: Inspection Status: Green Yell Inspection Type: Re-inspection Pre-operational Illness Investigation Complaint Other	
Inspection Type: Re-inspection Pre-operational Illness Investigation Complaint Other FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS	w Red
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 Compliance Status Supervision Protection from Contamination	cos
1 Person in charge present, demonstrates knowledge and	
perturns dures	
To any other suitage closi set at 3 set incred	d
reconditioned & unsafe food	
3 (INOUT Management/rood amployees a conditional employees; knowledge, responsibilities and reporting Time / Temperature Control for Safety	
4 MOUT Proper use of restriction and exclusion 18 IN OUT N/A NO Proper cooking time and temperature	
5 OUT Procedures for responding to vorniting and diarrheat events 19 IN OUT N/ANO Proper reheating procedures for hot holding	
Good Hygiene Practices 20 IN OUT N/A NO Proper cooling time and temperatures	
6 IN OUT NO Proper eating, tasting, drinking, or tobacco use 21 IN OUT N/A NO Proper hot holding temperatures 7 IN OUT N/O No discharge from eyes, nose, mouth 22 IN OUT N/A N/O Proper cold holding temperatures	
Topol cold intellig temporalises	
Preventing Contamination by Hands 23 (I) OUT N/A NO Proper date marking and disposition 8 IN OUT NO Hands clean & properly washed 24 IN OUT N/A NO Time as a Public Health Control procedures a	
2. INDUSTRIES AND THE SECOND CONTROL PROCEEDINGS A	d records
Consumer Autisory	
Deficiency provided for team interest.	ed foods
44 (DOUT	
11 IN OUT N/ANO Food received at proper temperature 26 IN OUT (/A) Pasteurized foods used; prohibited foods not or 12 IN OUT N/ANO Food received at proper temperature Food / Color Additives and Toxic Substance	
13 INOUT Food in good condition, safe & unadulterated 27 IN OUT NA Food additives; approved and properly used	, , , , ,
14 IN OUT (IA) NO Req. records available; shell stock tags, parasite destruction 28 IN OUT N/A Toxic substances properly identified, stored and	used
	used
Prevalent contributing factors of foodborne illness or injury, Public Health	
	ACCP
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
The second of th	-repeat vibiation
ompliance Status COS R Compliance Status Proper Lise of Literaria	cos
Sate Food and Water Proper Use of Utensils Pasteurized eggs used where required 43 In-use utensils properly stored	
Water & Ice from approved source 44 Utensils, equipment & linens: properly stored, dried, & handler	
Variance obtained for specialized processing methods 45 Single-use/single-service articles; properly stored & used	
Food Temperature Control 46 Gloves used properly	
Proper cooling methods used: adequate equipment for temp, control Utensils, Equipment and Vending	
Plant food properly cooked for hot holding 47 Food and non-food contact surfaces cleanable,	1 1
5 Approved thawing methods used 48 Properly designed, constructed, & used	
6 Thermometers provided and accurate 49 Warewashing: installed, maintained, & used; test strips	
Food Identification Physical Facilities	
Food properly labeled: original container 50 Hot & cold water available adequate pressure	
Prevention of Food Contamination 51 Plumbing installed, proper backflow devices	
8 Insects, rodents, & animals not present 52 Sewage & waste water properly disposed	
Contamination prevented during food preparation, storage & display 53 Toilet facilities properly constructed, supplied, & cleaned	
D Personal cleanliness 54 Garbage & refuse properly disposed, facilities maintained	
Wiping cloths: properly used & stored 55 Physical facilities installed, maintained, & clean	
Washing fruits & vegetables 56 Adequate ventilation & lighting, designated areas used	
ype of Operation; License Posted:	(Y) N
Electrical colored.	
iscussion with Person-in-Charge:	Y (N
Follow-Up Date:	_
gnature of Person in Charge;	
Date.	
gnature of Inspector: Date: W/1/2	022



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



Establishn	nent: Nerrimack	Food Hart		Date: 10	1112022	Page _ 7 _ of _ 2
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HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054 (603) 420-1730



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Compl	iance Status	Supervision		cos	R	Com	ıpli	ance Status	70		CO	S
1 7	TUQUI	Person in charge present, demonstrates	knowledge and	-		45	7	ON AN TUE NI		om Contamination		_
	IN OUT N/A	Cartiford Food Pretention Manager				15	-		Food separated a			\perp
- (IN GOT NIX	Certified Food Protection Manager			4	16	-	IN OUT N/A		aces cleaned and sanitized or returned, previously served,	-	4
IZ.		Employee Health Management/food employees & condition	anal employees T			17	\perp	IN OUT WANO	reconditioned & ur			
	OUT	knowledge, responsibilities and reporting	anaremployee,		Ш				Time / Temperat	ure Control for Safety		
- 16	TUCINI	Proper use of restriction and exclusion			Ш	18	1	IN OUT N/A NO	Proper cooking tim	ne and temperature		
5	DUT	Procedures for responding to vomiting a	nd diamheal events			19	4	IN OUT N/A NO	Proper reheating p	recedures for hot holding		
6 1	IN OUT (NO)	Good Hygiene Practices	3=11			20	-	IN OUT N/A NO		e and temperatures		
	N OUT NO	Proper eating, tasting, drinking, or toback No discharge from eyes, nose, mouth	co use		$\vdash \vdash$	21	-1-2	IN OUT N/A(10)	Proper hot holding			\perp
	NODI (NO)	Preventing Contamination by H	ande			22	>	NO AN TUCKI	Proper cold holding			-
8 1	N OUT NO	Hands clean & properly washed	anus	-		24	-	IN OUT N/A NO	Proper date markin			-
-	N OUT N/ANO	No bare hand contact with RTE food			\vdash	24	Т,	IN OU INIA NO		ealth Control: procedures and records		
	NOUT	Adequate handwashing sinks properly su	polied & accessible			25	T.	N OUT N/A		er Advisory	_	_
10	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Approved Source	philed a accessible			25	1	NOUTNA		provided for raw/undercooked foods		
11 (1	NOUT	Food obtained from an approved source				26	Ti	N OUT N/A		tible Populations used; prohibited foods not offered	_	
12 II	NOUT NAMO	Food received at proper temperature			\dashv		Η.			es and Toxic Substances		
13 / II	TUO	Food in good condition, safe & unadultera	ated		_	27	7	NOUT N/A		roved and properly used	_	
14 1	OU (N/A)IO	Req. records available: shell stock tags, p	arasite destruction		\neg	28	h-	N DUT N/A		roperty identified, stored and used	+	+-
	Risk factors ar	e improper practices or procedures i	dentified as the mos	st				Co		Approved Procedures	-1	
	Prevalent contri interventions a	e improper practices or procedures i ibuting factors of foodborne illness o re control measures to prevent foodb	r injury. Public Heal	th v		19	Г	N OUT WA		riance/specialized process/HACCP	T	Т
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		Good retail practices are pre							and alterior ablasts			
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Ompila	ince Status	Safe Food and Water		OS	R	Comp	ijai	nce Status	Dunnan Illa	e of Utensils	cos	R
30	Pasteurized of	aggs used where required				43		In-use utensi	ls properly stored	e of Otensiis		.
31	Water & Ice f	rom approved source		_	\dashv	44				erly stored, dried, & handled	 	+
32	Variance obta	ained for specialized processing methods			\neg	45	_			properly stored & used	 	+
		Food Temperature Control				46	_	Gloves used			_	+
33	Proper coolin	g methods used: adequate equipment for t	emp, control						Utensils, Equipa	nent and Vending		
34	Plant food pro	perfy cooked for hot holding				47		Food and nor	-food contact surface	es cleanable,		\Box
35	Approved that	wing methods used				48		Properly design	gned, constructed, &	used		
36	Thermometer	s provided and accurate				49		Warewashing	: installed, maintaine	d, & used: test strips		П
		Food Identification						16,123		Facilities		
37	Food properly	labeled; original container				50		Hot & cold wa	ter available adequa	e pressure		
. I	1	Prevention of Food Contamination	on			51	_	Plumbing instr	alled, proper backflov	v devices		
38		rts, & animals not present				52			ste water properly dis	·		Ш
39		prevented during food preparation, storag	ge & display	_	_	53	_			l, supplied, & cleaned		Ш
0	Personal clear				-	54				d, facilities maintained		Ш
2		properly used & stored		-	\dashv	55	_		ies installed, maintair			Ш
-	Washing fruits	& vegetables				56	_	Adequate vent	tilation & lighting, des	ignated areas used		
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ignatu	re of Person i	n Charge:	ment	,						Date: 11-1-202	27	\neg
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-grants	. s er mapooto	/////					_			Date: 11-1-207.2		



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



Address	shment: Jost Wrigh	1+ 04 (CE)	1	Date:	1112022	Page _ Z _ of _
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anature o	of Person in Charge:	HILUND				
		WWY!			Date: [[-2022
gnature c	of Inspector:				Date:	4047