

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



| Est      | ablishment: Cx       | EMINER FRACE DOLL SOVIE  | D      | ate 1/3  | 0/23    | Page 1 of _Z_    | No. of Risk Factor/Intervention Violations                        | Ø        |  |
|----------|----------------------|--|--------|----------|---------|------------------|---|----------|--|
| Add      | dress: A             | ence french pattissorie  origination french Patrissorie  |        | ime in   |         | Time out 2:45    | No, of Repeat Risk Factor/Intervention Violations                 |          |  |
| Ow       | ner/Permit Hold      | er . D. A. in  |        | isk Cat  | -       |                  | Total Violations  | 05       |  |
| Em       |                      | crember french farificate  | _      | hone:    |         |                  | Inspection Status Green Yellow Red                                |          |  |
| -        |                      | Routine Re-inspection Pre-ope  |        |          | Illnes  | ss Investigation | Complaint Other   |          |  |
| ins      | pection Type:        | Re-inspection Pre-ope  |        |          |         |                  |   |          |  |
|          |                      | Circle designated compliance status (IN, OUT, N  |        |          |         |                  | in appropriate box for COS and/or R                               |          |  |
|          |                      | IN = in compliance OUT= not in compliance NO =   |        |          |         | applicable COS = | corrected on-site R ≈ repeat violation                            |          |  |
|          |                      |  | cos    | R        |         | pliance Status   | Icos  | R        |  |
| Com      | pliance Status       | Supervision  | CO3    |          | Com     | phance Status    | Protection from Contamination                                     |          |  |
| 1        | TIN OUT              | Person in charge present, demonstrates knowledge and   |        |          | 15      | IN OUT N/A NO    | Food separated and protected                                      |          |  |
| 2        | TO DUT N/A           | performs duties  Certified Food Protection Manager   |        | +        | 16      | NOUT N/A         | Food-contact surfaces cleaned and sanitized                       | $\top$   |  |
| -        | TO THE               | Employee Health  |        |          | 17      | IN OUT NIA NO    | Proper disposition or returned, previously served,                |          |  |
| •        | IO                   | Management/food employees & conditional employee;  | T      | $\Box$   |         |                  | reconditioned & unsafe food Time / Temperature Control for Safety | 510-1    |  |
| 3        | (IN)OUT              | knowledge, responsibilities and reporting  | -      | $\vdash$ | 18      | IN OUT N/A/ÑO    | Proper cooking time and temperature                               | 1        |  |
| 5        | IN OUT               | Proper use of restriction and exclusion  Procedures for responding to vomiting and diarrheal events  |        | $\vdash$ | 19      | IN OUT N/A NO    | Proper reheating procedures for hot holding                       | 1        |  |
| 5        | T(M 901              | Good Hygiene Practices   | TEE    |          | 20      | IN OUT N/A NO    | Proper cooling time and temperatures                              |          |  |
| 6        | IN OUT TO            | Proper eating, tasting, drinking, or tobacco use   | T      |          | 21      | IN 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                                  |          |  |
|          | 0                    | Preventing Contamination by Hands  |        |          | 23      | IN OUT N/A NO    | Proper date marking and disposition                               |          |  |
| 8        | NO TUONI             | Hands clean & properly washed  |        |          | 24      | IN OUT N/A NO    | 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       | TUQUIT               | Adequate handwashing sinks properly supplied & accessible  |        | Щ        | 25      | TROUT N/A        | Consumer advisory provided for raw/undercooked foods              | $\perp$  |  |
|          | <u></u>              | Approved Source  | _      |          | 200     | ÎN OUT N/A       | Pasteurized foods used; prohibited foods not offered              | $\top$   |  |
| 11       | TUDUT                | Food obtained from an approved source  | +-     | $\vdash$ | 26      |                  | od / Color Additives and Toxic Substances                         |          |  |
| 12       | IN OUT N/A NO        | Food received at proper temperature  Food in good condition, safe & unadulterated  | -      | $\vdash$ | 27      | IN OUT MA        | Food additives: approved and properly used                        | T        |  |
| 13       | IN OUT N/A NO        | Req. records available: shell stock tags, parasite destruction   | 1      | $\vdash$ | 28      | IN OUT N/A       | Toxic substances properly identified, stored and used             |          |  |
|          |                      |  | nost   | $\neg$   | THE.    | C                | onformance with Approved Procedures                               | - 3 6    |  |
|          | Prevalent con        | are improper practices or procedures identified as the matributing factors of foodborne illness or injury. Public Heare control measures to prevent foodborne illness or inj | ealth  |          | 19      | IN OUT NA        | Compliance with variance/specialized process/HACCP                |          |  |
|          | Interventions        |  |        | ETAIL    |         |                  | STATE OF THE SAME OF SAME OF SAME                                 |          |  |
|          | 1.6   284, 5.450     | Good retail practices are preventative measures  | 2 43 4 |          |         |                  | and physical objects into foods.                                  |          |  |
| Ma       | rk "X" in box if nun | nbered item is not in compliance Mark "X" on ap  |        |          |         |                  | =corrected on-site during inspection R=repeat violation           | n        |  |
| Cam      | pliance Status       |  | cos    | R        | Com     | pliance Status   | cos   | R        |  |
| COM      | phance Status        | Safe Food and Water  | 11200  |          | Taylor. |                  | Proper Use of Utensils  |          |  |
| 30       | Pasteurized          | d eggs used where required   |        |          | 43      | In-use utens     | sils properly stored  |          |  |
| 31       | Water & Ice          | from approved source   |        |          | 44      |                  | uipment & linens: properly stored, dried, & handled               | 4        |  |
| 32       | Variance of          | ptained for specialized processing methods   |        |          | 45      | <del></del>      | single-service articles: properly stored & used                   | +        |  |
| 7,5      |                      | Food Temperature Control   |        |          | 46      | Gloves used      |   | N. 42    |  |
| 33       | +                    | ling methods used: adequate equipment for temp. control  | -      |          | 47      | T Food and as    | Utensils, Equipment and Vending                                   |          |  |
| 34       |                      | properly cooked for hot holding  | -      |          | 48      |                  | signed, constructed, & used                                       | +        |  |
| 35<br>36 |                      | hawing methods used<br>lers provided and accurate  | -      | $\vdash$ | 49      |                  | ng: installed, maintained, & used: test strips                    | 11       |  |
| 30       | Thermome             | Food Identification  |        |          | 10      |                  | Physical Facilities   |          |  |
| 37       | Food prope           | rity labeled: original container   |        |          | 50      | Hot & cold v     | water available adequate pressure                                 |          |  |
|          | William Steeley      | Prevention of Food Contamination   | an ab  |          | 51      | Plumbing in      | stalled, proper backflow devices                                  |          |  |
| 38       | Insects, roo         | lents, & animals not present   |        |          | 52      | Sewage & w       | vaste water properly disposed                                     |          |  |
| 39       | Contaminat           | tion prevented during food preparation, storage & display  |        |          | 53      | Toilet facilitie | es properly constructed, supplied, & cleaned                      | $\perp$  |  |
| 40       | Personal cl          | eanliness  |        |          | 54      |                  | refuse properly disposed, facilities maintained                   | +        |  |
| 41       | Wiping clot          | hs; properly used & stored   |        |          | 55      |                  | dilities installed, maintained, & clean                           | +        |  |
| 42       | Washing fn           | uits & vegetables  |        |          | 56      | Adequate ve      | entilation & lighting, designated areas used                      | $\vdash$ |  |
| Tv       | oe of Operation:     |  |        |          |         |                  | License Posted: (Y)   | N.       |  |
|          |                      |  |        |          |         |                  | Follow-Up: Y (  | (N)      |  |
| 2ات      | cussion with Pe      | rson-in-Charge:  |        |          |         |                  | Follow-Up Date:   |          |  |
|          |                      |  |        |          |         |                  |   | _        |  |
| Sig      | nature of Person     | n in Charge:   |        |          |         |                  | Date: 11-30/23 Date: 11-30-4027                                   |          |  |
| Sin      | nature of Insper     |  |        |          |         |                  | Date: 11-30-602}  |          |  |
| 3,8      |                      | 100111   |        |          |         |                  | 11 - J  |          |  |



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



| Establishment: Cremera |              |                    |           |                            | Date: 11.   | 30-2023            | Page _ 7_0   | of Z      |
|------------------------|--------------|--------------------|-----------|----------------------------|-------------|--------------------|--------------|-----------|
| Ac                     | idress: 🔫    | OA MILLORD         | Road      |                            | Complianc   | e Achieved: 11 - 5 | 0-2023       |           |
| 250                    | # K.E.N      |                    |           | TEMPERATURE OBSERVATI      | ONS         |                    | and the same | T =       |
| _                      |              | Item / Location    | Temp.     | Item / Location            | Temp.       | Item / Location    | 1            | Temp.     |
| -                      |              |                    |           |                            |             |                    |              |           |
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|                        |              |                    |           |                            |             |                    |              |           |
|                        |              |                    | ORSI      | ERVATIONS AND/OR CORRECTIV | VE ACTIONS  |                    |              | ET B      |
|                        | Item         |                    |           |                            |             |                    | Dated (      | Corrected |
| ٧                      | Number       | Section of Code    |           | Description of Vi          | olation     |                    | or           | cos       |
|                        |              |                    |           |                            |             |                    |              |           |
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| <u></u>                |              |                    |           |                            |             |                    |              |           |
|                        |              |                    | to Giolat | ions observed do           | ing time of | nspection          | e .          |           |
|                        |              |                    |           |                            | ,           |                    |              |           |
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|                        |              |                    |           |                            |             |                    |              |           |
|                        |              |                    |           |                            |             |                    | 1 - 1 -      |           |
| _                      |              | erson in Charge: < | Sochelos  |                            |             | Date: \(           | 30/23        | N .       |
| Sig                    | nature of Ir | spector:           | 115/      |                            |             | Date: 11           | 30-202       | 3         |



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| Est   | ablishment: p      | 121a Hut # 39661   | Date:                           | -29-23      | Page 1 of _2     | No. of Risk Factor/Intervention Violations  | 5        |  |
|-------|--------------------|--|---------------------------------|-------------|------------------|---|----------|--|
|       |                    | Milfold board  | Time int 2:00 Time out: 1:00 No |             | Time out:        | No. of Repeat Risk Factor/Intervention Violations   |          |  |
|       |                    | er. Tasty Hut poitheast LLC  | _                               | ategory:    |                  | Total Violations 3  | ?        |  |
| Em    |                    | LASTY CHOT VEXIMENS! COC   | Phone                           |             |                  | Inspection Status: Green Yellow Red   |          |  |
|       |                    | Routine Re-inspection Pre-operat   | _                               |             | ss Investigation |   |          |  |
| inst  | pection Type:      | FOODBORNE ILLNESS RISK F.  |                                 |             |                  |   |          |  |
|       |                    | Circle designated compliance status (IN, OUT, N/A, N   |                                 |             |                  | in appropriate box for COS and/or R   | $\neg$   |  |
| _     |                    | IN = in compliance OUT= not in compliance NO = not   |                                 |             |                  |   | $\neg$   |  |
|       |                    | IN = In compliance Ou I - Not in compliance NO - not   | DD3el Ved                       | 1074 - 1104 | аррисавіс ССС    |   |          |  |
| Com   | pliance Status     | CC   | OS R                            | Com         | pliance Status   | COS Control Control   | R        |  |
|       | >                  | Supervision  |                                 |             | 1                | Protection from Contamination   | - 11     |  |
| 1/    | IN OUT             | Person in charge present, demonstrates knowledge and performs duties   |                                 | 15 (        | N OUT N/A NO     | Food separated and protected  |          |  |
| 27    | IN OUT N/A         | Certified Food Protection Manager  |                                 | 16          | IN OUT N/A       | Food-contact surfaces cleaned and sanitized   |          |  |
| 1     |                    | Employee Health  |                                 | 17          | ON AM TUO NI     | Proper disposition or returned, previously served, reconditioned & unsafe food  |          |  |
| _     | PIQUE              | Management/food employees & conditional employee;  |                                 | LINE        |                  | Time / Temperature Control for Safety   | -        |  |
| 3     | ΙΝΟΨΤ              | knowledge, responsibilities and reporting  |                                 | 18          | IN OUT N/AND     | Proper cooking time and temperature   |          |  |
| 4     | OUT                | Proper use of restriction and exclusion  | $\rightarrow$                   | 19          | IN OUT NA NO     | Proper reheating procedures for hot holding   | $\dashv$ |  |
| 5     | MOUT               | Procedures for responding to vomiting and diarrheal events   |                                 | 20          | IN OUT N/A NO    | Proper cooling time and temperatures  | $\neg$   |  |
| •     | T IN CUIT          | Good Hygiene Practices   |                                 | 21          | IN OUT N/A NO    | Proper hot holding temperatures   | $\neg$   |  |
| 6     | IN OUT             | Proper eating, tasting, drinking, or tobacco use  No discharge from eyes, nose, mouth  | -                               | 22          | IN OUT N/A NO    | Proper cold holding temperatures  |          |  |
| 7     | IN OUT             | Preventing Contamination by Hands  |                                 | 23          | IN OUT N/A NO    | Proper date marking and disposition   | $\neg$   |  |
| •     | Piller HO          |  |                                 | 24          | IN OUT N/ANO     | Time as a Public Health Control: procedures and records   |          |  |
| 8     | INDUT NO           | Hands clean & properly washed  |                                 | 27          | I II CO I        | Consumer Advisory   | 10       |  |
| 9     | OUT N/A NO         | No bare hand contact with RTE food   |                                 | 25          | TOOUT N/A        | Consumer advisory provided for raw/undercooked foods  |          |  |
| 10    | TNOUT              | Approved Source  | =-                              | 25          | UNGOT NIX        | Highly Susceptible Populations  |          |  |
| 11    | IN OUT             | Food obtained from an approved source  | 1                               | 26          | IN OUT WA        | Pasteurized foods used; prohibited foods not offered  |          |  |
| 12    | NOUT NATIO         | Food received at proper temperature  | _                               |             |                  | ood / Color Additives and Toxic Substances  | •        |  |
| 13    | TROUT              | Food in good condition, safe & unadulterated   |                                 | 27          | IN OUT (IA)      | Food additives: approved and properly used  |          |  |
| 14    | IN OUT NAMO        | Req. records available: shell stock tags, parasite destruction   |                                 | 28          | IN OUT N/A       | Toxic substances properly identified, stored and used   |          |  |
|       |                    |  |                                 | DVE         |                  | Conformance with Approved Procedures  |          |  |
|       | Prevalent con      | are improper practices or procedures identified as the most<br>tributing factors of foodbome illness or injury. Public Health<br>are control measures to prevent foodborne illness or injury.  | 1                               | 19          | IN OUT NA        | Compliance with variance/specialized process/HACCP  |          |  |
|       | Interventions      |  |                                 |             | 1                |   |          |  |
|       |                    |  |                                 | IL PRAC     |                  | At 15 de , 15 | -        |  |
| 14.   | 1. 105 m !- L - 16 | Good retail practices are preventative measures to conserved item is not in compliance Mark "X" on appro   |                                 |             |                  | s, and physical objects into foods.  3 = corrected on-site during inspection R=repeat violation   | $\dashv$ |  |
| Mai   | K X III DOX II HUI | hbered item is not in compliance Mark "X" on appro   | priate box                      | 101 000     | and/or GG        |   | 8        |  |
| Com   | pliance Status     | cc   | S R                             | Com         | pliance Status   | COS   | R        |  |
| dik   |                    | Safe Food and Water  |                                 | 10          |                  | Proper Use of Utensils  |          |  |
| 30    |                    | eggs used where required   | _                               | 43          |                  | nsils property stored quipment & linens: property stored, dried, & handled  | $\neg$   |  |
| 31    |                    | a from approved source   |                                 | 44          |                  | Asingle-service articles: properly stored & used  | $\dashv$ |  |
| 32    | Variance of        | otained for specialized processing methods   |                                 | 45          | <del></del>      | ed properly   | $\dashv$ |  |
| Other |                    | Food Temperature Control   |                                 | 40          | Gloves use       | Utensils, Equipment and Vending   | 12       |  |
| 33    |                    | ling methods used: adequate equipment for temp. control  | -                               | 47          | Enod and         | non-food contact surfaces cleanable,  |          |  |
| 34    |                    | properly coaked for hot holding  | _                               | 48          |                  | esigned, constructed, & used  | $\dashv$ |  |
| 35    |                    | nawing methods used  | -                               | 49          |                  | ing: installed, maintained, & used: test strips   | $\dashv$ |  |
| 36    | I I hermome        | ers provided and accurate  Food Identification   |                                 | 43          | 1 Traiswasii     | Physical Facilities   |          |  |
| 37    |                    | ry labeled: original container   | T                               | 50          | Hot & cold       | water available adequate pressure   |          |  |
| 31    | I Paga biobe       | Prevention of Food Contamination   | 10.00                           | 51          | +                | nstalled, proper backflow devices   |          |  |
| 38    | I Inneste rec      | lents, & animals not present   | 1                               | 52          | + +              | waste water properly disposed   |          |  |
| 39    |                    | ion prevented during food preparation, storage & display   |                                 | 53          | <del></del>      | ities properly constructed, supplied, & cleaned   |          |  |
| 40    | Personal cl        |  |                                 | 54          |                  | refuse properly disposed, facilities maintained   | $\neg$   |  |
| 41    |                    | ns: properly used & stored   |                                 | 2 55        |                  | cilities installed, maintained, & dean  | $\neg$   |  |
| 42    | <del></del>        | uits & vegetables  | 17                              | v 56        | -                | ventilation & lighting, designated areas used   |          |  |
|       | 1 Trading III      |  |                                 |             |                  |   | 4.0      |  |
| Typ   | oe of Operation:   |  |                                 |             |                  | License Posted:   | 1        |  |
|       |                    | rson-in-Charge:  |                                 |             |                  | Follow-Up:  | 4        |  |
| 510   | OGSSION WITH FE    |  |                                 |             |                  | Follow-Up Date:   |          |  |
|       |                    |  |                                 |             |                  | 1 ollow-op Date.  | _        |  |
| Sia   | nature of Perso    | n in Charge: No Call and Alex  |                                 |             |                  | Date:   |          |  |
| _     |                    | The same of the sa |                                 |             |                  | Date: 11-29-23  |          |  |
| olg   | nature of Inspe    | IVI. / My Man  |                                 | -           |                  | 11,21,00  |          |  |
|       |                    | 1  |                                 |             |                  |   |          |  |



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|          |                | nt P. 22a l       |         |         |  |           | 29 - 2023   Page | ge <u>z</u> c |             |
|----------|----------------|-------------------|---------|---------|--|-----------|------------------|---------------|-------------|
| Add      | ress:          | 27 Milfor         | d Roac  | 1       | TEMPERATURE OBSERVATIONS                                     | Complianc | e Achieved.      |               |             |
| ,        |                | Item / Location   |         | Temp.   | Item / Location  | Тетпр.    | Item / Location  |               | Temp.       |
|          |                |                   |         |         |  |           |                  |               |             |
| -        |                |                   |         |         |  | +         |                  |               |             |
| 15       |                |                   |         |         |  |           | <del></del>      |               |             |
|          |                |                   |         |         |  |           |                  |               |             |
|          |                |                   |         | j da OE | SERVATIONS AND/OR CORRECTIVE A                               | CTIONS    |                  |               | 医压力         |
| ٧        | Item<br>Number | Section of Code   |         |         | Description of Violation                                     | n         |                  | 1             | Corrected : |
|          |                |                   | Kitcher |         |  |           |                  |               |             |
| <u> </u> | 56             | 6-S01.19          | 1       |         | stiever on frugister   | expired   | - last scroice   |               |             |
|          |                | 20011             | COMPIC  | 10A 2   | Sticker on fryopher<br>11/2023 on 180 day<br>pelow dish mach | fraven    | · U              |               |             |
| _        | 5.5            | 6-501 17          | + Flows | dain    | HONE DISH MOLCH  | ire soil  | ed with accom    | vation        | 'n          |
|          |                | B 3               | at de   | one-c   | ean.   |           |                  |               |             |
| c        | .5.5           | 501 17            | usell   | in d    | ish machine soiled   | lesite an | cum viation      |               |             |
| _        | 23             | Exourt L          |         |         | yeur.  | 30.15     |                  |               |             |
|          |                |                   | 9 03    | 5,0117  | qui.   |           |                  |               |             |
|          |                |                   |         |         |  |           |                  |               |             |
|          |                |                   |         |         |  |           |                  |               |             |
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| $\dashv$ |                |                   |         |         |  |           |                  |               |             |
| _        |                |                   |         |         |  |           |                  |               |             |
| _        |                |                   |         |         |  |           |                  | -             |             |
|          |                |                   | X 16    | -       |  |           | D.4              |               |             |
| _        |                | Person in Charge: | WAGO    | SPOOL   |  |           | Date:            |               |             |
| Sign     | ature of I     | nspector:         | in      | XA      | ~  |           | Date: 11- 29     | 702           | 3           |



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| Esta | blishment: 7                    | onkin   | Date:     | -29.23       | Page 1     | 1 of _2_        | No. of Ris                                       | k Factor/Inf     | tervention \                                    | /iolation  | \$ 00  | _   |
|------|---------------------------------|---|-----------|--------------|------------|-----------------|--|------------------|---|------------|--------|-----|
|      |                                 | Tilfoid Road  | Time in   | 100          | Time o     | ut 2:00         | No. of Repeat Ris                                | k Factor/In      | tervention \                                    | /iolation  | 50     |     |
|      |                                 | er.CASA Donots INC.   |           | ategory:     | _          |                 |  |                  | Total V   | /iolation  | SI     |     |
| Ema  |                                 | CASA VOIGE 110  | Phone:    |              | 9          |                 | Inspection Status:                               | Green            | Yellow  | Red        |        | _   |
| _    | ection Type:                    | Routine Re-inspection Pre-opera   | ational   | Illnes       | ss Inve    | stigation       | Complaint  | Oth              | er  |            |        |     |
| шър  | ection type.                    | FOODBORNE ILLNESS RISK 1  |           |              |            |                 |  |                  | Anjura e la |            | JE J   | î   |
|      |                                 | Circle designated compliance status (IN, OUT, N/A,  |           |              |            |                 | in appropriate box for                           | COS and/or       | R   |            |        |     |
| -    |                                 | IN = in compliance OUT= not in compliance NO = no   |           |              | applica    |                 |  |                  |   |            |        | _   |
| 1000 |                                 | SELECTION OF THE PROPERTY OF THE PROPERTY OF  | 2118-C    |              |            |                 |  |                  |   | Ico        | S F    |     |
| Comp | liance Status                   | Supervision   | OS R      | Com          | pliance    | Status          | Protection from                                  | Contaminati      | on  | 100        | 3   1  | ì   |
| -/   | Dave                            | Person in charge present, demonstrates knowledge and  |           | 15           | hin        | JT N/A NO       | Food separated and pr                            |                  |   |            | $\top$ |     |
| (    | INOUT                           | performs duties   |           | -            |            |                 | Food-contact surfaces                            |                  | onitized  | -          | +      | -   |
| 2    | TRYOUT N/A                      | Certified Food Protection Manager   | es.       | 16 (         | JN OF      | I NA NO         | Proper disposition or re                         |                  |   | _          | -      | i   |
|      |                                 | Employee Health   |           | 17           | IN OL      |                 | reconditioned & unsafe                           |                  |   | The latest | +      | 8   |
| 3    | ООТ                             | Management/food employees & conditional employee;<br>knowledge, responsibilities and reporting  |           |              |            | -               | Time / Temperature                               | Control for      | Safety  |            |        | 1   |
| 4    | TUOUT                           | Proper use of restriction and exclusion   |           | 18           | -          | JT N/A(NO       | Proper cooking time ar                           |                  |   | _          | +      | _   |
| 5    | OUT                             | Procedures for responding to vomiting and diarrheal events  |           | 19           | 1          | JT N/A/NO       | Proper reheating proce                           |                  |   |            | +      | -   |
|      |                                 | T T   |           | 20           | _          | JT N/A NO       | Proper cooling time an<br>Proper hot holding tem |                  | 1   | -+         | -      | -   |
| 6    | IN OUT NO                       | Proper eating, tasting, drinking, or tobacco use  |           | 22           | -          | JT N/A NO       | Proper cold holding ten                          |                  |   |            |        | -   |
| 7    | IN OUT NO                       | No discharge from eyes, nose, mouth  Preventing Contamination by Hands  |           | 23           |            | JT N/A NO       | Proper date marking as                           |                  |   |            | $\top$ | Ť   |
| В    | NOUT NO                         | Hands clean & properly washed   |           | 24           | 14 /       | JT/N/A NO       | Time as a Public Health                          |                  | edures and rec                                  | ords       |        | 7   |
| 9 7  | IN OUT N/A NO                   | No bare hand contact with RTE food  |           | to C         |            | 0               | Consumer A                                       | Advisory         | 7.  |            |        | Ī   |
| 10   | TNOUT                           | Adequate handwashing sinks properly supplied & accessible   |           | 25           | MOL        | T N/A           | Consumer advisory pro                            | vided for raw/u  | indercooked fo                                  | ods        |        | Ì   |
|      |                                 | Approved Source   | HIS WAY   |              |            |                 | Highly Susceptib                                 |                  | 7   | (Dec.)     |        |     |
| 11   | OUT                             | Food obtained from an approved source   |           | 26           | IN OF      | JT(N/A)         | Pasteurized foods used                           | 100              |   |            |        |     |
| 12   | IN OUT N/A TO                   | Food received at proper temperature   |           |              | 1          |                 | od / Color Additives a                           |                  |   | 1          |        | _   |
| 13   | HOUT                            | Food in good condition, safe & unadulterated  |           | 27           | -          | JT (VIA)        | Food additives: approve Toxic substances prope   |                  |   | _          | +      | -   |
| 14   | IN OUT MANO                     | Req. records available: shell stock tags, parasite destruction  |           | 28           | (IN)OL     |                 |  | 5 1 25 14 1      | 21 7  |            | -      |     |
|      | Risk factors a<br>Prevalent con | are improper practices or procedures identified as the mos<br>tributing factors of foodborne illness or injury. Public Heal<br>are control measures to prevent foodborne illness or injur | st<br>th  |              | T          |                 | Conformance with Ap                              |                  |   |            |        |     |
|      | Interventions                   | are control measures to prevent foodborne illness or injur  | у.        | 19           | IN OF      | NA              | Compliance with varian                           | ce/specialized   | process/HACC                                    |            |        |     |
|      |                                 |   | OD RETAIL |              | 1.4.40.4.4 |                 |  | 4 ul-            |   | 11.2       |        | -   |
| Morl | "V" in how if num               | Good retail practices are preventative measures to<br>abered item is not in compliance Mark "X" on appr   |           |              |            |                 | and physical objects into                        |                  | on R=reg  | eat violat | ion    |     |
|      | X III DOX II IIda               |   | 100       | THE STATE OF | W 500      | 1000            |  |                  |   | in a       | 0   5  |     |
| Comp | liance Status                   | Safe Food and Water   | OS R      | Com          | pliance    | Status          | Proper Use o                                     | f Utensils       | , i   | CO         | SR     | -   |
| 30   |                                 | d eggs used where required  |           | 43           | T          | In-use uten:    | sils properly stored                             |                  |   |            |        | Ī   |
| 31   |                                 | e from approved source  |           | 44           |            | Utensils, eq    | quipment & linens: propert                       | y stored, dried, | & handled                                       |            |        |     |
| 32   |                                 | plained for specialized processing methods  |           | 45           |            | Single-use/s    | single-service articles: pro                     | perly stored &   | used  |            |        |     |
| 153  | un Album                        | Food Temperature Control  |           | 46           |            | Gloves used     | d properly                                       |                  |   |            |        |     |
| 33   | Proper cool                     | ling methods used: adequate equipment for temp. control   |           |              | ii iitolal |                 | Utensils, Equipme                                |                  | ing   |            | MIN TO | 3   |
| 34   | Plant food p                    | properly cooked for hot holding   |           | 47           | $\vdash$   |                 | on-food contact surfaces                         |                  |   | _          | +      | _   |
| 35   |                                 | hawing methods used   | _         | 48           | -          |                 | signed, constructed, & us                        |                  | ing   | +          | +      |     |
| 36   | Thermomet                       | ers provided and accurate   |           | 49           |            | warewasnii      | ng: installed, maintained,<br>Physical F         |                  | iha   | 7.11       |        | Ī   |
| 37   |                                 | Food Identification  rly labeled: original container  |           | 50           |            | Hot & cold v    | water available adequate                         |                  | the part of the second                          |            | $\neg$ | -   |
| 37   | 1 dod prope                     | Prevention of Food Contamination  |           | 51           |            |                 | stalled, proper backflow of                      |                  |   |            |        | ٦   |
| 38   | Insects, rod                    | lents, & animals not present  |           | 52           |            | Sewage & v      | waste water properly dispo                       | sed              |   |            |        |     |
| 39   | Contaminat                      | ion prevented during food preparation, storage & display  |           | 53           |            | Toilet faciliti | ies properly constructed, s                      | supplied, & clea | aned  |            |        |     |
| 40   | Personal de                     | eanliness   |           | 54           |            |                 | refuse properly disposed,                        |                  | ained   |            |        |     |
| 41   | Wiping cloth                    | ns: properly used & stored  |           | 55           | 1          |                 | cilities installed, maintaine                    |                  |   | -          | _      | -   |
| 42   | Washing fru                     | uits & vegetables   | (         | 56           | X          | Adequate v      | entilation & lighting, desig                     | nated areas us   | ed  |            | R Sim  |     |
| Typ  | e of Operation:                 |   | h11       |              |            |                 |  | License F        | osted:  | (Y)        | N      |     |
| _    |                                 |   |           |              |            |                 |  | Follow-Up        |   | (5)        | N      | 1   |
| UIS  | cussion with Pe                 | rson-in-Charge:   |           |              |            |                 |  |                  |   |            | . , ,  |     |
|      |                                 | 0   |           |              |            |                 |  | Follow-Up        | Date.   |            |        |     |
| Sigr | nature of Person                | n in Charge: Jun Julium   |           |              |            |                 |  | Date:            |   |            |        |     |
| Siar | nature of Inspec                | etor: C C   |           |              |            |                 |  | Date:            | 11-29-6   | 1023       |        |     |
| 9,   |                                 |   |           |              |            |                 |  |                  | -   |            |        | mil |



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



| Address: 725 Hilford Road |                  |         |        |                                 |           | 29.2023         | Page  | or <u> </u>      |
|---------------------------|------------------|---------|--------|---------------------------------|-----------|-----------------|-------|------------------|
| Address: / Z              | s milford p      | 26aC    |        | TEMPERATURE OBSERVATIONS        | Complianc | e Achieved:     |       |                  |
|                           | Item / Location  | ELEATE. | Temp.  | Item / Location                 | Temp.     | Item / Location | isti. | Temp.            |
|                           |                  |         |        | 3776                            |           |                 |       |                  |
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|                           |                  |         |        |                                 |           |                 |       |                  |
|                           |                  |         |        |                                 |           |                 |       |                  |
|                           |                  |         | ОВ     | SERVATIONS AND/OR CORRECTIVE AC | TIONS     |                 |       |                  |
| V Item                    | Section of Code  |         |        | Description of Violation        | 1         |                 |       | Corrected<br>COS |
| Number                    |                  | Kitchen | \      |                                 |           |                 | 01    | 000              |
| 56                        |                  | KITCHEN | 1      | Indian diakan aya               | had for a |                 |       |                  |
| - 56                      | 6-801.14         | 11000   | Luenti | nation sticker exp              | HECT TOOK | Ja19 202 7      |       | 1                |
|                           |                  | cont    | act co | impany for service.             |           |                 |       |                  |
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|                           |                  |         |        |                                 |           |                 |       |                  |
|                           |                  | 1       |        |                                 |           |                 |       |                  |
| Signature of P            | erson in Charge: | Sur -   | tus    | ~                               |           | Date:           |       |                  |
| Signature of Ir           |                  |         | - 1    |                                 |           |                 |       | 3                |



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



| Esta | ablishment:                                      |  | Da                  | ate Wz  | 8/2    | Page 1 of _2_                           | No. of Risl  | k Factor/Intervention Vid  | olations     | Ø       |
|------|--|--|---------------------|---------|--------|---|--|--|--------------|---------|
| -    | W.   | ary oween  |                     |         | _      | Time out:\2:00                          | No. of Repeat Risl                                 | k Factor/Intervention Vid  | olations     | Ø       |
| -    | ner/Permit Hold                                  | remion outlet Blud.  |                     | sk Cate |        | ,,,,,,                                  |  |  | olations     | Ø       |
|      |  | ы.   |                     | none:   |        |   | Inspection Status:                                 | - Jacobson - Control - Con | Red          |         |
| Em   |  | De inspection Dro oper   |                     |         | Illnes | s Investigation                         | Complaint  | Other  |              |         |
| Inst | pection Type:                                    | Routine Re-inspection Pre-oper FOODBORNE ILLNESS RISK  |                     |         |        |   |  |  |              | E O O   |
|      |  | Circle designated compliance status (IN, OUT, N/A  |                     |         |        |   | in appropriate box for                             | COS and/or R   |              |         |
| -    |  | IN = in compliance OUT= not in compliance NO = no  |                     |         |        |   |  |  |              |         |
|      |  | SIN DESIGNATION OF THE PARTY OF | 3 14                | Mar.    |        |   | CONTRACTOR OF THE PARTY.                           |  | cos          | IR      |
| Com  | pliance Status                                   | Supervision Supervision  | cos                 | K       | Com    | pliance Status                          | Protection from C                                  | Contamination  | 000          | 180     |
| .,   | TNOUT  | Person in charge present, demonstrates knowledge and   |                     |         | 15     | IN OUT N/A NO                           | Food separated and pro                             |  |              |         |
| (    | 12   | performs duties  |                     | -       | 16     | (NOUT N/A                               | Food-contact surfaces                              |  | -            | +       |
| 2    | IN OUT N/A                                       | Certified Food Protection Manager  | NIXE                |         | 17     | IN OUT NANO                             | Proper disposition or re                           | turned, previously served,   |              |         |
|      |  | Employee Health  Management/food employees & conditional employee;   |                     |         | -      | IN COTTEM                               | reconditioned & unsafe                             | to its and the second  | Till Book    | 1       |
| 3    | INOUT  | knowledge, responsibilities and reporting  |                     |         |        |   | Time / Temperature                                 |  |              | 1       |
| 4    | N OUT  | Proper use of restriction and exclusion  |                     |         | 18     | IN OUT N/A NO                           | Proper cooking time an                             |  |              | +       |
| 5    | TOUT   | Procedures for responding to vomiting and diarrheal events   |                     |         | 19     | IN OUT N/A                              | Proper reheating proces Proper cooling time and    |  |              | +       |
|      |  | Good Hygiene Practices   |                     |         | 20     | IN OUT N/A                              | Proper hot holding temp                            |  | +            | 1       |
| 6    | IN OUT NO  | Proper eating, tasting, drinking, or tobacco use   |                     |         | 22     | TOUT N/A NO                             | Proper cold holding tem                            |  |              |         |
|      | IN OUT (10)                                      | No discharge from eyes, nose, mouth  Preventing Contamination by Hands   |                     |         | 23     | MOUT N/A NO                             | Proper date marking an                             |  |              |         |
| 8    | PROUT NO   | Hands clean & properly washed  |                     |         | 24     | IN OUT NO NO                            | Time as a Public Health                            | Control: procedures and recor  | ds           |         |
| 9    | NOUT N/A NO                                      | No bare hand contact with RTE food   |                     |         |        |   | Consumer A   | ldvisory   |              |         |
| 10   | MOUT   | Adequate handwashing sinks properly supplied & accessible  |                     |         | 25     | IN PUT N/A                              | Consumer advisory pro                              | vided for raw/undercooked food   | is           |         |
|      | 10   | Approved Source  |                     |         |        | 0                                       | Highly Susceptibl                                  | e Populations  |              | 7       |
| 11   | NOUT   | Food obtained from an approved source  |                     |         | 26     | OUT N/A                                 |  | ; prohibited foods not offered   |              |         |
| 12   | IN OUT NA NO                                     | Food received at proper temperature  |                     |         |        | TS                                      | od / Color Additives a                             |  | S SECOND     | -       |
| 13   | INOUT  | Food in good condition, safe & unadulterated   |                     |         | 27     | OUT N/A                                 | Food additives: approve                            |  | _            | +       |
| 14   | IN OUT (NA NO                                    | Req. records available: shell stock tags, parasite destruction   |                     |         | 28     | TOOUT N/A                               |  | rly identified, stored and used  | N 2.302-1    |         |
|      | Risk factors :<br>Prevalent cor<br>Interventions | are improper practices or procedures identified as the mo<br>stributing factors of foodborne illness or injury. Public Hea<br>are control measures to prevent foodborne illness or inju  | ost<br>alth<br>ury. |         | 19     | IN OUT (A)                              | Compliance with Ap                                 | proved Procedures ce/specialized process/HACCP   |              |         |
|      |  |  |                     | ETAIL   | PRACI  | FICES                                   |  |  |              | mary.   |
|      | a de la filla fina                               | Good retail practices are preventative measures t  |                     |         |        |   | and physical objects into                          | foods.   |              |         |
| Ma   | rk "X" in box if nur                             | nbered item is not in compliance Mark "X" on app   |                     |         |        |   | =corrected on-site du                              |  | at violation | n       |
| Com  | pliance Status                                   |  | cos                 | R       | Comp   | pliance Status                          |  |  | cos          | R       |
| JOH  | r. C.  | Safe Food and Water  |                     | Total   |        |   | Proper Use of                                      | f Utensils   |              | THE     |
| 30   | Pasteurize                                       | d eggs used where required   |                     |         | 43     |   | sils properly stored                               |  | _            | 4       |
| 31   | Water & Ic                                       | e from approved source   |                     |         | 44     |   | quipment & linens: properly                        |  | _            | -       |
| 32   | Variance o                                       | btained for specialized processing methods   |                     |         | 45     |   | single-service articles: pro                       | perly stored & used  | -            | -       |
|      |  | Food Temperature Control   |                     |         | 46     | Gloves use                              | 1 2 200  | t and Vanding  |              | No. W.  |
| 33   |  | ling methods used: adequate equipment for temp. control  | -                   | -       | 47     | Good and s                              | Utensils, Equipment<br>on-food contact surfaces of |  |              |         |
| 34   |  | properly cooked for hot holding  | -                   |         | 48     |   | signed, constructed, & use                         |  | -            |         |
| 35   |  | hawing methods used ters provided and accurate   |                     |         | 49     |   | ng: installed, maintained, &                       |  |              |         |
| 36   |  | Food Identification  | MID.                | 11 (11) | TOUR   | 1 | Physical Fa  |  | 0.0110       |         |
| 37   |  | erly labeled: original container   |                     |         | 50     | Hot & cold                              | water available adequate p                         | pressure   |              |         |
|      | SUPER BUILDING                                   | Prevention of Food Contamination   |                     |         | 51     | Plumbing it                             | nstalled, proper backflow d                        | evices   |              |         |
| 38   | Insects, ro                                      | dents, & animals not present   |                     |         | 52     | Sewage &                                | waste water properly dispo                         | osed   |              |         |
| 39   |  | tion prevented during food preparation, storage & display  |                     |         | 53     |   | ies properly constructed, s                        |  |              |         |
| 40   | Personal o                                       | leanliness   |                     |         | 54     |   | refuse properly disposed,                          |  |              | $\perp$ |
| 41   | Wiping do  | ths: properly used & stored  |                     |         | 55     |   | cilities installed, maintained                     |  | _            | +       |
| 42   | Washing fr                                       | uits & vegetables  |                     |         | 56     | Adequate v                              | rentilation & lighting, design                     | nated areas used   |              |         |
| _    | na of One-tire                                   |  | 1.14                | -9/2    |        | 1                                       | m In W y   | License Posted:  | Y            | N       |
| -    | pe of Operation                                  |  | _                   | _       | -      | -1-4                                    |  | Follow-Up:   | v /          | Î       |
| Dis  | scussion with Pe                                 | erson-in-Charge:   |                     |         |        |   |  | Follow-Up Date:  | (            |         |
| -    |  | A and  |                     |         |        |   |  | Date:  |              |         |
| _    | nature of Perso                                  | 7 7 1  |                     |         |        |   |  |  |              |         |
| Sic  | nature of Inspe                                  | ctor:  |                     |         |        |   |  | Date: 11 - 28 - 20   | 7.7          |         |



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



| Establishment: Dairy Queen |                   |            |                           | Date: N.   | 28-2023           | Page Z of 2     |
|----------------------------|-------------------|------------|---------------------------|------------|-------------------|-----------------|
| Address: 8                 | o premion out     | net Blod.  |                           | Compliano  | e Achieved: 11-21 | 3-2023          |
| **                         | Item / Location   | Temp.      | TEMPERATURE OBSERVAT      | Temp.      | Item / Location   |                 |
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|                            |                   |            |                           |            |                   |                 |
|                            |                   | OBSE       | RVATIONS AND/OR CORRECTIV | E ACTIONS  |                   |                 |
| v Item                     | Section of Code   |            | Description of Vi         | olation    |                   | Dated Corrected |
| Number                     |                   |            |                           |            |                   | or COS          |
| _                          |                   |            |                           |            |                   |                 |
|                            |                   | E Formula  |                           |            |                   |                 |
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|                            |                   | No. 155-16 | 21,400                    | - L. Man   | if Tingmostic     | 10              |
|                            |                   | 110 01010  | ations observed du        | prind time | St MISLECTIC      | r)              |
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|                            |                   |            |                           |            |                   |                 |
|                            |                   | 1          |                           |            |                   |                 |
| Signature of I             | Person in Charge: | Lagor      |                           |            | Date:             |                 |
| Signature of               | Inconnector:      | 7/1/       |                           |            | Data              | 28-2023         |



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



| Establi | ishment: A                             | mie Ans                                   | nes  |                             | Datetile      | 8/23              | Page 1         | of _ <b>Z</b> _ | No, of Ris                                    | sk Factor/Inte                          | ervention V    | riolations 8  |
|---------|--|---|--|-----------------------------|---------------|-------------------|----------------|-----------------|---|---|----------------|---------------|
| Addres  | SS:26 056                              | Time int                                  | :DO  | Time o                      | OS:11         | No. of Repeat Ris | sk Factor/Inte | ervention V     | /iolations                                    |   |                |               |
| Owner   | /Permit Hold                           | er. Chestin                               | other Blod -   |                             | Risk Cat      | egory:            | P              |                 |   |   | Total V        | /iolations    |
| Email:  |  |   | T LEAFOR -   |                             | Phone:        |                   |                |                 | Inspection Status:                            | Green                                   | Yellow         | Red           |
|         | tion Type:                             | Routine                                   | Re-inspection P  | re-operation                | onal          | Illnes            | s Inves        | tigation        | Complaint                                     | Othe                                    | r              |               |
| mopoo   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   | FOODBORNE ILLNES   |                             |               | VD PUE            | BLIC HE        | ALTH E          | NTERVENTIONS                                  |   |                | 187/2         |
|         |  | Circle desig                              | nated compliance status (IN, C   |                             |               |                   |                |                 | in appropriate box for                        | COS and/or F                            | ₹              |               |
|         |  |   | liance OUT= not in compliance  |                             |               |                   | applicab       | le COS =        | corrected on-site R =                         | repeat violation                        | วก             |               |
| TIE     | WO ELLINE                              |   |  | co                          |               |                   | pliance        |                 |   |   |                | cos R         |
| omplia  | ance Status                            |   | Supervision  | ,                           | 3 1           | Cum               | phance.        | JLALUS          | Protection from                               | Contaminatio                            | n              | 1000   11     |
| 7       | N DUT                                  |   | present, demonstrates knowledge a  | and                         |               | 15 (              | LINGUT         | N/A NO          | Food separated and p                          | rotected                                |                |               |
| -       |  | performs duties                           |  |                             | -             | 16                | IN OUT         |                 | Food-contact surfaces                         |   |                |               |
| 2       | NOUT N/A                               | Certified Food Pro                        | THE STATE OF THE STATE OF  |                             | SE W          | 17                | -              | N/A NO          | Proper disposition or re                      | eturned, previous                       |                |               |
| -       |  |   | ployee Health<br>1 employees & conditional employee  | p.                          |               |                   | 111 00         |                 | reconditioned & unsafe                        | Contact to                              |                | on Eggs the   |
| 3 (1    | OUT                                    |   | nsibilities and reporting  |                             |               |                   | 200            |                 | Time / Temperature                            |   | nery           |               |
|         | N)OUT                                  |   | triction and exclusion   |                             |               | 18                | -              | N/A NO          | Proper cooking time as                        |   | falla a        |               |
| 5 (1    | N)DUT                                  | An and a second                           | sponding to vomiting and diarrheal   | events                      | $\perp$       | 19                | -              | N/ANO           | Proper reheating proce                        |   | laing          |               |
|         |  | 1   | lygiene Practices  |                             | TIPHE!        | 21                | 200            | N/A NO          | Proper hot holding tem                        |   |                |               |
|         | NOUT NO                                |   | sting, drinking, or tobacco use<br>n eyes, nose, mouth   |                             | _             | 22                |                | N/A NO          | Proper cold holding ter                       |   |                |               |
| 7   11  | N COT (NO)                             | 1 19 181 6                                | ontamination by Hands  |                             |               | 23                | 1              | N/A NO          | Proper date marking a                         |   |                |               |
| 8 (11   | ои тиби                                | Hands clean & pro                         |  | T                           |               | 24                | 1.2            | NIANO           | Time as a Public Healt                        | th Control: proce                       | dures and reci | ords          |
| _       | OUT N/A NO                             |   | tact with RTE food   |                             |               |                   |                |                 | Consumer .                                    | Advisory                                |                |               |
|         | NOUT                                   | Adequate handwa                           | shing sinks properly supplied & acc  | essible                     |               | 25                | TUO(NI         | N/A             | Consumer advisory pro                         | ovided for raw/ur                       | dercooked for  | ods           |
|         |  | Ap  | proved Source  |                             |               |                   |                | -               | Highly Susceptib                              | le Population                           | 8              |               |
| _       | NOUT                                   | Food obtained fro.                        | m an approved source   |                             |               | 26                | IN OU          |                 | Pasteurized foods use                         |   |                |               |
| 12 II   | OUT N/A(NO)                            |   | oroper temperature   |                             |               |                   | l'a            |                 | od / Color Additives :                        |   |                |               |
| -       | OUT                                    |   | dition, safe & unadulterated   |                             | +             | 27                | IN OU.         |                 | Food additives: approv  Toxic substances prop |   |                | ,             |
| 14 II   | OUT NA NO                              |   | able: shell stock tags, parasite dest  |                             | $\vdash$      | 28                | CINCO          |                 | Conformance with A                            | - m - m - m - m - m - m - m - m - m - m | E' CONTRACTOR  |               |
|         | Risk factors a<br>Prevalent con:       | are improper pract<br>tributing factors o | tices or procedures identified a<br>f foodbome illness or injury. Pu<br>ures to prevent foodborne illnes | is the most<br>ublic Health | - 1           |                   |                | _               |   |   |                |               |
|         | Interventions                          | are control meas                          | ures to prevent foodborne illnes   |                             |               | 19                | IN OUT         | WA              | Compliance with variar                        | ice/specialized p                       | OCESS/NACCI    |               |
| W. J.B  |  |   |  |                             | RETAIL        |                   |                |                 |   |   |                |               |
| Mark "  | Y" in hoy if num                       | Goo<br>bered item is not                  | d retail practices are preventative m  | reasures to co              |               |                   |                |                 | =corrected on-site du                         |   | n R=rep        | eat violation |
| 11770   | VALUE TO                               | pered kem is ne                           |  |                             |               | D277              |                |                 |   |   |                | COS R         |
| omplia  | nce Status                             | Cofe l                                    | Food and Water   | co                          | SR            | Comp              | liance S       | tatus           | Proper Use o                                  | of Utensils                             | ALL LEVE       | COS R         |
| 30      | Pasteurized                            | l eggs used where r                       |  |                             |               | 43                | Ti             | n-use uten:     | sils properly stored                          |   |                | T I           |
| 31      |  | from approved sou                         |  |                             |               | 44                | 1              | Jtensils, eq    | quipment & linens: proper                     | ly stored, dried, &                     | handled        |               |
| 32      |  |   | ed processing methods  |                             |               | 45                | 9              | Single-use/     | single-service articles: pro                  | operly stored & u                       | sed            |               |
|         |  | Food Te                                   | mperature Control  |                             | (and a limit  | 46                |                | Sloves use      | d properly                                    |   |                |               |
| 33      | Proper cool                            | ling methods used: a                      | adequate equipment for temp. contro  | ol                          |               | 17/11             |                |                 | Utensils, Equipme                             |   | ıg             |               |
| 34      | Plant food p                           | properly cooked for I                     | not holding  |                             | $\rightarrow$ | 47                | -              |                 | on-food contact surfaces                      |   |                |               |
| 35      |  | nawing methods use                        |  |                             |               | 48                | _              |                 | signed, constructed, & us                     |   |                |               |
| 36      |  | ers provided and ac                       |  |                             | -SCA 17       | 49                | L_L            | varewasnii      | ng: installed, maintained,<br>Physical F      |   | SIDNIYES       |               |
| 27      | Food proce                             | rly labeled: original                     | I Identification   |                             |               | 50                | П              | tot & cold v    | water available adequate                      |   | Apple 1        |               |
| 37      | 1-nod prope                            | -   | f Food Contamination   |                             | 7E - 11       | 51                | _              |                 | stalled, proper backflow                      |   |                |               |
| 38      | Insects, rod                           | lents, & animals not                      |  |                             |               | 52                | 9              | Sewage & v      | waste water properly disp                     | osed                                    |                |               |
| 39      |  |   | g food preparation, storage & display  | у                           |               | 53                |                | oilet faciliti  | ies properly constructed,                     | supplied, & clear                       | ied            |               |
| 40      | Personal cle                           | eanliness                                 |  |                             |               | 54                |                |                 | refuse properly disposed,                     |   | ned            |               |
| 41      | Wiping cloth                           | ns: properly used &                       | stored   |                             |               | 55                |                |                 | cilities installed, maintaine                 |   |                |               |
| 42      | Washing fru                            | its & vegetables                          |  | Call and III                |               | 56                | 1              | dequate v       | entilation & lighting, desig                  | nated areas use                         | d              |               |
| Typo    | of Operation:                          |   |  | e de                        | =             |                   |                |                 |   | License Po                              | osted:         | (Y) N         |
|         |  |   |  |                             |               |                   |                |                 |   | Follow-Up:                              |                | VO            |
| Discus  | ssion with Pe                          | rson-in-Charge                            |  |                             |               |                   |                |                 |   |   |                | 0             |
|         |  |   | 1  |                             |               |                   |                |                 |   | Follow-Up                               | Date:          |               |
| Signat  | ure of Persor                          | n in Charge:                              | 1. 1   |                             |               |                   |                |                 |   | Date:                                   |                |               |
| Signat  | ture of Inspec                         | etor:                                     | ~ 5/1  |                             |               |                   |                |                 |   | Date:                                   | 11-28          | -2023         |
|         |  |   | u / -/ //  |                             |               |                   |                |                 |   |   |                |               |



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



| Establishn  | nent: Auntic An         | nnas        | Date: (1.                             | 28-2023                                 | Page              | JI                       |                 |
|-------------|-------------------------|-------------|---------------------------------------|---|-------------------|--------------------------|-----------------|
| Address:    | Bo Premium c            | scriet Blod | •                                     | Compliano                               | e Achieved: 11-28 | -2023                    |                 |
| Marrie 4    |                         |             | TEMPERATURE OBSERVATION               | VS Temp.                                | Item / Location   | 10.77                    | Temp.           |
|             | Item / Location         | Temp.       | Item / Location                       | remp.                                   | Rein / Lacanon    |                          | Temp.           |
|             |                         |             |                                       |   |                   |                          | 1               |
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| 7.47        | ♦ TENE                  | OP          | SERVATIONS AND/OR CORRECTIVE          | ACTIONS                                 | , T               | 3 5 7 .                  | Special Control |
| Item        | AN DOMESTIC AND AND THE | Ub          |                                       | - / // // // // // // // // // // // // |                   |                          | Corrected       |
| Numbe       | I Section of Code I     |             | Description of Viola                  | tion                                    |                   |                          | cos             |
|             |                         |             |                                       |   |                   |                          |                 |
|             |                         |             |                                       |   |                   |                          |                 |
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| _           |                         |             |                                       |   |                   |                          |                 |
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|             |                         | Me is no    | utions observed duri                  | ~ 1 1 - 1 - 1 5                         | west-train        |                          |                 |
|             |                         | No CIOIC    | HIGH OBSEIVER CAN                     | IN TYPIE OF                             | inspection        |                          |                 |
|             |                         |             |                                       |   |                   |                          |                 |
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|             |                         |             |                                       |   |                   |                          |                 |
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| _           |                         |             |                                       |   |                   |                          |                 |
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| -           |                         |             |                                       |   |                   |                          |                 |
|             |                         | . ^ ~       |                                       |   |                   | V                        |                 |
|             | f Person in Charge: //  | V -         |                                       |   | Date:             | nder to the state of the |                 |
| Signature o | of Inspector:           | //          |                                       |   | Date: //-         | 28-202                   | 3               |



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



| Esta  | ablishm           | nent: ch     | icen PIO  | D             | Date1 (/28/2 |               | 8/23 Page 1 of |          | 1 of 🖳                  | No. of Risk Factor/Intervention Violations             |   |               | 1                   |
|-------|-------------------|--------------|---|---------------|--------------|---------------|----------------|----------|-------------------------|--|---|---------------|---------------------|
|       |                   |              | emiore antet Blod. #698   |               | Time in 1:3  |               | _              |          |                         | No. of Repeat Ris                                      | k Factor/Intervention Violation                   | ns j          | 1                   |
| OM    | ner/Per           | mit Holde    | Shrinke Solie I had the   |               | Risk Ca      | · ·           |                | -        |                         |  | Total Violation                                   | ns 3          | 3                   |
| Ema   |                   | THE FIOLES   | er GUANGRA INC.   | _             | hone:        |               |                |          |                         | Inspection Status:                                     | Green Yellow Red                                  |               |                     |
| _     |                   | _            | Routine Re-inspection Pre-ope   |               |              | _             | Illno          | ee Inv   | estigation              | Complaint  | Other   |               |                     |
| Insp  | ection            | Type:        | Routine Re-inspection Pre-ope FOODBORNE ILLNESS RISK  |               |              |               |                |          |                         |  |   |               |                     |
|       | 150               |              | Circle designated compliance status (IN, OUT, N/  |               |              |               |                | DLIC     |                         | in appropriate box for                                 | COS and/or R                                      |               |                     |
| _     | _                 |              | IN = in compliance OUT= not in compliance NO = r  |               |              |               |                | annlic   |                         |  |   |               |                     |
|       |                   | 1            | IN = in compliance OOT - Not in compliance NO - I   | IOI ODS       | erved r      | -             | 1100           | аррис    | apic GGG                | Solitotod oli olis it                                  |   |               | 18                  |
| Com   | pliance           | Status       |   | cos           | R            |               | Com            | plianc   | e Status                | Protection from (                                      |   | os            | R                   |
|       | PRIN              | 11.7         | Supervision  Person in charge present, demonstrates knowledge and   | T             |              |               |                | 10       |                         | 1  |   |               |                     |
| 1 (   | II) OU.           | Т            | performs duties   |               | 1            |               | 15             | 1        | ON AVA TU               | Food separated and pr                                  |   | -             |                     |
| 2 /   | NOU.              | T N/A        | Certified Food Protection Manager   |               |              |               | 16             | -        | OUT N/A                 | Food-contact surfaces                                  | cleaned and sanitized sturned, previously served, | _             |                     |
| - '   |                   |              | Employee Health   |               |              |               | 17             | INC      | OUT WAYO                | reconditioned & unsafe                                 |   |               |                     |
| 3     | Nou               | т            | Management/food employees & conditional employee;   |               |              |               | 1759           |          |                         | Time / Temperature                                     | Control for Safety                                |               |                     |
| 4     | Non               | T            | knowledge, responsibilities and reporting  Proper use of restriction and exclusion  |               | $\Box$       |               | 18             | INC      | OUT N/A NO              | Proper cooking time an                                 | nd temperature                                    |               |                     |
| 5     | IN QU             |              | Procedures for responding to vomiting and diarrheal events  |               |              |               | 19             | INC      | OUT N/A NO              | Proper reheating proce                                 | dures for hot holding                             |               |                     |
| FILE  | U .               | I Jest       | Good Hygiene Practices  | 18.9          |              |               | 20             | INC      | OUT N/A NO              | Proper cooling time and                                | d temperatures                                    |               |                     |
| 6     | IN OU             | T (NO)       | Proper eating, tasting, drinking, or tobacco use  |               |              |               | 21             | Chyc     | OUT N/A NO              | Proper hot holding tem                                 | peratures   |               |                     |
| 7     | IN OU             | T (NOS)      | No discharge from eyes, nose, mouth   |               |              |               | 22             | MA       | ON AN TUC               | Proper cold holding ten                                | nperatures  |               |                     |
|       |                   | U            | Preventing Contamination by Hands   | 2/10          |              |               | 23             | Mo       | ON ANN TU               | Proper date marking ar                                 | nd disposition                                    |               |                     |
| 8     | (N)OU             | T NO         | Hands clean & properly washed   |               |              |               | 24             | INC      | ON (N) TUC              | Time as a Public Health                                | h Control: procedures and records                 |               |                     |
| 9     | กัก)อบา           | T N/A NO     | No bare hand contact with RTE food  |               |              |               | TEL.           |          | Unite See               | Consumer A   | Advisory  | dE,           | .57                 |
| 10    | IN(OU             | Ť            | Adequate handwashing sinks properly supplied & accessible   | X             | X            |               | 25             | (IN)C    | OUT N/A                 | Consumer advisory pro                                  | ovided for raw/undercooked foods                  |               |                     |
|       |                   |              | Approved Source   | TO D          |              |               |                | _        |                         | Highly Susceptibl                                      |   |               |                     |
| 11    | MOU-              | Т            | Food obtained from an approved source   |               | $\perp$      | -             | 26             | INC      | OUT NEAD                |  | d; prohibited foods not offered                   |               | Щ                   |
| 12    | IN OUT            | T N/A(NO     | Food received at proper temperature   |               | $\perp$      |               |                |          |                         |  | and Toxic Substances                              |               |                     |
| 13    | MOUT              | т            |   |               |              | 27            | 1              | OUT N/A  | Food additives: approve |  |   |               |                     |
| 14    |                   | N/A NO       | Req. records available: shell stock tags, parasite destruction  |               |              |               | 28             | CINC     | OUT N/A                 | 1  | erly identified, stored and used                  |               |                     |
|       | Risi              | k factors a  | are improper practices or procedures identified as the m<br>tributing factors of foodborne illness or injury. Public He<br>are control measures to prevent foodborne illness or inj   | iost<br>ealth |              |               | 300            | pin'i    |                         | onformance with Ap                                     | •   |               |                     |
|       | Inter             | rventions    | are control measures to prevent foodborne illness or inj  | ury.          |              |               | 19             | INC      | DUT (MA)                | Compliance with varian                                 | ce/specialized process/HACCP                      |               |                     |
|       |                   | THE PERSON   | E LA SOURCE SAND IN THE LOCAL PROPERTY G  | OOD R         | ETAI         | LΡ            | RAC            | TICES    |                         |  |   | (C. 12        |                     |
|       |                   |              | Good retail practices are preventative measures   |               |              |               |                |          |                         |  |   |               |                     |
| Mai   | k " <b>X</b> " in | box if num   | nbered item is not in compliance Mark "X" on ap   | propriat      | te box       | for           | cos            | and/or   | COS                     | =corrected on-site du                                  | ring inspection R=repeat viola                    | ation         |                     |
| Com   | pliance           | Status       |   | cos           | R            |               | Com            | plianc   | e Status                |  | C   | os            | R                   |
| D. B. |                   | gan in       | Safe Food and Water   | 153           | Te.          |               |                |          |                         | Proper Use o   | f Utensils  | -             | B                   |
| 30    |                   | Pasteurized  | eggs used where required  |               |              |               | 43             |          |                         | sils properly stored                                   |   | _             |                     |
| 31    |                   | Water & Ice  | from approved source  |               |              |               | 44             |          |                         |  | y stored, dried, & handled                        |               | _                   |
| 32    |                   |              | otained for specialized processing methods  |               |              |               | 45             | 1        |                         | single-service articles: pro                           | perly stored & used                               | $\rightarrow$ |                     |
|       | OU.               |              | Food Temperature Control  | 11 E 18 A     |              |               | 46             | One cont | Gloves used             |  |   | !             | - <del>- 2</del> 22 |
| 33    | -                 |              | ing methods used; adequate equipment for temp. control  | -             | <del></del>  | _             | 90.92          | 1.4      | Take to the             | Utensils, Equipme                                      |   | Ť             | 180                 |
| 34    |                   |              | properly cooked for hot holding   | -             | -            | S             | 47             | X        |                         | on-food contact surfaces of signed, constructed, & use |   | -             |                     |
| 35    |                   |              | nawing methods used   | -             | $\vdash$     |               | 48             | +        |                         | ng: installed, maintained,                             |   |               |                     |
| 36    | ALUE C            |              | ers provided and accurate  Food Identification  | W. L. C.      | CHILAC       |               | 43             | 1        |                         | Physical F   |   |               | Tit                 |
| 37    | П                 | Food propo   | Food Identification  rly labeled: original container  |               | T            |               | 50             | T        |                         | water available adequate                               |   |               |                     |
| 31    | WEEDING           | rood prope   | Prevention of Food Contamination  | 88            |              |               | 51             | +-       |                         | stalled, proper backflow d                             |   |               |                     |
| 38    |                   | Inserts rod  | lents, & animals not present  | T             |              |               | 52             | 1        |                         | waste water properly dispo                             |   | $\Box$        |                     |
| 39    |                   |              | ion prevented during food preparation, storage & display  |               | $\Box$       |               | 53             | 1        |                         | ies properly constructed, s                            |   |               |                     |
| 40    | -                 | Personal cle |   |               | $\Box$       |               | 54             |          | Garbage &               | refuse properly disposed,                              | facilities maintained                             |               |                     |
| 41    | -                 |              | ns; properly used & stored  |               |              |               | 55             | X        | Physical fac            | alities installed, maintaine                           | d, & clean  |               |                     |
| 42    | -                 |              | uits & vegetables   |               |              | $\overline{}$ | 56             |          | Adequate vi             | entilation & lighting, desig                           | nated areas used                                  |               |                     |
|       |                   | E SECUL      | a transport of the property of the party of | 40            |              | 16            |                |          | SHEED VILL              | The History  |   | 5             |                     |
| Тур   | e of O            | peration:    |   |               |              |               |                |          |                         |  | License Posted:                                   | 1             | N .                 |
| Dis   | cussior           | n with Pe    | rson-in-Charge:   |               |              |               |                |          |                         |  | Follow-Up: Y                                      | )             | N                   |
|       |                   |              | -   |               |              |               |                |          |                         |  | Follow-Up Date:                                   |               |                     |
|       |                   |              |   | 1             | 1            |               |                |          |                         |  | Data  |               | $\dashv$            |
| Sig   | nature            | of Persor    | n in Charge:  | X             |              | _             |                |          |                         |  | Date:   |               |                     |
| Sig   | nature            | of Inspec    | ctor:   |               |              |               |                |          |                         |  | Date: 11 - 28 - 402                               | .3            |                     |



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



| Est       | ablishme       | nt: onicicen     | PID     |                    |          |                 |                    |            | - 28 - 2023          | Page _      | Z 01 _ Z        |
|-----------|----------------|------------------|---------|--------------------|----------|-----------------|--------------------|------------|----------------------|-------------|-----------------|
| Add       | iress: 🖇       | o gremio         | m oute  | - BIU              | 2日 出     | હવાઇ            |                    | Complian   | ce Achieved:         |             |                 |
| "9        |                |                  |         |                    | TEM      | PERATURE OBS    | ERVATIONS          |            |                      |             |                 |
| _         |                | Item / Location  |         | Temp.              |          | Item / Location |                    | Temp.      | Item / Location      |             | Temp.           |
| _         |                |                  |         |                    |          |                 |                    |            |                      |             |                 |
|           |                |                  |         |                    |          |                 |                    |            |                      |             |                 |
| _         |                |                  |         |                    |          |                 |                    |            |                      |             |                 |
|           |                |                  |         |                    |          |                 |                    |            |                      |             | -               |
|           |                |                  |         |                    |          |                 |                    |            |                      | HATTE STORE | 11-3 (1-2 hard) |
| - 3       | 11-11          |                  |         | OB                 | SERVATIO | DNS AND/OR CO.  | RRECTIVE ACT       | ONS        |                      | 1 0-        | ated Corrected  |
| ٧         | ltem<br>Number | Section of Code  |         |                    |          | Descri          | otion of Violation |            |                      | 02          | or COS          |
|           |                |                  | Kitcher | $   \overline{1} $ |          |                 |                    |            |                      |             |                 |
|           | 66             |                  |         |                    |          |                 | 3                  | COSICIAN   | name and a secondary |             |                 |
| 6         | 55             | 6-501.12         | accom   | O LOCAL C          | on of    | diene           | Delow              | COBLINE    | equipment of cooking |             |                 |
| $\subset$ | 44             | 4-601 11         | accon   | 0 lout             | con c    | of greate       | on ext             | error c    | it cookling          | -           |                 |
|           |                |                  | equipa  | rent.              | rean.    |                 |                    |            |                      |             |                 |
| 24        | 16             | 5-205.11         | + Hand  | wash               | Sink     | bled            | I not a            | ccessi ble | . PIC coince         | 89          | COS.            |
|           |                |                  |         |                    |          |                 |                    | •          |                      |             |                 |
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|           |                |                  | -       | 1/7 1              | 1        |                 |                    |            | D.1.                 |             |                 |
|           |                | erson in Charge: | Zrew    | 116                | HIV)     | /               |                    |            | Date:                |             |                 |
| Sign      | ature of I     | nspector:        | m S     | +//                | 20       |                 |                    |            | Date:                | 28-2        | 073             |



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



| Est   | ablishment: F                                     | rry Mast  |   |              |                       | Page 1 of    |                         |   | k Factor/Intervention              |   |
|---|---|---|---|--------------|-----------------------|--------------|-------------------------|---|------------------------------------|---|
| Add   | iress: 605 F                                      | w Hignw   | ar Cl   | Time in:     | 2:00                  | Time out     | 2:30                    | No. of Repeat Risl  | k Factor/Interventior              | 1 Violations                            |
|   |   | Tr. 15 2-   | troleun Inc   | Risk Cate    |                       |              |                         |   |                                    | l Violations                            |
|   |   | REMITS PE   | Trolegio Pu   | Phone:       |                       | -            |                         | Inspection Status   | Green Yellow                       | Red                                     |
| Em  |   |   | . December  |              | Hlane                 | ss Investiga | otion                   | Complaint   | Other                              |   |
| Insp  | pection Type:                                     |   | e-inspection Pre-opera<br>FOODBORNE ILLNESS RISK I  |              |                       |              |                         |   | Otrici                             |   |
| 1   |   |   |   |              |                       |              |                         | in appropriate box for                                      | COS and/or R                       |   |
|   |   |   | compliance status (IN, OUT, N/A,  |              |                       |              |                         |   |                                    |   |
|   |   | IN = in compliance                                    | OUT= not in compliance NO = not   | observed N/A | \ ≈ not               | applicable u | COS =                   | corrected on-site K =                                       | repeat violation                   |   |
| Com   | pliance Status                                    |   | C   | OS R         | Com                   | pliance Sta  | tus                     |   |                                    | COS R                                   |
|   | Juny St. La                                       | Super   |   |              |                       | >            |                         | Protection from (   | ontamination                       | 111111111111111111111111111111111111111 |
| 1   | NOUT  | Person in charge preser<br>performs duties            | t, demonstrates knowledge and   |              | 15                    | (IN)OUT NA   | 'A NO                   | Food separated and pro                                      | otected                            |   |
| 2   | TN OUT ATA  | Certified Food Protection                             | n Manager   |              | 16                    | IN OUT NA    | Ά                       | Food-contact surfaces                                       |                                    |   |
|   | 0   | Employe   | e Health  |              | 17                    | IN OUT N     | ON                      | reconditioned & unsafe                                      | turned, previously served,<br>food |   |
| 3   | ON OUT  |   | oyees & conditional employee;   |              |                       |              |                         | Time / Temperature  | Control for Safety                 |   |
| 4   | <u> </u>  | knowledge, responsibilit<br>Proper use of restriction |   |              | 18                    | IN OUT NA    | _                       | Proper cooking time and                                     |                                    |   |
| -4  | NOUT  |   | ng to vomiting and diarrheal events   |              | 19                    | IN OUT N/    | - N                     | Proper reheating proces                                     |                                    |   |
| 5   | CHOOOL  | Good Hygie  |   |              | 20                    | IN OUT N/    | AND                     | Proper cooling time and                                     | d temperatures                     |   |
| 6   | IN OUT (NO  | Proper eating, tasting, d                             |   |              | 21                    | IN OUT N/    | A                       | Proper hot holding temp                                     | peratures                          |   |
| 7   | IN OUT (NO)                                       | No discharge from eyes,                               |   |              | 22                    | MOUT NA      | A NO                    | Proper cold holding tem                                     | peratures                          |   |
|   | iii osi   | Preventing Contan                                     |   |              | 23                    | NA TUÇMI     | A NO                    | Proper date marking an                                      | nd disposition                     |   |
| 8   | IN OUT NO   | Hands clean & properly                                |   |              | 24                    | IN OUT M     | ANO                     | Time as a Public Health                                     | Control: procedures and i          | records                                 |
| 9   | IN OUT N/A NO                                     | No bare hand contact wi                               |   |              | 1730                  | 10.2         |                         | Consumer A  | Advisory                           |   |
| 10  |   |   |   |              |                       | IN OUT       | (A)                     | Consumer advisory pro                                       | vided for raw/undercooked          | foods                                   |
|   | 0   | Approve   |   |              | Highly Susceptible Pe |              |                         |   | le Populations                     |   |
| 11 ON OUT Food obtained from an approved source |   |   |   |              | 26                    | IN OUT (N    | 3                       | Pasteurized foods used                                      | f; prohibited foods not offer      | ed                                      |
| 12  | IN OUT N/A TO Food received at proper temperature |   |   |              | IIS                   |              | Foc                     | od / Color Additives a                                      | nd Toxic Substances                |   |
| 13  | OUT   | Food in good condition,                               |   | 27           | IN OUT (V             | 3            | Food additives: approve | ed and properly used  |                                    |   |
| 14  | IN OUT NAMO                                       | Req. records available: s                             | hell stock tags, parasite destruction   |              | 28                    | TROUT N/     | Ά                       | Toxic substances prope                                      | rly identified, stored and u       | sed                                     |
|   | Risk factors a                                    | re improper practices                                 | or procedures identified as the mos   | 1            |                       | S. 1152      | C                       | onformance with Ap  | proved Procedures                  |   |
|   | Prevalent cont<br>Interventions                   | tributing factors of food<br>are control measures to  | or procedures identified as the mos<br>borne illness or injury, Public Heal<br>o prevent foodborne illness or injur | y.           | 19                    | IN OUT       | A)                      | Compliance with variance                                    | ce/specialized process/HAI         | CCP                                     |
|   | S SPINSES   | THE HEALTH WINT                                       |   | D RETAIL I   | RAC                   | TICES        | 4.9                     |   |                                    |   |
| -   | LEW LONG  | Good retai  | practices are preventative measures to  |              |                       |              | emicals,                | and physical objects into                                   | foods.                             |   |
| Ma  | rk "X" in box if num                              | bered item is not in co                               |   |              |                       |              |                         | =corrected on-site dur                                      |                                    | repeat violation                        |
| 2   | uliumaa Chahus                                    |   | lc  | OS R         | Com                   | pliance Stat | tus                     |   | Semana de Val                      | COS R                                   |
| Com   | pliance Status                                    | Safe Food   |   | 3///3/2      | 00111                 |              |                         | Proper Use of   | f Utensils                         |   |
| 30  |   | eggs used where required                              |   |              | 43                    | In-u         | se utens                | sils properly stored  |                                    |   |
| 31  | Water & Ice                                       | from approved source                                  |   |              | 44                    | Uter         | nsils, eq               | uipment & linens: properly                                  | y stored, dried, & handled         |   |
| 32  | Variance ob                                       | tained for specialized prod                           | essing methods  |              | 45                    | Sing         | gle-use/s               | single-service articles: pro                                | perly stored & used                |   |
| 13  |   | Food Tempera  | ature Control   |              | 46                    | Glov         | ves used                | d properly  |                                    |   |
| 33  | Proper cool                                       | ing methods used: adequa                              | te equipment for temp. control  |              | 17                    |              | al to                   | Utensils, Equipmen  | nt and Vending                     |   |
| 34  | Plant food p                                      | roperly cooked for hot hol                            | ding  |              | 47                    |              |                         | on-food contact surfaces o                                  |                                    |   |
| 35  | Approved th                                       | nawing methods used                                   |   |              | 48                    |              |                         | signed, constructed, & use                                  |                                    |   |
| 36  | Thermomet   | ers provided and accurate                             |   |              | 49                    | War          | ewashir                 | ng: installed, maintained, &                                |                                    |   |
| Ľ,  |   | Food Iden   |   | IBQ15        |                       | 1 1          |                         | Physical Fa   |                                    |   |
| 37  | Food prope  | rly labeled: original contain                         |   |              | 50                    |              |                         | water available adequate p                                  |                                    |   |
|   |   | Prevention of Foo                                     |   |              | 51                    |              |                         | stalled, proper backflow d                                  |                                    | -                                       |
| 38  |   | ents, & animals not preser                            |   |              | 52                    |              |                         | vaste water properly dispo                                  |                                    |   |
| 39  |   |   | preparation, storage & display  |              | 53                    |              |                         | es properly constructed, s                                  |                                    |   |
| 40  | Personal cle                                      |   |   |              | 54                    |              |                         | refuse properly disposed,<br>silities installed, maintained |                                    |   |
| 41  | -   | ns: properly used & stored                            |   |              | 55<br>56              |              |                         | entilation & lighting, design                               |                                    |   |
| 42  | Washing fru                                       | its & vegetables                                      | entre este est est marit personal   |              | 30                    | Aue          | deare At                | entination is lighting, design                              |                                    |   |
| Tvi   | oe of Operation:                                  |   |   |              |                       |              |                         |   | License Posted:                    | (F) N                                   |
| _   |   | rean in Chargo:                                       |   |              |                       |              |                         |   | Follow-Up:                         | YYN                                     |
| UIS   | cussion with Pe                                   | 200   |   |              |                       |              |                         |   | Follow-Up Date:                    | 0                                       |
|   |   | 4   | 9.  |              |                       |              |                         |   | Tollow-up Date.                    |   |
| Sia   | nature of Persor                                  | n in Charge:  | in Im   |              |                       |              |                         |   | Date:                              |   |
|   |   | Tori S  | C//   |              |                       |              |                         |   | Date: 16 - 21 -                    | 2022                                    |
| Signature of Inspector:                         |   |   |   |              |                       |              |                         |   | V 4                                | 44                                      |



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



| Address: 60.     | S Dus Highw<br>Item/Location | ay      |   | Compliance   | Achieved: LL.   | 21.707.3   |           |
|------------------|------------------------------|---------|---|--------------|-----------------|------------|-----------|
|                  |                              | 4       |   |              |                 |            | >         |
|                  | Item / Location              |         | TEMPERATURE OBSERVATION                 | ONS          |                 |            |           |
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| D. Sand          |                              | OBSE    | RVATIONS AND/OR CORRECTIVE              | E ACTIONS    |                 | D-1-1      | Corrected |
| V Item<br>Number | Section of Code              |         | Description of Vio                      | ation        |                 |            | COS       |
|                  |                              |         |   |              |                 |            |           |
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|                  |                              | No vior | ctions observed d                       | pling time 8 | - incoectio     | ed y       |           |
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|                  | 4                            | - 4     | N                                       |              |                 |            |           |
| gnature of Pe    | erson in Charge:             | m Er    |   |              | Date:           | - 21 - 202 |           |



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



| Est  | ablishment:  | raminally Hornica House  | Datel / | 20/13   | Page 1 of _7                            | No. of Risk Factor/Intervention Violation               | ons &  | 5        |
|------|--|--|---------|---------|---|---|--------|----------|
|      |  |  |         |         |   | No. of Repeat Risk Factor/Intervention Violation        | ons 9  | <b>め</b> |
|      |  |  | Risk Ca | tegory: | 2                                       | Total Violation   | ons &  | 3        |
|      |  | ADME HEETIN CHOSPICE COME  | Phone:  |         |   | Inspection Status: Green Yellow Red                     |        | - 2      |
| _    |  | Paulin Re-inspection Pre-operat  | tional  | Illnes  | s Investigation                         | Complaint Other   |        |          |
| Ins  | beclion Type.  |  |         |         |   |   |        | 9 1      |
|      | Time rit 1 to 7 Time out 1 5 to N. of Repeat House Account Total Violations of Pre-capital Control Pre-cap |  |         |         |   |   |        |          |
|      | Time in jap 7 Time out 1 7 % No. of Repeat Risk Factor/intervention Volations of Risk Category   Risk Category   Risk Category   Risk Category   Refresh Red Category   Refresh Refres |  |         |         |   |   |        |          |
|      | er er i ber  | Manager and Company of the Late of the Company of t | illy:   |         | The Party of the                        | Committee to the committee of the committee of the      | os.    | R        |
| com  | pliance Status   |  | 03 K    | Com     | phance Status                           |   |        |          |
| 1    | CWOUT  | Person in charge present, demonstrates knowledge and   |         | 15 (    | TIN OUT N/A NO                          | Food separated and protected                            |        |          |
|      | 2  |  |         | 16      | OUT N/A                                 | Food-contact surfaces cleaned and sanitized             |        |          |
| 2    | JUNGOT NA  |  |         | -       | -                                       | Proper disposition or returned, previously served,      |        |          |
| H    |  |  |         | 1700    |   |   | 100    |          |
| 3    | NOUT   | knowledge, responsibilities and reporting  |         | ¥ 5     |   |   |        | -        |
| 4    | No.  |  |         |         | 1                                       |   |        |          |
| 5    | TUOUT  |  |         |         | -                                       |   |        |          |
|      | LINGUE GO  |  |         |         |   |   |        |          |
| 7    | >  |  | $\neg$  |         | _                                       |   |        |          |
|      | 111001 (10   |  |         | -       | $\times$                                |   |        |          |
| 8    | MOUT NO  |  |         | 24      | IN OUT WANO                             | Time as a Public Health Control: procedures and records |        |          |
| 9    | 12   |  |         | 33/4    |   | Consumer Advisory                                       |        |          |
| 10   | <b>M</b> OUT   | Adequate handwashing sinks properly supplied & accessible  |         | 25      | IN OUT I                                | Consumer advisory provided for raw/undercooked foods    |        |          |
| A    |  | Approved Source  |         |         |   |   |        |          |
| 11   | V-/  |  |         |         |   |   |        | -        |
| 12   | _  |  |         |         | r                                       | i r   | -      | -        |
| 13   |  |  |         |         |   |   |        |          |
| 14   |  |  |         | 20      | ~                                       |   |        | - 3      |
|      | Risk factors<br>Prevalent co   | are improper practices or procedures identified as the mos<br>ntributing factors of foodborne illness or injury. Public Healt  | t<br>h  | 40      |   |   |        |          |
|      | Interventions  |  |         |         |   | Compliance with variance/specialized process/1/ACCF     |        |          |
|      |  |  |         |         |   | and physical phicate into foods                         |        |          |
| Ма   | rk "X" in box if nu  |  |         |         |   |   | lation |          |
|      |  |  | 00   D  | Com     | alianaa Status                          |   | os     | R        |
| om   |  |  | 03   K  | COM     | mance Status                            |   | n e    | 37       |
| 30   |  |  |         | 43      | în-use uten                             |   |        |          |
| 31   |  |  |         | 44      | Utensils, ed                            | quipment & linens: properly stored, dried, & handled    |        |          |
| 32   | Variance   | obtained for specialized processing methods  |         | 45      | Single-use/                             | /single-service articles: properly stored & used        | _      | _        |
| 95   |  | Food Temperature Control   |         | 46      | Gloves use                              | 11.5  |        | _        |
| 33   | Proper co  | oling methods used: adequate equipment for temp. control   |         | Jan 1   |   |   | 100    | 38       |
| 34   |  |  | -       |         |   |   | -      | $\dashv$ |
| 35   |  |  | -       | _       |   |   | -      | $\dashv$ |
| 36   | Thermom  |  |         | 43      | - Walewasiii                            |   | GUI.   | 315      |
| 37   | Food prot  |  |         | 50      | Hot & cold                              |   |        |          |
| A"   | A THE SECOND   |  | 1 2 2   | 51      | Plumbing in                             | nstalled, proper backflow devices                       |        |          |
| 38   | Insects, re  |  |         | 52      | Sewage & v                              | waste water properly disposed                           |        |          |
| 39   | Contamin   | ation prevented during food preparation, storage & display   |         | 53      | Toilet facilit                          | ties properly constructed, supplied, & deaned           |        |          |
| 40   | Personal   | cleanliness  |         | 54      | Garbage &                               | refuse properly disposed, facilities maintained         |        | $\dashv$ |
| 41   | Wiping cl  | oths: properly used & stored   |         | _       |   |   |        |          |
| 42   | Washing  | fruits & vegetables  |         | 56      | Adequate v                              | ventilation & lighting, designated areas used           |        |          |
| Terr |  |  |         | - 11.27 | . , , , , , , , , , , , , , , , , , , , | License Posted:   | 7      |          |
| _    |  |  |         |         |   |   | 1      | 1        |
| Dis  | cussion with P   | erson-in-Charge:   |         |         |   | ·   | 6      | 기        |
|      |  | 1. 1/1/  | ·       |         |   | Follow-Up Date:   |        | _        |
| Sic  | nature of Pers   | on in Charge:  |         |         |   | Date:   |        |          |
| _    | nature of Insp   | 1000   |         |         |   | Date: (( - 70 - 707)                                    | 7      |          |
| 010  | mature of msp  | SUIUI.   |         |         |   | W W 707   | 1      |          |



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



| Es       | tablishmer    | t: community    | / HOSPICE | House                      | Date: 11.    | 20-2023            | Page 2            | of <u>Z</u> |
|----------|---------------|-----------------|-----------|----------------------------|--------------|--------------------|-------------------|-------------|
|          |               | 10 Naticoo      |           | Mi                         | Complianc    | e Achieved: [[_ zo | -2023             |             |
| D'G      | `             |                 | 33.7      | TEMPERATURE OBSERVAT       | TONS         |                    |                   |             |
| _        |               | Item / Location | Temp.     | Item / Location            | Тетпр.       | Item / Location    |                   | Temp.       |
| _        |               |                 |           |                            |              |                    |                   | -           |
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|          | e, e, ellatte |                 | · · · or  | SERVATIONS AND/OR CORRECTI | WE ACTIONS   | »                  |                   | L'O N.      |
|          | Item          |                 |           |                            |              |                    | Dated             | Corrected   |
| ٧        | Number        | Section of Code |           | Description of V           | iolation     |                    |                   | cos         |
|          |               |                 |           |                            |              |                    |                   |             |
|          |               |                 |           |                            |              |                    |                   |             |
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|          |               |                 | No Vio    | lations during ti          | mo of inspec | Fon_               |                   |             |
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| _        |               |                 |           |                            |              |                    | _                 |             |
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|          |               |                 |           |                            |              |                    |                   |             |
|          |               |                 | 0 1       |                            |              |                    |                   |             |
|          |               |                 | 1 1/      | 11/                        |              |                    |                   |             |
| <u> </u> | <u></u>       | - / M           | 11- XC    |                            |              | Date               |                   |             |
| _        |               | erson in Charge | 10 h      | 1                          |              | Date:              | 2422 <u>4</u> 100 |             |
| Sig      | nature of Ir  | nspector:       | 12/1/     |                            |              | Date: [[-          | 20-202            | 3           |



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



| Establishment: Tortilla Flat |                                |  |                  |          | 1161 | 23     | Page 1                 | of <u>Z</u>  | No. of Risk Factor/Intervention Violations 1  |
|------------------------------|--------------------------------|--|------------------|----------|------|--------|------------------------|--|---|
| $\vdash$                     | Iress: 59.5                    | Dira Hidraga   |                  |          |      |        | Time o                 | ut 30  | No. of Repeat Risk Factor/Intervention Violations   |
| -                            |                                | ler Tottina Flat Inc.  | _                | isk Ca   | _    |        |                        |  | Total Violations 2  |
| Em                           |                                | BITING FLAT IDIC.  |                  | hone:    |      |        | 0                      |  | Inspection Status: Green Yellow Red   |
| -                            |                                | Review Beingsgetign Brown  | erationa         |          |      | Illnes | e Invo                 | stigation  | Complaint Other   |
| Ins                          | pection Type:                  | Routine Re-inspection Pre-op FOODBORNE ILLNESS RIS   |                  |          |      |        |                        |  |   |
| -                            |                                | Circle designated compliance status (IN, OUT, N  |                  |          |      |        | ZEIG XX                |  | in appropriate box for COS and/or R   |
| -                            |                                | IN = in compliance OUT= not in compliance NO =   |                  |          |      |        | apolicat               |  |   |
|                              |                                | 114 - III compilatice CO1 - not in compilation 110   |                  | diac.    |      |        |                        | 11 2 4 1   |   |
| Com                          | pliance Status                 | Supervision  | cos              | R        | - 1  | Comp   | pliance                | Status   | Protection from Contamination   |
|                              | +                              | Supervision  Person in charge present, demonstrates knowledge and  | T                |          | 1 1  | 15     | - Indon                | T N/A NO   | Food separated and protected  |
| 1                            | INOUT                          | performs duties  | -                |          |      |        |                        |  |   |
| 2                            | INOUT N/A                      | Certified Food Protection Manager  | 1                |          | 0    | 16     | INOU                   | _  | Food-contact surfaces cleaned and sanitized  Proper disposition or returned, previously served, |
|                              |                                | Employee Health  |                  |          |      | 17     | TIN OU                 | IT(N/A)NO  | reconditioned & unsafe food   |
| 3                            | INOUT                          | Management/food employees & conditional employee;<br>knowledge, responsibilities and reporting   |                  |          |      |        |                        |  | Time / Temperature Control for Safety   |
| 4                            | TRYOUT                         | Proper use of restriction and exclusion  |                  | $\perp$  | 11   | 18     | _                      | JT N/A NO  | Proper cooking time and temperature   |
| 5                            | TUOUT                          | Procedures for responding to vomiting and diarrheal events   |                  | $\perp$  |      | 19     |                        | IT N/A(NO)   | Proper reheating procedures for hot holding   |
| = 1                          |                                | Good Hygiene Practices   | A SUPPLY         |          | ļ ļ  | 20     | -                      | T N/A(NO)  | Proper cooling time and temperatures  |
| 6                            | IN OUT NO                      | Proper eating, tasting, drinking, or tobacco use  No discharge from eyes, nose, mouth  |                  |          | { }  | 21     | 1                      | IT N/A NO  | Proper hot holding temperatures   |
| 7                            | IN OUT (10                     | 1  | 1                | 1        | 22   | -      | IT N/A NO              | Proper cold holding temperatures   |   |
|                              |                                | _  |                  | 1 }      | 23   | 1      | IT N/A NO              | Proper date marking and disposition  Time as a Public Health Control; procedures and records |   |
| 8                            | по тиопі                       | Hands clean & properly washed  | -                | -        | 1 1  | 24     | INOU                   | IT (V/A)VO   |   |
| 9                            | MOUT N/A NO                    | No bare hand contact with RTE food   | _                | $\vdash$ | 1    | 05     | Town I                 | T 11/5   | Consumer Advisory  Consumer advisory provided for raw/undercooked foods                         |
| 10                           | INOUT                          | Adequate handwashing sinks properly supplied & accessible  | 1                |          | 1    | 25     | (IN)ON.                | 1 N/A  | Highly Susceptible Populations  |
| 44                           | GNOUT                          | Approved Source Food obtained from an approved source  | T *              |          | 1 1  | 26     | IN OU                  | TAVA   | Pasteurized foods used; prohibited foods not offered  |
| 11                           | IN OUT N/A                     | Food received at proper temperature  | +                | $\vdash$ | 1 1  |        | 1 111 00               | _  | od / Color Additives and Toxic Substances   |
| 12                           | THOUT                          | Food in good condition, safe & unadulterated   | +                | $\vdash$ | 1 1  | 27     | IN OU                  | _  | Food additives: approved and properly used  |
| 14                           | IN OUT (/A)NO                  | Req. records available: shell stock tags, parasite destruction   | _                | $\vdash$ | 1 1  | 28     | IMOU.                  |  | Toxic substances properly identified, stored and used   |
|                              |                                |  | nost             | $\neg$   | l    |        |                        | C  | onformance with Approved Procedures   |
|                              | Prevalent cor                  | are improper practices or procedures identified as the r<br>atributing factors of foodborne illness or injury, Public H<br>are control measures to prevent foodborne illness or in | ealth            | - 1      | l    | 19     | IN OU                  |  | Compliance with variance/specialized process/HACCP  |
| _                            | Interventions                  |  |                  |          | Щ    |        |                        | 0  |   |
|                              |                                | Good retail practices are preventative measure:  | COOD R           |          |      |        |                        | ahomiaala  | and physical phiagts into foods   |
| Ma                           | rk "Y" in hov if nu            | Good retail practices are preventative measures  mbered item is not in compliance Mark "X" on a  |                  |          |      |        |                        |  | =corrected on-site during inspection R=repeat violation   |
| IVIG                         | K A III DOXII III              | moercu item is not in compianes  | un de la company |          | (5)  | -      | , 1                    |  | loos I r  |
| Com                          | pliance Status                 | e e is a claw.   | cos              | R        | ľ    | Comp   | pliance                | Status   | COS   F   |
| 20                           | T Destauries                   | Safe Food and Water  | T                |          | ıŀ   | 43     | T                      | In-use uten  | sils properly stored  |
| 30<br>31                     |                                | d eggs used where required e from approved source  | +                |          | 1    | 44     | -                      |  | uipment & linens; properly stored, dried, & handled   |
| 32                           |                                | btained for specialized processing methods   |                  |          | ıt   | 45     |                        | Single-use/s   | single-service articles: properly stored & used   |
| 125                          | * Carrelle C                   | Food Temperature Control   | DITTOLE          |          | 1    | 46     |                        | Gloves used  | d property  |
| 33                           |                                | oling methods used: adequate equipment for temp. control   | T                |          |      |        |                        | in in t  | Utensils, Equipment and Vending   |
| 34                           |                                | properly cooked for hot holding  |                  |          |      | 47     |                        | Food and no  | on-food contact surfaces cleanable,   |
| 35                           |                                | hawing methods used  |                  |          | 1    | 48     |                        | Property de:   | signed, constructed, & used   |
| 36                           |                                | ters provided and accurate   |                  |          |      | 49     |                        | Warewashir   | ng: installed, maintained, & used: test strips  |
|                              |                                | Food Identification  |                  | 1 16.7   |      | Delta  |                        |  | Physical Facilities   |
| 37                           | Food prop                      | erly labeled: original container   |                  |          | 1    | 50     |                        | Hot & cold v   | vater available adequate pressure   |
|                              | S may                          | Prevention of Food Contamination   |                  | 188      |      | 51     | +                      |  | stalled, proper backflow devices  |
| 38                           |                                | dents, & animals not present   |                  |          | 1    | 52     | +                      |  | vaste water properly disposed   |
| 39                           | Contamina                      | tion prevented during food preparation, storage & display  | -                |          | 1    | 53     | -                      |  | es properly constructed, supplied, & cleaned  |
| 40                           | Personal c                     |  | 1                | -        | 1    | 54     | -                      |  | refuse properly disposed, facilities maintained   |
| 41                           | 1-1                            | ths: properly used & stored  | -                | $\vdash$ | 0    | 55     | -                      |  | ilities installed, maintained, & dean   |
| 42                           | Washing fr                     | uits & vegetables  |                  |          | U    | 56     | $\Gamma \nabla \Gamma$ | Adequate Ve  | entilation & lighting, designated areas used  |
| Tv                           | e of Operation                 |  |                  |          |      |        |                        |  | License Posted: Y N   |
|                              |                                |  |                  |          |      |        |                        |  | Follow-Up: Y N  |
| טוט                          | Cussion With Pe                | erson-in-Charge:   |                  |          |      |        |                        |  | Follow-Up Date:   |
|                              |                                | 111. 12  |                  |          |      |        |                        |  | Follow-up Date.   |
| Sia                          | Signature of Person in Charge: |  |                  |          |      |        |                        |  | Date:   |
|                              |                                |  |                  |          |      |        |                        |  |   |
| Sic                          | nature of Inspe                |  | 1                |          |      |        |                        |  | Date: 11-16-2023  |



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



| Establishm   | ent: jostilla     | tat         |          |                                |             | 1-16-2023       | Page    | of <u></u> |
|--------------|-------------------|-------------|----------|--------------------------------|-------------|-----------------|---------|------------|
| Address: 5   | 95 DW             | Highce      | say      | TEMPERATURE OBSERVATIONS       |             | nce Achieved:   |         | _          |
|              | Item / Location   |             | Temp.    | Item / Location                | Temp.       | Item / Location |         | Temp       |
|              |                   |             |          |                                |             |                 |         |            |
|              |                   |             |          |                                |             |                 |         | _          |
|              |                   |             |          |                                |             |                 |         | -          |
|              |                   |             |          |                                |             |                 |         |            |
| * ±          |                   | i et volvei | ОВ       | SERVATIONS AND/OR CORRECTIVE A | CTIONS 9    |                 | , di    |            |
| V Item       | Section of Code   | T           | , 13, UB | Description of Violation       |             | <u>.</u>        | .48     | Corrected  |
| V Numbe      | r Section of Code | -           | 1        | Description of Violatic        |             |                 | or      | cos        |
|              | -                 | kitchen     |          |                                |             |                 |         |            |
| 4 16         | A-261.11 (A)      | inter e     | or chut  | e /flap of ice macu            | vine soiled | ntion t         |         |            |
|              |                   |             |          | of debris. dean.               |             |                 |         |            |
| C 56         | 6-501.14.         | - Hood      | Ventuc   | ation stilver expirer          | d - las     | t date of       |         |            |
|              |                   | service     | e 4-3    | 3-2023 on a 180 d              | ay freque   | ency Contac     | t .     |            |
|              |                   | Compa       | eny for  | how service.                   |             |                 |         |            |
|              |                   |             | - trans  |                                |             |                 |         |            |
|              |                   |             |          |                                |             |                 |         |            |
|              |                   |             |          |                                |             |                 |         |            |
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|              | i i               |             |          |                                |             |                 |         |            |
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| -            | +                 |             |          |                                |             | =               |         |            |
|              |                   |             |          |                                |             |                 |         |            |
| +            |                   |             |          |                                |             |                 |         |            |
|              | -                 |             |          |                                |             |                 |         |            |
| -            |                   |             |          |                                |             |                 |         |            |
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|              |                   |             |          |                                |             |                 |         |            |
|              |                   |             |          |                                |             |                 |         |            |
|              |                   |             |          |                                |             |                 |         |            |
|              |                   |             |          |                                |             |                 |         |            |
|              |                   |             | 0        |                                |             |                 |         |            |
|              |                   | M           | 1        |                                |             |                 |         |            |
| innoture of  | Doman in Charge:  | f//n        | V L MAT  | 717                            |             | Date:           |         |            |
|              | Person in Charge: | 2 4         | ( ) W    | 7                              |             |                 |         |            |
| Signature of | inspector:        | in          | 7        |                                |             | Date: 11-       | 16-2023 | 6          |



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



| Establi                 | ishment: 87                      | 4E MER   | 24  |                                       |               |        | Page 1 of _7_   |   | lisk Factor/In  |                |                |  |  |
|-------------------------|----------------------------------|--|---|---------------------------------------|---------------|--------|-----------------|---|---|----------------|----------------|--|--|
| Addres                  | ss: 144 D                        | w High   | way   |                                       | Time into     | 30     | Time out 📢 🍮    | No. of Repeat F                                       | tisk Factor/Inf   | tervention \   | /iolations 🞾   |  |  |
|                         |                                  |  | operations  | . سر                                  | Risk Categ    | gory:  | В               |   |   | Total \        | Violations Ø   |  |  |
| Email:                  |                                  |  | O <sub>1</sub>  |                                       | Phone:        |        |                 | Inspection Statu                                      | s: Green  | Yellow         | Red            |  |  |
|                         | tion Tunos                       | Routine  | Re-inspection   | Pre-operat                            | ional         | Illnes | s Investigation | on Complain   | Oth   | er             |                |  |  |
| Inspec                  | tion Type:                       | Routine  |   | •                                     |               |        | _               | I INTERVENTIONS                                       | 19/11/11/11   |                |                |  |  |
| 15 OL                   |                                  | Circle design  | ated compliance status (  |                                       |               |        |                 | X" in appropriate box f                               | or COS and/or   | R              |                |  |  |
|                         |                                  |  | ance OUT= not in compli   |                                       |               |        |                 |   |   |                |                |  |  |
|                         |                                  | iN = in compie   | ance OUT - Not in compli  | A5-14(0-5)(0-2)                       | Testing in    | i de   |                 |   | 14 m 1 m 1  |                | 1000   5       |  |  |
| Complia                 | ance Status                      |  |   | CC                                    | DS R          | Com    | pliance Status  | Protection from                                       | - Contominati   | on.            | COS R          |  |  |
| ~                       | ·                                |  | upervision<br>resent, demonstrates knowle   | dge and                               |               |        |                 |   |   | OII            |                |  |  |
| 1                       | OUT                              | performs duties  | mesent, demonstrates referre  | age one                               |               | 15     | IN OUT N/A N    |   |   |                |                |  |  |
| 2 1                     | N)OUT N/A                        | Certified Food Pro   | lection Manager   |                                       |               | 16     | TRYOUT N/A      | Decree discontinue of                                 | Food-contact surfaces cleaned and sanitized  Proper disposition or returned, previously served, |                |                |  |  |
|                         | Employee Health                  |  |   |                                       |               |        | IN OUT N/A      | reconditioned & unsa                                  |   | isiy served,   |                |  |  |
| 3 1                     | Попт                             |  | employees & conditional em<br>sibilities and reporting                              | oloyee;                               |               |        | Safety          |   |   |                |                |  |  |
| _                       | NOUT                             |  | iction and exclusion  |                                       |               | 18     | IN OUT N/AN     | O Proper cooking time                                 | and temperature   |                |                |  |  |
| - 10                    | DOUT                             |  | ponding to vomiting and diar  | heal events                           |               | 19     | IN OUT N/A      | 5 Proper reheating pro                                | cedures for hot h   | olding         |                |  |  |
|                         |                                  |  | ygiene Practices  |                                       |               | 20     | IN OUT N/A      | Proper cooling time                                   | and temperatures  |                |                |  |  |
| 6 1                     | NOUT NO                          |  | ing, drinking, or tobacco use   |                                       |               | 21     | IN OUT N/A N    | O Proper hot holding to                               | emperatures   |                |                |  |  |
| 7 [                     | NOUT (NG                         | No discharge from  | eyes, nose, mouth   |                                       |               | 22     | TRYOUT N/A N    | O Proper cold holding                                 | temperatures  |                |                |  |  |
|                         |                                  | Preventing Co  | ntamination by Hands  |                                       |               | 23     | THOUT N/A N     | O Proper date marking                                 | and disposition   |                |                |  |  |
| 8                       | ON TUO                           | Hands clean & proj   | perly washed  |                                       |               | 24     | IN OUT N/) N    | O Time as a Public He                                 | alth Control: proc  | edures and rec | ords           |  |  |
| 9 1                     | OUT N/A NO                       | No bare hand conta   | act with RTE food   |                                       |               | 490    |                 |   | -   | A :            |                |  |  |
| 10                      | OUT                              | Adequate handwas   | hing sinks properly supplied  | & accessible                          |               | 25     | OUT N/A         | Consumer advisory                                     | C   |                | iods           |  |  |
|                         |                                  | Арр  | roved Source  |                                       |               | 26     |                 | Highly Suscept  |   |                |                |  |  |
|                         | DOUT                             |  | od obtained from an approved source   |                                       |               |        | IN OUT NA       | Pasteurized foods us                                  |   |                |                |  |  |
| _                       |                                  | OUT N/ANO Food received at proper temperature  |   |                                       |               |        |                 | Food / Color Additive                                 | proved and properly used  |                |                |  |  |
|                         | TOUT                             |  | tion, safe & unadulterated  |                                       |               | 27     | IN OUT N/A      | Toxic substances pro                                  |   |                | od .           |  |  |
| 14 T                    | ON(N/A)NO                        |  | ible: shell stock tags, parasite  |                                       | ——            | 28     | INCOTIVA        | Conformance with                                      | and the second  | 12 1 1         |                |  |  |
|                         | Risk factors a<br>Prevalent cont | are improper practi<br>tributing factors of  | ces or procedures identif<br>foodborne illness or inju-<br>res to prevent foodborne | ied as the most<br>y. Public Health   |               |        |                 |   |   |                |                |  |  |
|                         | Interventions                    | are control measu  | res to prevent foodborne  | illness or injury.                    |               | 19     | IN OUT NO       | Compliance with vari                                  | ance/specialized  | process/HACC   | ,P             |  |  |
|                         | - BENT RE                        | PIEN EI  |   |                                       | D RETAIL P    |        |                 |   |   |                |                |  |  |
|                         | dm 1 1 15                        |  | retail practices are preventa   | tive measures to c<br>rk "X" on appro |               |        |                 | als, and physical objects in<br>OS =corrected on-site |   | n R=rer        | peat violation |  |  |
| Mark "                  | X" in box if num                 | nbered item is not   | in compliance ivia  | тк 🗡 опаррго                          | PHATE DOX TOT | 003    | and/or O        | SB -corrected on site                                 | auting inopedate  |                | 0              |  |  |
| omplia                  | ince Status                      |  |   | cc                                    | S R           | Com    | oliance Status  |   | err. 11   |                | COS R          |  |  |
| A STATE                 | September 1                      |  | ood and Water   | U TAY                                 | *Me(1500)     | 40     |                 |   | of Utensils   |                |                |  |  |
| 30                      | _                                | d eggs used where re   |   |                                       |               | 43     |                 | tensils properly stored<br>, equipment & linens; prop | edy stored dried  | & handled      |                |  |  |
| 31                      |                                  | from approved source   |   |                                       |               | 45     |                 | se/single-service articles:                           |   |                |                |  |  |
| 32                      | Variance of                      | 400 L  | d processing methods  | CHARLES AND A                         |               | 46     |                 | used properly   | ,   |                |                |  |  |
| 22                      | Donner cool                      |  | nperature Control dequate equipment for temp.                                       | control                               |               | U.E.   |                 | Utensils, Equipn                                      | ent and Vend  | ing            |                |  |  |
| 33                      |                                  | properly cooked for h  |   | COMBO                                 | -             | 47     | Food an         | d non-food contact surface                            |   | 0              |                |  |  |
| 35                      |                                  | nawing methods used  |   |                                       |               | 48     | Property        | designed, constructed, &                              | used  |                |                |  |  |
| 36                      |                                  | ers provided and acc   |   |                                       |               | 49     | Warewa          | shing: installed, maintaine                           | d, & used: test str   | ips            |                |  |  |
| return )                |                                  |  | Identification  |                                       | TRILLE        |        |                 | Physical  | Facilities  | and a          | ***            |  |  |
| 37                      | Food prope                       | rly labeled: original o  | ontainer  |                                       |               | 50     | Hot & co        | ld water available adequa                             | te pressure   |                |                |  |  |
|                         |                                  | Prevention of  | Food Contamination  |                                       | turs private  | 51     | Plumbin         | g installed, proper backflov                          | v devices   |                |                |  |  |
| 38                      | Insects, rod                     | lents, & animals not p   | resent  |                                       |               | 52     |                 | & waste water properly di                             |   |                |                |  |  |
| 39                      | Contaminat                       | Contamination prevented during food preparation, storage & display                                       |   |                                       |               | 53     |                 | cilities properly constructed                         |   |                |                |  |  |
| 40 Personal cleanliness |                                  |  |   |                                       | $\perp$       | 54     |                 | & refuse properly dispose                             |   | ained          |                |  |  |
| 41                      |                                  |  |   |                                       |               | 55     |                 | facilities installed, maintai                         |   |                |                |  |  |
| 42                      | Washing fru                      | its & vegetables   | r · ·   |                                       |               | 56     | Adequa          | te ventilation & lighting, de                         | signated areas us   | ed             |                |  |  |
| Tues                    | of Oppositions                   | ( 1 )  |   |                                       |               |        |                 |   | License F   | Posted:        | (Y) N          |  |  |
|                         | of Operation:                    |  | - d   |                                       |               |        |                 |   |   |                | × 200          |  |  |
| Discu                   | ssion with Pe                    | rson-in Charge:  | · 1   |                                       |               |        |                 |   | Follow-Up   |                |                |  |  |
|                         |                                  | $\langle \chi \chi$ | la / ICAN   | a A                                   |               |        |                 |   | Follow-Up   | Date:          |                |  |  |
| Signat                  | ure of Persor                    | n in Charge:   |   |                                       |               |        |                 |   | Date:   |                |                |  |  |
|                         |                                  | A  | .01   |                                       |               | -      |                 |   | Data: #4  | 10 -           | 7777           |  |  |
| Signat                  | ture of Inspec                   | ctor:  | >///  |                                       |               |        |                 |   | Date: [   | -16-2          | 7072           |  |  |



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



| Establ  | lishment  | BAE ME             | R 24          |                          | Date: [ ]       | -16-2023             | Page   | of _ <b>Z</b> _ |
|---------|-----------|--------------------|---------------|--------------------------|-----------------|----------------------|--|-----------------|
| Addre   | ss: 14-   | BAE ME             | huay          |                          | Complian        | ce Achieved: [1 - [6 | -2023  |                 |
| 180.19  |           | ARIENTAL MELICIPAL |               | TEMPERATURE OBSE         | RVAIIUNS        | 70                   | 4.47   |                 |
|         |           | Item / Location    | Тетр.         | Item / Location          | Тетр.           | Item / Location      | 1  | Temp.           |
|         |           |                    |               |                          |                 |                      |  |                 |
|         |           |                    |               |                          |                 |                      |  | _               |
|         |           |                    |               | <del> </del>             |                 |                      |  | -               |
|         |           |                    |               |                          |                 |                      |  |                 |
|         |           |                    |               | OBSERVATIONS AND/OR CORI | PECTIVE ACTIONS |                      | and the same of th | 7.5/-19         |
|         | Item      |                    |               |                          |                 |                      |  | Соггестед       |
| V I     | lumber    | Section of Code    |               | Description              | on of Violation |                      |  | cos             |
|         |           |                    |               |                          |                 |                      |  |                 |
|         |           |                    |               |                          |                 |                      |  |                 |
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| -       |           |                    |               |                          |                 |                      |  |                 |
|         |           |                    |               |                          |                 |                      |  |                 |
|         |           |                    |               |                          |                 |                      |  |                 |
|         |           |                    | NO VIOLA      | tions obseived do        | ing time of in  | spection.            |  |                 |
|         |           |                    |               |                          | J               |                      |  |                 |
|         |           |                    |               |                          |                 |                      |  |                 |
| -       |           |                    |               |                          |                 |                      |  |                 |
| -       |           |                    |               |                          |                 |                      |  |                 |
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|         |           |                    |               |                          |                 |                      |  |                 |
|         |           |                    |               |                          |                 |                      |  |                 |
|         |           |                    | - Name        |                          |                 |                      |  |                 |
|         |           |                    |               |                          |                 |                      |  |                 |
|         |           |                    |               |                          |                 |                      |  |                 |
| _       | -         |                    |               |                          |                 |                      |  |                 |
| _       |           |                    |               |                          |                 |                      |  |                 |
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|         |           |                    |               |                          |                 |                      |  |                 |
| +       |           |                    | ^             |                          |                 |                      |  |                 |
|         | -         |                    | -             | ٨                        |                 |                      |  |                 |
|         |           |                    | $\mathcal{L}$ | Ha land                  |                 |                      |  |                 |
|         |           | erson in Charge:   | Timac         | Soulant'                 |                 | Date:                |  |                 |
| Signatu | re of Ins | spector:           | 7/1           | _                        |                 | Date: [].            | 16-2023  |                 |



**HEALTH DIVISION** 

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



|        |                                  | FOOD ESTA  | RE            | TOHME         | NII         | NSPECTION          | REPURI  |                                   |          | - 4 |
|--------|----------------------------------|--|---------------|---------------|-------------|--------------------|---|-----------------------------------|----------|-----|
| Estat  | olishment: 2                     | AE MER IS  |               | Date 1/       | 6/23        | Page 1 of <u>2</u> | No. of Ris  | sk Factor/Intervention Viola      | itions   | Ø   |
|        |                                  | w Highway  |               | Time in:      | 1.50        | Time out2: 30      | No. of Repeat Ris   | sk Factor/Intervention Viola      | itions   | Ø   |
|        |                                  |  | _             | Risk Cat      |             |                    | 1   | Total Viola                       |          | 05  |
| Owne   | er/Permit Hold                   | ersociexo Operations LLC   |               |               | egory.      | В                  |   |                                   |          | 9   |
| Emai   | l:                               |  |               | Phone:        |             |                    | Inspection Status:  | Green Yellow R                    | ed       |     |
| Inspe  | ection Type:                     | Routine Re-inspection Pre-ope  | eratio        | onal          | Illnes      | s Investigation    | Complaint   | Other                             | 20       |     |
| 198    |                                  | FOODBORNE ILLNESS RISI   | K FA          | CTORS A       | ND PUI      | BLIC HEALTH I      | NTERVENTIONS  |                                   |          |     |
|        |                                  | Circle designated compliance status (IN, OUT, N  | /A, N         | O) for each   | item        | Mark "X"           | in appropriate box for  | COS and/or R                      |          |     |
|        |                                  | IN = in compliance OUT= not in compliance NO =   | not o         | bserved N     | A = not     | applicable COS =   | corrected on-site R =   | repeat violation                  |          |     |
|        |                                  |  | co            |               | -118        | oliance Status     | Market Santy R  |                                   | cos      | R   |
| ompl   | liance Status                    | Supervision  | 100           | 5 K           | Comp        | phance Status      | Protection from   | Contamination                     | 1000     |     |
| . 1    | 1                                | Person in charge present, demonstrates knowledge and   | T             | $\neg$        | 15          | IN OUT N/A NO      | Food separated and p  |                                   | 1        | T   |
| - 4    | IN)OUT                           | performs duties  | +-            | -             |             |                    |   |                                   | +        | +   |
| 2 (    | IN OUT N/A                       | Certified Food Protection Manager  |               |               | 16          | IN OUT N/A         | Proper disposition or re                                      | eturned, previously served,       | +-       | +   |
|        | 194 8 1 8 1                      | Employee Health  |               |               | 17          | ON AM TUO MI       | reconditioned & unsafe  |                                   |          | 1   |
| 3 (    | DOUT                             | Management/food employees & conditional employee;<br>knowledge, responsibilities and reporting   |               |               |             |                    | Time / Temperature  | Control for Safety                |          |     |
| 4      | IN OUT                           | Proper use of restriction and exclusion  |               |               | 18          | IN OUT N/A NO      | Proper cooking time a   | nd temperature                    |          |     |
| -      | TNOUT                            | Procedures for responding to vomiting and diarrheal events   |               |               | 19          | IN OUT N/A(NO      | Proper reheating proce  | edures for hot holding            |          |     |
| -      | )                                | Good Hygiene Practices   |               | E CONTRACTOR  | 20          | IN OUT N/A NO      | Proper cooling time an  | d temperatures                    |          |     |
| 6      | IN OUT NO                        | Proper eating, tasting, drinking, or tobacco use   |               |               | 21          | IN OUT N/A(NO)     | Proper hot holding tem  | peratures                         |          |     |
| 7      | IN OUT NO                        | No discharge from eyes, nose, mouth  |               |               | 22          | IN OUT N/A NO      | Proper cold holding ter                                       | nperatures                        |          |     |
|        | $\overline{}$                    | Preventing Contamination by Hands  |               |               | 23          | IN OUT N/A NO      | Proper date marking a   | nd disposition                    |          |     |
| 8      | IN OUT TO                        | Hands clean & properly washed  |               |               | 24          | IN OUT NA NO       | Time as a Public Healt  | h Control: procedures and records |          |     |
| 9      | IN OUT NATIO                     | No bare hand contact with RTE food   |               |               | 1           |                    | Consumer  | Advisory                          |          | .8  |
|        | MOUT                             | Adequate handwashing sinks properly supplied & accessible  |               |               | 25          | AVA TUQVII         | Consumer advisory pro   | ovided for raw/undercooked foods  |          |     |
|        |                                  | Approved Source  | A SA          |               | i and       |                    | Highly Susceptib  | le Populations                    |          |     |
| 11     | TUOUT                            | Food obtained from an approved source  |               |               | 26          | IN OUT N/A         | Pasteurized foods use   | d; prohibited foods not offered   |          |     |
|        | IN OUT N/ANO                     | Food received at proper temperature  |               |               |             | Fo                 | od / Color Additives  | and Toxic Substances              |          | .0  |
| _      | TNOUT                            | Food in good condition, safe & unadulterated   |               |               | 27          | IN OUT (N/A)       | Food additives; approv  | ed and properly used              |          |     |
| _P     | IN OUT WANO                      | Req. records available: shell stock tags, parasite destruction   |               |               | 28          | INOUT N/A          | Toxic substances prop   | erly identified, stored and used  |          |     |
|        | Risk factors a<br>Prevalent cont | re improper practices or procedures identified as the n<br>tributing factors of foodborne illness or injury. Public H<br>are control measures to prevent foodborne illness or in | nost<br>ealth |               |             |                    | Conformance with A  | proved Procedures                 |          | T   |
|        | Interventions a                  |  | 41 14         |               | 19          | IN OUT (A)         | Compliance with varial  | ice/specialized process/ IACCF    |          | 100 |
| - 10   | SALD HILESTING                   |  |               | RETAIL        |             | 4                  |   |                                   | _===     |     |
|        |                                  | Good retail practices are preventative measures  |               |               |             |                    | , and physical objects into<br>i ≍corrected on-site d⊾        |                                   | violatio | n   |
| Mark   | "X" in box if num                | bered item is not in compliance Mark "X" on ap   | prop          | nate box it   | 01 000 8    | and/or COS         | -corrected on-site do   | ming inspection 11-repeat         | violetio |     |
| ompl   | iance Status                     |  | co            | SR            | Comp        | liance Status      |   |                                   | cos      | R   |
| 251    |                                  | Safe Food and Water  | 4             | n de          |             | Carrie (Same)      | Proper Use of   | of Utensils                       | -        |     |
| 30     | Pasteurized                      | eggs used where required   | _             |               | 43          |                    | sils properly stored  |                                   | +        |     |
| 31     | Water & Ice                      | from approved source   | 1             |               | 44          |                    |   | y stored, dried, & handled        | _        | -   |
| 32     | Variance ob                      | tained for specialized processing methods  |               |               | 45          |                    | /single-service articles: pre                                 | operly stored & used              | +        | -   |
| 5      |                                  | Food Temperature Control   | AND TO        | Detaile)      | 46          | Gloves use         | 21 22 624 1   |                                   |          | 1-  |
| 33     | Proper cool                      | ing methods used: adequate equipment for temp. control   | _             | _             | regulation. |                    | Utensils, Equipme   |                                   | 107/     | 1   |
| 34     | Plant food p                     | roperly cooked for hot holding   | 1             |               | 47          | -                  | on-food contact surfaces                                      |                                   | -        | +   |
| 35     | Approved th                      | nawing methods used  | _             | _             | 48          |                    | esigned, constructed, & us                                    |                                   | 1        | +   |
| 36     |                                  | ers provided and accurate  |               |               | 49          | Warewashi          | ing: installed, maintained,                                   |                                   |          |     |
| -      |                                  | Food Identification  | 1             |               | 50          | Luce               | Physical F  |                                   | 1        | T   |
| 37     | Food proper                      | rly labeled: original container  |               |               | 50          |                    | water available adequate                                      |                                   | -        | +   |
| -      |                                  | Prevention of Food Contamination   | 1             | DE PRINT      | 51          |                    | nstalled, proper backflow                                     |                                   | +        | +   |
| 38     | _                                | ents, & animals not present  | -             | -             | 52          |                    | waste water properly disp<br>ties properly constructed,       |                                   | +        | + 1 |
| 39     |                                  | ion prevented during food preparation, storage & display   | -             |               | 53          |                    |   |                                   | +        | +   |
| 40     | Personal cle                     |  | $\vdash$      | -             | 54          |                    | refuse properly disposed,<br>cilities installed, maintaine    |                                   | +        | +   |
| 41     |                                  | s: properly used & stored  | -             | $\rightarrow$ | 55          |                    | cuities installed, maintaine<br>rentilation & lighting, desig |                                   | 1        | +   |
| 42     | Washing fru                      | its & vegetables   | 1             |               | 56          | Auequate \         | er,aleaon e ngriding, desig                                   | india arosa daca                  |          |     |
| Type   | of Operation:                    |  |               |               |             |                    |   | License Posted:                   | (Y)      | N   |
| . 1 hc | or operation.                    | topio  | cir           | 10 10         | sit Hel     | ru in              | dish  | Follow-Up:                        | Y        | N   |
| Disci  | ussion with Pe                   | rson-in-Charge: * Discussed repla  | - 18          | 7 100         | -(110       |                    | 0.07  |                                   | •        | . 4 |
|        |                                  | temp plate.  |               |               |             |                    |   | Follow-Up Date:                   |          |     |
| Sign   | ature of Persor                  |  |               |               |             |                    |   | Date:                             |          |     |
| _      |                                  |  | _             |               |             |                    |   |                                   | 77       |     |
| Signa  | ature of Inspec                  | tor: 1   |               |               |             |                    |   | Date: 11-16-20                    | 45       |     |



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



| Establishme      | ent: BAE ME       | R 15                |  | Date: 11-1   |                  | ige c   |           |
|------------------|-------------------|---------------------|--|--------------|------------------|---------|-----------|
| Address:         | 30 pw High        | nway                | · moreoro (mimi: oncerny (mass)          | Compliance A | Achieved: 11-16- | 2022    |           |
|                  | Item / Location   | Temp.               | TEMPERATURE OBSERVATION  Item / Location | Temp.        | Item / Location  |         | Temp.     |
|                  |                   |                     |  |              |                  |         |           |
|                  |                   |                     |  |              |                  |         |           |
|                  |                   |                     |  |              |                  |         |           |
|                  |                   |                     |  |              |                  |         |           |
|                  |                   |                     |  |              |                  |         |           |
| Itom             |                   | OBS                 | SERVATIONS AND/OR CORRECTIVE             |              |                  | Dated ( | Corrected |
| V Item<br>Number | Section of Code   |                     | Description of Viola                     | tion         |                  |         | cos       |
|                  |                   |                     |  |              |                  |         |           |
|                  |                   |                     |  |              |                  |         |           |
|                  |                   |                     |  |              |                  |         |           |
|                  |                   |                     |  |              |                  |         |           |
| _                |                   |                     |  |              |                  |         |           |
| _                |                   | way and the reserve | Park a particular construction           | CMC XI Nove  | partio -         |         |           |
|                  |                   | No violat           | ions observed during                     | time of my   | ec (10 h)        |         |           |
| +                | -                 |                     |  |              |                  | +       |           |
| _                | -                 |                     |  |              |                  | -       |           |
| _                |                   |                     |  |              |                  | +       |           |
|                  |                   |                     |  |              |                  | -       |           |
|                  | 1                 |                     |  |              |                  | +       |           |
|                  | 1                 |                     |  |              |                  |         |           |
|                  |                   | ·                   | ·  |              |                  | _       |           |
|                  |                   |                     |  |              |                  |         |           |
|                  |                   |                     |  |              |                  |         |           |
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|                  |                   |                     |  |              |                  |         |           |
|                  |                   |                     |  |              |                  |         |           |
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|                  |                   |                     |  |              |                  |         |           |
|                  |                   |                     |  |              |                  | -       |           |
|                  |                   |                     |  |              |                  | -       |           |
|                  |                   |                     | 1  |              |                  |         |           |
| J.               |                   | AALMA               |  |              |                  | 1       |           |
|                  | Person in Charge: | CATALL              | X  |              | Date:            |         |           |
| Signature of     | Inspector:        | US //2              |  |              | Date: 11 - 16    | -202    | 3         |



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



| Est    | ablishment:  | long Mexican Forts 2799  | D             | ate       | 15/12       | Page     | 1 of <u>2</u>                           | No. of Ris                     | k Factor/Intervention Vid            | olations    | Ø      |  |
|--------|--|--|---------------|-----------|-------------|----------|---|--------------------------------|--------------------------------------|-------------|--------|--|
|        |  |  | Т             | îme in    | 100         | Time o   | 42:41                                   | No. of Repeat Risk             | k Factor/Intervention Vid            | olations    | Ø      |  |
| -      | V 1 1/81   | eradore peraviants LCC   |               |           | tegory:     |          |   |                                | Total Vic                            | olations    | 7      |  |
|        |  | CCC ASSESSION OF CCC   |               | hone:     |             |          |   | Inspection Status:             | Green Yellow                         | Red         | -16    |  |
| Em     |  |  | _             | _         | W-a-        |          | atication                               | <u> </u>                       | Other                                |             |        |  |
| Inst   | pection Type: (  | Routine Re-inspection Pre-ope  |               |           |             |          | stigation                               | Complaint                      | Other                                |             |        |  |
|        |  | FÖODBORNE ILLNESS RISK   |               |           |             | BLIC H   |   |                                | COS and/or P                         |             |        |  |
|        |  | Circle designated compliance status (IN, OUT, N/   |               |           |             |          |   | in appropriate box for         |                                      |             |        |  |
|        |  | IN = in compliance OUT= not in compliance NO =   | not obs       | erved N   | I/A = not   | applica  | ble COS =                               | corrected on-site K =          | repeat violation                     | D2          |        |  |
| Com    | pliance Status   |  | cos           | R         | Com         | pliance  | Status                                  |                                |                                      | cos         | R      |  |
|        |  | Supervision  | 1963          |           |             |          | THE.                                    | Protection from C              | ontamination                         |             | - 10   |  |
| 1 1    | NOUT   | Person in charge present, demonstrates knowledge and performs duties   |               |           | 15 (        | Diroc    | ON ANN TU                               | Food separated and pro         | otected                              |             |        |  |
| 2      | IN OUT N/A   | Certified Food Protection Manager  | 1             |           | 16          | INOL     | JT N/A                                  | Food-contact surfaces of       | cleaned and sanitized                |             |        |  |
| -      | Oscillar   | Employee Health  |               |           | 17          | -        | NA NO                                   |                                | turned, previously served,           |             |        |  |
|        |  | Management/food employees & conditional employee;  | _             | _         | 100         | PE SEA   | <u> </u>                                | reconditioned & unsafe         |                                      |             | alie.  |  |
| 3      | IN OUT   | knowledge, responsibilities and reporting  | _             | $\perp$   |             |          | _                                       | Time / Temperature (           |                                      |             |        |  |
| 4      | INOUT  | Proper use of restriction and exclusion  |               |           | 18          | -        | JT N/A NO                               | Proper cooking time and        |                                      |             | -      |  |
| 5      | OUT  | Procedures for responding to vomiting and diarrheal events   |               |           | 19          | -        | JT N/A(NO)                              | Proper reheating proces        |                                      | _           | -      |  |
|        |  | Good Hygiene Practices   |               |           | 20          | - FEE    | JT N/A(NO)                              | Proper cooling time and        |                                      | +           |        |  |
| 6      | IN OUT (NO)  | Proper eating, tasting, drinking, or tobacco use   |               |           | 21          |          | ON ANN TU                               | Proper hot holding temp        | peratures                            | -           | +      |  |
| 7      | IN OUT NO  | No discharge from eyes, nose, mouth  |               |           | 22          | (INDI    | ON ANN TU                               | Proper cold holding tem        |                                      |             | -      |  |
|        |  | Preventing Contamination by Hands  |               |           | 23          | (Thypu   | JT N/A NO                               | Proper date marking an         | d disposition                        |             |        |  |
| 8      | NO NO  | Hands clean & properly washed  |               |           | 24          | IN Ot    | ONAWIT                                  | Time as a Public Health        | Control: procedures and record       | at.         |        |  |
| 9      | TN OUT N/A NO  | No bare hand contact with RTE food   |               |           |             |          |   | Consumer A                     | Advisory                             |             |        |  |
| 10     | NOUT   | Adequate handwashing sinks properly supplied & accessible  |               |           | 25          | (IN)OL   | JT N/A                                  | Consumer advisory prov         | vided for raw/undercooked food       | s           |        |  |
|        | 0  | Approved Source  | r term        |           | Esmi        |          |   | Highly Susceptibl              | e Populations                        |             |        |  |
| 11     | INOUT  | Food obtained from an approved source  |               |           | 26          | IN OL    | JT WA                                   | Pasteurized foods used         | ; prohibited foods not offered       |             |        |  |
| 12     | IN OUT N/A (O)   | Food received at proper temperature  |               |           | 110         |          | Fo                                      | od / Color Additives a         | nd Toxic Substances                  |             |        |  |
| 13     | INOUT  | Food in good condition, safe & unadulterated   |               |           | 27          | IN OL    | JT (VIA)                                | Food additives: approve        | ed and properly used                 |             |        |  |
| 14     | IN OUT N/A NO  |  |               |           | 28          | INDI     | JT N/A                                  | Toxic substances proper        | properly identified, stored and used |             |        |  |
| -      |  |  | nost          |           | 1100        | ~        | * * · · · · · · · · · · · · · · · · · · | Conformance with App           | proved Procedures                    |             |        |  |
|        | Risk factors a<br>Prevalent con  | are improper practices or procedures identified as the matributing factors of foodborne illness or injury. Public He<br>are control measures to prevent foodborne illness or inj | nost<br>ẹaith | - 1       |             | 1        |   | T                              |                                      | T           |        |  |
|        | Interventions  | are control measures to prevent foodborne illness of inj   | ıjury.        |           | 19          | IN OC    | J (N/A)                                 | Compliance with variant        | ce/specialized process/HACCP         |             |        |  |
|        |  |  |               |           | PRAC        |          |   | tale for an experience         |                                      |             |        |  |
|        |  | Good retail practices are preventative measures  | s to contr    | ol the ad | dition of p | athogens |   |                                |                                      | at violetia |        |  |
| Ma     | rk "X" in box if nun   | nbered item is not in compliance Mark "X" on ap  | opropria      | te box f  | or COS      | and/or   | COS                                     | =corrected on-site dur         | ing inspection K=repea               | at violatio | JI1    |  |
| com.   | pliance Status   |  | cos           | R         | Com         | pliance  | Status                                  |                                |                                      | cos         | R      |  |
| 00111  | The state of the s | Safe Food and Water  | 出义厅           |           |             |          |   | Proper Use of                  | l Utensils                           |             |        |  |
| 30     | Pasteurized  | d eggs used where required   |               |           | 43          |          | In-use uten                             | sils properly stored           |                                      |             |        |  |
| 31     |  | e from approved source   |               |           | 44          |          | Utensils, ed                            | quipment & linens: properly    | stored, dried, & handled             |             |        |  |
| 32     |  | otained for specialized processing methods   |               |           | 45          |          | Single-use/                             | single-service articles: proj  | perly stored & used                  |             |        |  |
|        | Will District Excellent  | Food Temperature Control   | 100           | 431       | 46          |          | Gloves use                              | d properly                     |                                      |             |        |  |
| 33     | Proper cool  | ling methods used: adequate equipment for temp. control  | T             | П         | 1845        |          |   | Utensils, Equipmen             | at and Vending                       |             |        |  |
| 34     |  | properly cooked for hot holding  |               | $\Box$    | 47          |          | Food and n                              | on-food contact surfaces of    | deanable,                            |             |        |  |
| 35     |  | hawing methods used  | 1             |           | 48          | $\top$   | Properly de                             | signed, constructed, & use     | ed                                   |             |        |  |
| 36     |  | lers provided and accurate   | 1             |           | 49          |          |   | ng: installed, maintained, &   |                                      |             |        |  |
| 30     | Themome  | Food Identification  | 1000          | COB       | 0.1         |          |   | Physical Fa                    |                                      |             |        |  |
| 37     | T Food gropp   | rly labeled: original container  | T             |           | 50          | T        | Hot & cold                              | water available adequate p     | pressure                             |             |        |  |
| 37     | 1 ood prope  | Prevention of Food Contamination   | 100           | 161       | 51          |          | Plumbing in                             | nstalled, proper backflow de   | evices                               |             |        |  |
| 20     | I langets and  | lents, & animals not present   | T             |           | 52          | $\vdash$ |   | waste water properly dispo     |                                      |             | $\top$ |  |
| 38     |  | tion prevented during food preparation, storage & display  | 1             |           | 53          | +        |   | ies properly constructed, s    |                                      |             |        |  |
| 39     |  |  | +-            | $\vdash$  | 54          | +        |   | refuse properly disposed, f    |                                      |             |        |  |
| 40     | Personal cl  |  | +             |           | 55          | h-       |   | cilities installed, maintained |                                      |             |        |  |
| 41     |  | hs: properly used & stored<br>uits & vegetables  |               |           | 56          | 1        |   | rentilation & lighting, design |                                      |             |        |  |
| 72     | 1 1 Washing III  | AND  | 1200          | -         |             | S In     | 21,17 8 2                               | A MARKET LAND                  |                                      | _           |        |  |
| Ту     | pe of Operation:   |  |               |           |             |          |   |                                | License Posted:                      | W           | N      |  |
|        |  | erson-in-Charge:   |               |           |             |          |   |                                | Follow-Up:                           | (Y)         | N      |  |
| DIS    | Cussiuli Willi Pe  | ason-ne-onarge.  |               |           |             |          |   |                                | Follow-Up Date:                      |             |        |  |
|        |  |  |               |           |             |          |   |                                | I GIOW-OP Date.                      |             |        |  |
| Sia    | nature of Person   | n in Charge:   | -             | ) (       |             |          |   |                                | Date:                                |             |        |  |
|        |  |  |               |           |             |          |   |                                | Date: 11~ 15~ ZC                     | 172         |        |  |
| ାଠାପ୍ର | nature of Inspec   | JOI.   |               |           |             |          |   |                                | 11 12 5                              | 16-)        |        |  |



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



| Address: 17 Prem                                 | ba #  | 21499<br>21184 RI | ud.                          |            | e Achieved:     | age _ <b>Z</b> _ or |     |
|--|-------|-------------------|------------------------------|------------|-----------------|---------------------|-----|
|  |       |                   | TEMPERATURE OBSERVATION      |            |                 |                     |     |
| Item / Loca                                      | tion  | Temp.             | Item / Location              | Тепр.      | Item / Location |                     | Tem |
|  |       |                   |                              |            |                 |                     |     |
|  |       |                   |                              |            |                 |                     |     |
| " there  |       | OB                | SERVATIONS AND/OR CORRECTIVE | EACTIONS   |                 | Dated Co            |     |
| V Item Section of Number                         |       |                   | Description of Viol          | ation      |                 | or Co               |     |
| 55 6-501   | Vito  | evan)             | harris 2 12ad c              | inv coile  | a colda         |                     |     |
|  | acci  | on check ic       | below 3. Bay s               | ar.        |                 |                     |     |
|  |       |                   |                              |            |                 |                     |     |
| 1-1-   | -     |                   |                              |            | 3               |                     |     |
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|  |       |                   |                              |            |                 |                     |     |
| gnature of Person in Ch                          |       |                   |                              |            | Date:           |                     |     |
| gnature of Person in Cr<br>gnature of Inspector: | laige | 5                 | 1100                         |            | Date:           | 7003                | Z   |



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



| Est        | ablishment    | YMCA   | Date      | :11-14-7    | ⊉age 1 of <u>2.</u>      | No. of Risk Factor/Intervention Violation   | SØ            |
|------------|---------------|--|-----------|-------------|--------------------------|---|---------------|
|            | dress: 💪      |  | Time      | e in (0:00) | Time outo: 45            | No. of Repeat Risk Factor/Intervention Violation                                      | is Ø          |
| -          | ner/Permit    |  | Risk      | Category    | C-                       | Total Violation   | is O          |
| Em         |               | YOUR OF BIRECE IS SECON  | Pho       |             | 0                        | Inspection Status: Freen Yellow Red   |               |
| -          | pection Typ   | e: Routine Re-inspection Pre-opera   | ational   | lline       | ss Investigation         | Complaint Other   |               |
| 1115       | pection typ   | FOODBORNE ILLNESS RISK 1   |           |             |                          |   |               |
|            |               | Circle designated compliance status (IN, OUT, N/A,   |           |             |                          | in appropriate box for COS and/or R   |               |
|            |               | IN = in compliance OUT= not in compliance NO = no  |           |             | applicable COS =         | corrected on-site R = repeat violation  |               |
| -          | -lianas Sta   |  | - 5541    |             | pliance Status           | lcc   | OS R          |
| Com        | pliance Sta   | Supervision  |           |             | a)                       | Protection from Contamination   | - 4           |
| 1          | NOUT          | Person in charge present, demonstrates knowledge and performs duties   |           | 15          | IN OUT N/A NO            | Food separated and protected  |               |
| 2          | INOUT         | Certified Food Protection Manager  |           | 16          | IN OUT N/A               | Food-contact surfaces cleaned and sanitized   |               |
|            | U 10          | Employee Health  |           | 17          | IN OUT N/A NO            | Proper disposition or returned, previously served, reconditioned & unsafe food        |               |
|            | DWOUT         | Management/food employees & conditional employee;  |           | 0.00        | self-self (a) New Silver | Time / Temperature Control for Safety   |               |
| 3 (        | IN OUT        | knowledge, responsibilities and reporting  | -         | 18          | IN OUT NAMO              | Proper cooking time and temperature   | $\neg \neg$   |
| 4<br>E     | INOUT         | Proper use of restriction and exclusion  Procedures for responding to vomiting and diarrheal events  | -+        | 19          | IN OUT N/A NO            | Proper reheating procedures for hot holding   | -             |
| 3          | 130001        | Good Hygiene Practices   | NS VIEW   | 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  |               |
| 10         | 1             | Preventing Contamination by Hands  |           | 23          | IN OUT N/A NO            | Proper date marking and disposition   |               |
| 8          | (IN)OUT       | NO Hands clean & properly washed   |           | 24          | IN OUT WANO              | Time as a Public Health Control: procedures and records                               |               |
| 9          | NOUT N/A      | NO No bare hand contact with RTE food  |           |             |                          | Consumer Advisory   |               |
| 10         | INOUT         | Adequate handwashing sinks properly supplied & accessible  |           | 25          | IN OUT NA                | Consumer advisory provided for raw/undercooked foods                                  |               |
|            |               | Approved Source  |           |             |                          | Highly Susceptible Populations  |               |
| 11         | POUT          | Food obtained from an approved source  |           | 26          | IN OUT N/A               | Pasteurized foods used; prohibited foods not offered                                  |               |
| 12         | IN OUT N/A    | Food received at proper temperature  |           |             |                          | od / Color Additives and Toxic Substances   | 100           |
| 13         | TNOUT         | Food in good condition, safe & unadulterated   |           | 27          | IN OUT (/A)              | Food additives; approved and properly used  | _             |
| 14         | TN OUT N/Z    |  |           | 28          | IN OUT N/A               | Toxic substances properly identified, stored and used                                 |               |
|            | Risk fac      | ctors are improper practices or procedures identified as the most<br>to contributing factors of foodborne illness or injury. Public Heal<br>tions are control measures to prevent foodborne illness or injur | st<br>Ith |             | >                        | Conformance with Approved Procedures  | T             |
|            | Interven      | tions are control measures to prevent foodborne illness or injur   | ÿ.        | 19          | IN OUT N/A               | Compliance with variance/specialized process/HACCP                                    |               |
|            |               |  |           | AIL PRAC    |                          |   |               |
|            |               | Good retail practices are preventative measures to if numbered item is not in compliance Mark "X" on appr  |           |             |                          | and physical objects into foods.  =corrected on-site during inspection R=repeat viola | tion          |
| Ma         | rk "X" in box | if numbered item is not in compliance Mark "X" on appr   | орпате г  | JOX IOI COS | and/or COS               |   | - 27          |
| Com        | pliance Stat  | rus C  | OS F      | R Com       | pliance Status           | CC  | S R           |
| 4s.*       |               | Safe Food and Water  |           | 10          | T to manage              | Proper Use of Utensils  |               |
| 30         | -             | eurized eggs used where required   |           | 43          |                          | sils properly stored quipment & linens: properly stored, dried, & handled             | -             |
| 31         |               | er & Ice from approved source  | -         | 45          |                          | Single-service articles: properly stored & used                                       | -             |
| 32         | Vana          | nnce obtained for specialized processing methods  Food Temperature Control   | EUDIGE    | 46          | Gloves use               |   |               |
| 33         | Pron          | er cooling methods used: adequate equipment for temp, control  |           |             |                          | Utensils, Equipment and Vending   |               |
| 34         |               | food properly cooked for hot holding   |           | 47          | Food and n               | on-food contact surfaces cleanable,   |               |
| 35         | -             | oved thawing methods used  |           | 48          | Properly de              | signed, constructed, & used   |               |
| 36         |               | mometers provided and accurate   |           | 49          | Warewashi                | ng: installed, maintained, & used: test strips  |               |
|            |               | Food Identification  |           | **          |                          | Physical Facilities   | CALLS!        |
| 37         | Food          | properly labeled: original container   |           | 50          | Hot & cold               | water available adequate pressure   | $\perp$       |
|            |               | Prevention of Food Contamination   |           | 51          |                          | stalled, proper backflow devices  | $\rightarrow$ |
| 38         | Insec         | ets, rodents, & animals not present  |           | 52          |                          | waste water properly disposed   | -             |
| 39         |               | amination prevented during food preparation, storage & display   |           | 53          |                          | ies properly constructed, supplied, & deaned  | _             |
| 40         | 1             | onal cleanliness   |           | 54          |                          | refuse properly disposed, facilities maintained                                       | -             |
| 41         |               | ng cloths: properly used & stored  | -         | 55<br>56    |                          | cilities installed, maintained, & clean entilation & lighting, designated areas used  | +             |
| 42         | Wasi          | ning fruits & vegetables   |           | 1 1 30      | Aoequate v               | W. C.C.   |               |
| Tyı        | pe of Opera   | ation:   |           |             |                          | License Posted: Y   | ) N           |
|            |               | th Person-in-Charge:   |           |             |                          | Follow-Up: Y  | N             |
| <i>ا</i> ل | CUBBIOLI WI   | ar, otton in oneigo.   |           |             |                          | Follow-Up Date:   | $\sim$        |
|            |               | 01121110   |           |             |                          | Tollow-op bate.   |               |
| Sig        | nature of P   | erson in Charge:   |           |             |                          | Date:   |               |
| Sic        | nature of Ir  | nspector:  |           |             |                          | Date: 1-14-707  | 3             |
| 3.5        | ,             |  |           |             |                          | V   |               |



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



| Establishme  | ent: YMCA         | 21 2 2 2 |                               | Compliant    |                   | Page   |                  |
|--------------|-------------------|----------|-------------------------------|--------------|-------------------|--------|------------------|
| Address: 6   | Henry ca          | 4 prive  | TEMPERATURE OBSERVATION       | S Compilario | ce Achieved: (1~( | 1-505  | 5                |
|              | Item / Location   | Temp.    | Item / Location               | Техпр.       | Item / Location   |        | Temp.            |
|              |                   |          |                               |              |                   |        | -                |
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|              |                   | OB.      | SERVATIONS AND/OR CORRECTIVE. | ACTIONS      |                   |        | ATA N            |
| V Item       | Section of Code   |          | Description of Violat         | ion          |                   |        | Corrected<br>COS |
| Number       |                   |          |                               |              |                   | Oi Oi  | 003              |
|              |                   |          |                               |              |                   |        |                  |
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| _            |                   |          |                               |              |                   |        |                  |
|              |                   | No viola | tions observed dutin          | y time of    | inspaction        |        |                  |
|              |                   |          |                               |              |                   |        |                  |
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|              | -                 |          |                               | -1-1-1-1-1   |                   | _      |                  |
|              |                   |          |                               |              |                   | -      |                  |
| -            | -                 |          |                               |              |                   | -      |                  |
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| _            |                   |          |                               |              |                   | -      |                  |
|              |                   |          |                               |              |                   |        |                  |
|              |                   | 0011     |                               |              |                   |        |                  |
|              | Person in Charge: | KARM     |                               |              | Date:             |        |                  |
| Signature of | Inspector:        | and C    |                               |              | Date: U-          | 11-707 | 3_               |



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



| Establ   | lishment: Ua                      | estimack for Pin  | Date (1/18/25 Page 1 of 2_ |           |  | No. of Risk Factor/Intervention Violations   |         |  |  |
|----------|-----------------------------------|---|----------------------------|-----------|--|--|---------|--|--|
| Addre    |                                   | PULL INCOME SCI   | Time it                    | 1:00      | Time out 2:30  | No. of Repeat Risk Factor/Intervention Violations  |         |  |  |
|          | r/Permit Holde                    | PER CALLED  | Risk C                     | ategory:  | ^  | Total Violations   | Ø       |  |  |
| Email:   |                                   | 30 KM 1 80 W C CCC  | Phone                      |           |  | Inspection Status: Green Yellow Red  |         |  |  |
|          | ction Type:                       | Routine Re-inspection Pre-operat  | ional                      | Illnes    | s Investigation                                      | Complaint Other  |         |  |  |
| mspec    | cuon Type.                        | FOODBORNE ILLNESS RISK F.   |                            |           |  |  |         |  |  |
|          |                                   | Circle designated compliance status (IN, OUT, N/A, I  |                            |           |  | in appropriate box for COS and/or R  |         |  |  |
|          |                                   | IN = in compliance OUT= not in compliance NO = not  |                            |           | applicable COS =                                     | corrected on-site R = repeat violation   |         |  |  |
| - "      | 04-4                              |   | OS R                       |           | liance Status  | lcos   | R       |  |  |
| compil   | ance Status                       | Supervision   | 00   K                     | Comp      | mance Otatus   | Protection from Contamination  | -       |  |  |
| A        | IN OUT                            | Person in charge present, demonstrates knowledge and  |                            | 15 7      | IN OUT N/A NO  | Food separated and protected   |         |  |  |
| 1        | N OUT N/A                         | performs duties  Certified Food Protection Manager  | _                          | 16 (      | IN OUT WA  | Food-contact surfaces cleaned and sanitized  |         |  |  |
| 20       | NOOT NA                           | Employee Health   |                            | 17        | IN OUT NA NO   | Proper disposition or returned, previously served,   |         |  |  |
| -        | DESCRIPTION OF THE PARTY          | Management/food employees & conditional employee;   |                            |           |  | reconditioned & unsafe food  |         |  |  |
| _        | OUT                               | knowledge, responsibilities and reporting   |                            | 10        | IN OUT N/ANO   | Time / Temperature Control for Safety  | $\neg$  |  |  |
| - 3      | INOUT                             | Proper use of restriction and exclusion   |                            | 18        | IN OUT N/A NO  | Proper cooking time and temperature  Proper reheating procedures for hot holding               |         |  |  |
| 5 (      | IN OUT                            | Procedures for responding to vomiting and diarrheal events  Good Hygiene Practices  |                            | 20        | IN OUT N/A NO  | Proper cooling time and temperatures   |         |  |  |
| 6 1      | IN OUT (NO)                       | Proper eating, tasting, drinking, or tobacco use  |                            | 21        | IN OUT N/A NO  | Proper hot holding temperatures  |         |  |  |
|          | IN OUT                            | No discharge from eyes, nose, mouth   |                            | 22 /      | N OUT N/A NO   | Proper cold holding temperatures   |         |  |  |
|          | 0                                 | Preventing Contamination by Hands   |                            | 23        | N OUT N/A NO   | Proper date marking and disposition  |         |  |  |
| 8        | NO TUO                            | Hands clean & properly washed   |                            | 24        | IN OUT WARD  | 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   |                            | 25        | Consumer advisory provided for raw/undercooked foods |  |         |  |  |
|          |                                   | Approved Source   |                            | -         | I III OUT A  | Highly Susceptible Populations   |         |  |  |
| _        | INDUT                             | Food obtained from an approved source   |                            | 26        | IN OUT (IA)  | Pasteurized foods used; prohibited foods not offered od / Color Additives and Toxic Substances | -       |  |  |
| -        | IN OUT N/AND                      | Food received at proper temperature   | _                          | 27        | IN OUT WA  | Food additives: approved and properly used   |         |  |  |
| -        | IN OUT NA NO                      | Food in good condition, safe & unadulterated  Req. records available: shell stock tags, parasite destruction  | _                          | 28        | IN OUT N/A   | Toxic substances properly identified, stored and used  | +       |  |  |
| 14   1   |                                   |   |                            |           |  | conformance with Approved Procedures   |         |  |  |
|          | Prevalent cont                    | re improper practices or procedures identified as the most<br>ributing factors of foodborne illness or injury. Public Health<br>are control measures to prevent foodborne illness or injury | )                          | 19        | IN OUT N/A   | Compliance with variance/specialized process/HACCP   |         |  |  |
|          |                                   |   |                            | L PRACT   | ICES   | BINE BUTCHES AND STREET  | -       |  |  |
| _        |                                   | Good retail practices are preventative measures to c  |                            |           | A.1 4 1 1  | and physical objects into foods.   |         |  |  |
| Mark "   | "X" in box if num                 | bered item is not in compliance Mark "X" on appro   | priate box                 | for COS a | and/or COS   | =corrected on-site during inspection R=repeat violation  | on      |  |  |
| Complia  | ance Status                       | ico   | S R                        | Comp      | liance Status  | cos  | R       |  |  |
| <u> </u> |                                   | Safe Food and Water   |                            |           |  | Proper Use of Utensils   |         |  |  |
| 30       | Pasteurized                       | eggs used where required  |                            | 43        |  | sils properly stored   | $\perp$ |  |  |
| 31       | Water & Ice                       | from approved source  |                            | 44        |  | uipment & linens: properly stored, dried, & handled  |         |  |  |
| 32       | Variance ob                       | stained for specialized processing methods  | 1                          | 45        |  | single-service articles: properly stored & used  | +       |  |  |
| - T      | 15                                | Food Temperature Control  |                            | 46        | Gloves used  | Utensils, Equipment and Vending  | 7       |  |  |
| 33       |                                   | ing methods used: adequate equipment for temp. control properly cooked for hot holding  | _                          | 47        | Food and no  | on-food contact surfaces cleanable,  | T       |  |  |
| 35       |                                   | naving methods used   |                            | 48        |  | signed, constructed, & used  |         |  |  |
| 36       |                                   | ers provided and accurate   |                            | 49        | Warewashir   | ng: installed, maintained, & used: test strips   |         |  |  |
|          |                                   | Food Identification   |                            | W1        |  | Physical Facilities  |         |  |  |
| 37       | Food proper                       | dy labeled: original container  |                            | 50        |  | water available adequate pressure  | 4       |  |  |
|          |                                   | Prevention of Food Contamination  | U5 12 II                   | 51        |  | stalled, proper backflow devices   | 4       |  |  |
| 38       |                                   | ents, & animals not present   |                            | 52        |  | vaste water properly disposed  | +       |  |  |
| 39       |                                   | ion prevented during food preparation, storage & display  |                            | 53        |  | es properly constructed, supplied, & cleaned refuse properly disposed, facilities maintained   | +       |  |  |
| 40       | Personal cle                      | eanliness as: property used & stored  | $\dashv$                   | 54<br>55  |  | citities installed, maintained, & dean   | +       |  |  |
| 41       |                                   | its & vegetables  |                            | 56        |  | entilation & lighting, designated areas used   | $\top$  |  |  |
|          | dhise diffe                       | · 6   | ''- ''- ''                 | 120       | 3. 4   |  | Care.   |  |  |
| Туре     | of Operation:                     |   |                            |           |  | License Posted:  | N       |  |  |
| Discu    | Discussion with Person-in-Charge: |   |                            |           |  | Follow-Up: Y (   | N)      |  |  |
|          | 5. 1.31                           |   |                            |           |  | Follow-Up Date:  | ===     |  |  |
| Siene:   | turn of Dores                     | n in Charge:  |                            |           |  | Date:  |         |  |  |
|          | ture of Persor                    |   |                            |           |  |  |         |  |  |
| Signa    | ature of Inspec                   | ctor:   |                            |           |  | Date: 13-2023  |         |  |  |



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



| Es   | tablishmer   | it: Merrimac     | k ten Div                             | Date                    | 11/13/2023        | Page _2 of _Z           |                           |
|------|--------------|------------------|---------------------------------------|-------------------------|-------------------|-------------------------|---------------------------|
| Ad   | dress: 69    | 8 Pur D          | ic ten piv                            |                         | Comp              | pliance Achieved: [[/[3 | 12023                     |
| E'n  |              |                  | d.                                    | TEMPERATURE OBS         | ERVATIONS         |                         |                           |
|      |              | Item / Location  | Тетр.                                 | Item / Location         | Temp.             | Item / Locatio          | n Temp.                   |
|      |              |                  |                                       |                         |                   |                         |                           |
|      |              |                  |                                       |                         |                   |                         |                           |
|      |              |                  |                                       |                         |                   |                         |                           |
|      |              |                  |                                       |                         |                   |                         |                           |
|      |              |                  | 3 11 =                                |                         |                   |                         |                           |
|      |              |                  | # # # # # # # # # # # # # # # # # # # | OBSERVATIONS AND/OR COR | RECTIVE ACTIONS   |                         |                           |
| ٧    | Item         | Section of Code  |                                       | Descrip                 | tion of Violation |                         | Dated Corrected<br>or COS |
|      | Number       |                  |                                       |                         |                   |                         | 01003                     |
|      |              |                  |                                       |                         |                   |                         |                           |
|      |              |                  |                                       |                         |                   |                         |                           |
|      |              |                  |                                       |                         |                   |                         |                           |
|      |              |                  |                                       |                         |                   |                         |                           |
|      |              |                  |                                       |                         |                   |                         |                           |
| _    | -            |                  |                                       |                         | _                 |                         |                           |
|      |              |                  |                                       |                         |                   |                         |                           |
|      |              |                  | No viola                              | trons observed          | during time       | of inspected            | 7.                        |
|      |              |                  |                                       |                         | - 1               |                         |                           |
|      |              |                  |                                       |                         |                   |                         |                           |
|      |              |                  |                                       |                         |                   |                         |                           |
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|      |              |                  |                                       |                         |                   |                         |                           |
| Sigr | nature of P  | erson in Charge: | Tiers                                 | aples                   |                   | Date:                   | 11-13-23                  |
| _    | nature of Ir | -                | 1 - 5                                 | 11                      |                   | Date: \\                | 13/2023                   |
| - 3  |              |                  | /                                     |                         |                   |                         |                           |



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



| Estab   | lishment: Ң       | aywards Tre Cleam  | Date:        | 3/23                           | Page 1 of 2      | No. of Risk Factor/Interventi  | on Violations      |  |  |
|---------|-------------------|--|--------------|--------------------------------|------------------|--|--------------------|--|--|
| Addre   | ess: 360          | aywards Ice Cleam  | Time int     | 00                             | Time outv2:00    | No. of Repeat Risk Factor/Interventi   | on Violations      |  |  |
|         | er/Permit Holde   |  | Risk Cate    | gory:                          |                  | То   | otal Violations    |  |  |
| Email   | :                 |  | Phone:       |                                |                  | Inspection Status: Green Yellor  | w Red              |  |  |
|         |                   | (Routine) Re-inspection Pre-operat   | ional        | Illne                          | ss Investigation | Complaint Other  |                    |  |  |
| inspe   | ction Type:       | FOODBORNE ILLNESS RISK F.  |              |                                |                  |  |                    |  |  |
|         |                   |  |              |                                |                  | in appropriate box for COS and/or R  |                    |  |  |
|         |                   | Circle designated compliance status (IN, OUT, N/A, N   |              |                                |                  |  |                    |  |  |
|         |                   | IN = in compliance OUT= not in compliance NO = not   | opserved N/A | L = no                         | applicable COS = | - corrected on-site K - repeat violation   |                    |  |  |
| Compli  | iance Status      | CC   | OS R         | Com                            | pliance Status   |  | COS R              |  |  |
|         |                   | Duper, man   |              |                                | 161              | Protection from Contamination  |                    |  |  |
| 1       | I) OUT            | Person in charge present, demonstrates knowledge and performs duties   |              | 15                             | IN OUT N/A NO    | Food separated and protected   |                    |  |  |
| 2       | N OUT N/A         | Certified Food Protection Manager  |              | 16                             | IN OUT N/A       | Food-contact surfaces cleaned and sanitized  |                    |  |  |
| -       | )                 | Employee Health  |              | 17                             | IN OUT (NA) 10   | Proper disposition or returned, previously serve<br>reconditioned & unsafe food  | d,                 |  |  |
| 3       | Nout              | Management/food employees & conditional employee;  |              | JOHE !                         | A TO SERVE       | Time / Temperature Control for Safety  | NET PER MINI       |  |  |
| -       | /                 | knowledge, responsibilities and reporting  |              | 18                             | IN OUT N/A NO    | Proper cooking time and temperature  |                    |  |  |
| -       | NOUT              | Proper use of restriction and exclusion  |              | 19                             | IN OUT N/A NO    | Proper reheating procedures for hot holding  |                    |  |  |
| 5       | INDUT             | Procedures for responding to vomiting and diarrheal events  Good Hygiene Practices   |              | 20                             | IN OUT NAME      | 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  |                    |  |  |
| _       | IN OUT            | No discharge from eyes, nose, mouth  |              | 22                             | N OUT N/A NO     | Proper cold holding temperatures   |                    |  |  |
| -       | IN OBT            | Preventing Contamination by Hands  |              | 23                             | ON AVA TUGOR     | Proper date marking and disposition  |                    |  |  |
| в       | IN OUT (NO)       | Hands clean & properly washed  |              | 24                             | IN OUT N/A NO    | Time as a Public Health Control: procedures an   | nd records         |  |  |
|         | IN OUT N/A NO     | No bare hand contact with RTE food   |              |                                |                  | Consumer Advisory  |                    |  |  |
|         | IN DUT            | Adequate handwashing sinks properly supplied & accessible  |              | 25                             | (IN OUT N/A      | Consumer advisory provided for raw/undercook   | ked foods          |  |  |
|         |                   | Approved Source  | 50777        | Highly Susceptible Populations |                  |  |                    |  |  |
| 11      | INOUT             | Food obtained from an approved source  |              | 26                             | IN OUT N/A       | Pasteurized foods used; prohibited foods not of  | ifered             |  |  |
| -       | IN OUT N/NO       | Food received at proper temperature  |              | 1                              | Fo               | od / Color Additives and Toxic Substance   | :8                 |  |  |
|         | INOUT.            | Food in good condition, safe & unadulterated   |              | 27                             | N/A TUO          | Food additives: approved and properly used   |                    |  |  |
| 14      | THOUT NA NO       | Req. records available: shell stock tags, parasite destruction   |              | 28                             | TR OUT N/A       | Toxic substances properly identified, stored and   | l used             |  |  |
|         | Risk factors a    | re improper practices or procedures identified as the most   |              |                                |                  | Conformance with Approved Procedures   | AUSE NULVA NES     |  |  |
|         | Prevalent cont    | re improper practices or procedures identified as the most<br>tributing factors of foodbome illness or injury. Public Health<br>are control measures to prevent foodborne illness or injury. |              | 19                             | IN OUT NA        | Compliance with variance/specialized process/h   | HACCP              |  |  |
|         |                   |  | D RETAIL P   | RAC                            | rices            | FOR THE STREET   |                    |  |  |
|         |                   | Good retail practices are preventative measures to c   |              |                                |                  | , and physical objects into foods.   |                    |  |  |
| Mark '  | "X" in box if num | bered item is not in compliance Mark "X" on appro  |              |                                |                  |  | R=repeat violation |  |  |
| AND THE |                   | loc  | C D          |                                | pliance Status   |  | COS R              |  |  |
| Compli  | ance Status       | Safe Food and Water  | SR           | Com                            | phance Status    | Proper Use of Utensils   | COO K              |  |  |
| 30      | Pasteurized       | eggs used where required   |              | 43                             | In-use uten      | sils properly stored   |                    |  |  |
| 31      |                   | from approved source   |              | 44                             |                  | quipment & linens: properly stored, dried, & handle  | d                  |  |  |
| 32      |                   | otained for specialized processing methods   |              | 45                             | Single-use       | /single-service articles: properly stored & used   |                    |  |  |
| gra.    |                   | Food Temperature Control   |              | 46                             | Gloves use       | d properly   |                    |  |  |
| 33      | Proper cooli      | ing methods used: adequate equipment for temp. control   |              | 5.01                           |                  | Utensils, Equipment and Vending  | ni i na cosvecini  |  |  |
| 34      | Plant food p      | properly cooked for hot holding  |              | 47                             | Food and n       | non-food contact surfaces cleanable,   |                    |  |  |
| 35      | Approved th       | nawing methods used  |              | 48                             | Properly de      | esigned, constructed, & used   |                    |  |  |
| 36      | Thermomete        | ers provided and accurate  |              | 49                             | Warewashi        | ng: installed, maintained, & used: test strips   |                    |  |  |
|         |                   | Food Identification  | 10 m         |                                |                  | Physical Facilities  |                    |  |  |
| 37      | Food proper       | rly labeled: original container  |              | 50                             |                  | water available adequate pressure  |                    |  |  |
|         | 4 36 11 11        | Prevention of Food Contamination   |              | 51                             |                  | nstalled, proper backflow devices  |                    |  |  |
| 38      |                   | ents, & animals not present  |              | 52                             |                  | waste water properly disposed  |                    |  |  |
| 39      |                   | ion prevented during food preparation, storage & display   |              | 53                             |                  | ties properly constructed, supplied, & cleaned   |                    |  |  |
| 40      | Personal cle      |  |              | 54                             |                  | refuse properly disposed, facilities maintained  |                    |  |  |
| 41      |                   | ns: properly used & stored   |              | 55<br>56                       |                  | cilities installed, maintained, & clean<br>rentilation & lighting, designated areas used   |                    |  |  |
| 42      | Washing fru       | its & vegetables   |              | 36                             | Adequate V       | A Section of the sect |                    |  |  |
| Type    | of Operation:     |  |              |                                |                  | License Posted:  | N (Y)              |  |  |
|         |                   | rean in Charge:  |              |                                |                  | Follow-Up:   | YN                 |  |  |
| DISCU   | ission with Pe    | rson-in-Charge:  |              |                                |                  |  |                    |  |  |
|         |                   | C ~  |              |                                |                  | Follow-Up Date:  |                    |  |  |
| Signa   | ture of Persor    | n in Charge:   |              |                                |                  | Date: W-8  | 3-2023             |  |  |
|         |                   |  |              | -                              |                  | Date: LL - 8   |                    |  |  |
| Signa   | ature of Inspec   | ctor:  |              |                                |                  | Date. FU   | 1- (06)            |  |  |



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



| Establishme      | nt: Hay ward      | SICR C    | ecin  | Date: [1 | 8-2023            | Page _Z_ | of <u></u>    |
|------------------|-------------------|-----------|---|----------|-------------------|----------|---------------|
| Address: 3       | nt: Haywards      | tightoory |   | Complian | ce Achieved: 11 - | 8-202    | 2             |
|                  |                   | X. * 6    | TEMPERATURE OBSERVATIONS  |          |                   |          |               |
|                  | Item / Location   | Тетр.     | Item / Location   | Тетр.    | Item / Location   | on       | Temp.         |
|                  |                   |           |   | +        |                   |          | -             |
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|                  |                   |           |   | +        |                   |          | +             |
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|                  |                   |           | CONTRACTOR AND ION COMMONWEET ACT   | NONC.    |                   |          | COLUMN TO SEC |
| ltom             | 039.460 1         | OB        | SERVATIONS AND/OR CORRECTIVE ACI  | TONS     | T. V              | er va.   | Corrected     |
| V Item<br>Number | Section of Code   |           | Description of Violation  |          |                   |          | COS           |
|                  |                   |           |   |          |                   |          |               |
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|                  |                   | NO        | violations obscus   | d 400    | id inconct.       | 226      |               |
|                  |                   | t to      | 0.0.  | CI COTT  | y waspern         |          |               |
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|                  |                   |           | CI  | 31112    |                   |          |               |
| signature of F   | Person in Charge: | Dame      | 0   |          | Date:             | 8-2023   | 23            |
| Signature of I   |                   | 1         | 1   |          | Date:             | 8-7073   | . /           |



**HEALTH DIVISION** 

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



| Esta  | ablishment: 1  | obster Boot   | D            | ate 1/6         | 123           | Page 1   | of _2_                  | No. of Ris  | k Factor/Interv     | vention Via    | lations     | Ø       |
|-------|--|---|--------------|-----------------|---------------|----------|-------------------------|---|---------------------|----------------|-------------|---------|
|       |  | Du Highway  |              | - 6             | -             |          |                         | No. of Repeat Ris                                     | k Factor/Inten      | vention Vio    | lations     | 0       |
|       | ner/Permit Hold  |   | R            | isk Cate        | egory:        | c.       |                         |   |                     | Total Vio      | lations     | 4       |
| Ema   |  | CPFE CONFORMATO   | _            | hone:           |               | _        |                         | Inspection Status:                                    | Green Y             | ellow          | Red         |         |
| _     |  | Routine Re-inspection Pre-ope   |              |                 | Illnes        | ss Inves | stigation               | Complaint   | Other               |                |             |         |
| Insp  | ection Type:   | Routine Re-inspection Pre-ope FOODBORNE ILLNESS RISK  |              |                 |               |          |                         | <u>.</u>  |                     |                | Tel-li      | H7E     |
| - 11  |  | Circle designated compliance status (IN, OUT, N/  |              |                 |               | DIG II.  |                         | in appropriate box for                                | COS and/or R        |                |             |         |
|       |  | IN = in compliance OUT= not in compliance NO = I  |              |                 |               | applicat |                         |   |                     |                |             |         |
| 198   |  | IN - III compilance con - Hotel Compilance We   |              | Spill Committee |               |          | THE PARTY               |   |                     |                | cos         | TR      |
| Com   | pliance Status   | Supervision   | cos          | R               | Com           | pliance  | Status                  | Protection from (                                     | ontamination        |                | 1003        |         |
| 11/01 | T) aut   | Person in charge present, demonstrates knowledge and  | T            |                 | 15            | Mou      | T N/A NO                | Food separated and pr                                 |                     |                |             | T       |
| 1 (   | II) OUT  | performs duties   | -            |                 | 16            | INOU     |                         | Food-contact surfaces                                 |                     | zed            | -           | +       |
| 2     | IN OUT N/A   | Certified Food Protection Manager   |              |                 | -             |          | T N/A NO                | Proper disposition or re                              |                     |                | _           | +       |
|       | The Hyperies   | Employee Health   |              |                 | 17            | IN OU    | <u></u>                 | reconditioned & unsafe                                | Talk of the call    |                |             | CT DET  |
| 3     | IN OUT   | Management/food employees & conditional employee;<br>knowledge, responsibilities and reporting  |              |                 |               | de sulfi | 1                       | Time / Temperature                                    |                     | ety            |             |         |
| 4     | TUQ(NI)  | Proper use of restriction and exclusion   |              |                 | 18            | - /      | T N/A NO                | Proper cooking time an                                |                     |                | _           | +-      |
| 5     | INOUT  | Procedures for responding to vomiting and diarrheal events  Good Hygiene Practices  | _            | $\Box$          | 19            |          | I N/A NO                | Proper reheating proce                                |                     | ng             | +-          | +       |
|       |  | T   |              | 20              | 1- 1          | T N/A NO | Proper both holding tem |   |                     |                | +           |         |
| 6 (   | IN OUT NO  | Proper eating, tasting, drinking, or tobacco use  | -            |                 | 22            | 121      | T N/A NO                | Proper cold holding ten                               |                     |                | _           | $\top$  |
| 7     | TNOUT NO   | No discharge from eyes, nose, mouth  Preventing Contamination by Hands  |              |                 | 23            |          | T N/A NO                | Proper date marking ar                                |                     |                |             |         |
| 8     | NO TUO NO  | Hands clean & properly washed   |              | П               | 24            | IN OU    | TNIANO                  | Time as a Public Health                               | Control: procedu    | res and record | is          |         |
| 9     | IN OUT N/A NO  | No bare hand contact with RTE food  |              |                 |               | 1        |                         | Consumer A  | dvisory             |                |             |         |
| 10    | INOUT  | Adequate handwashing sinks properly supplied & accessible   |              |                 | 25            | IN OU    | T N/A                   | Consumer advisory pro                                 | vided for raw/unde  | ercooked foods | 3           |         |
| 12    |  | Approved Source   |              |                 | Highly Suscep |          |                         |   |                     |                | 1,0         | _       |
| 11/   | Ту оит   | Food obtained from an approved source   | -            |                 | 26            | IN OU    |                         | Pasteurized foods used                                |                     |                |             |         |
| 12    | IN OUT N/ANO   | Food received at proper temperature   | _            |                 | ) W6          |          | -                       | od / Color Additives a                                |                     |                | -           | -       |
| 13    | IN OUT   | Food in good condition, safe & unadulterated  | -            | $\vdash$        | 27            | IN OU    | T N/A                   | Food additives: approve Toxic substances prope        |                     |                | +           | +       |
| 14    | IN OUT (N/A)NO   | Req. records available: shell stock tags, parasite destruction  | <u> </u>     |                 | 28            | 1300     | 1 112                   | Conformance with Ap                                   | The second of       | TOTAL STREET   |             | 1630    |
|       | Risk factors a<br>Prevalent con:                       | are improper practices or procedures identified as the m<br>tributing factors of foodborne illness or injury. Public He<br>are control measures to prevent foodborne illness or inj | ost<br>ealth |                 |               | 13.      |                         |   |                     |                |             | T       |
|       | Interventions  |   |              |                 | 19            | (N) ON   |                         | Compliance with varian                                | ce/specialized proi | DESS/HACCP     |             |         |
|       |  |   |              | ETAIL           |               |          |                         |   | fo ada              |                | 31.31       |         |
| Mar   | k "V" in how if num                                    | Good retail practices are preventative measures nbered item is not in compliance Mark "X" on ap   |              |                 |               |          |                         | , and physical objects into<br>s=corrected on-site du |                     | R=repea        | at violatio | n       |
| (V(a) | K X III DOX II HUII                                    | ibered item is not in compliance main X on op   | 13-54        |                 |               | \$100 CH | 7 185-170               |   |                     | 1.0            | 1000        |         |
| Com   | pliance Status   | C ( D ) W/  | cos          | R               | Com           | pliance  | Status                  | Proper Use o  | f Utensils          | L-E-M-E        | cos         | R       |
| 30    | - Bacteurized  | Safe Food and Water deggs used where required   | 1            |                 | 43            | T        | In-use uten             | sils properly stored                                  | Cttabile            |                |             |         |
| 31    |  | e from approved source  |              |                 | 44            | _        |                         | quipment & linens; properly                           | stored, dried, & h  | andled         |             |         |
| 32    |  | otained for specialized processing methods  |              |                 | 45            |          | Single-use/             | /single-service articles: pro                         | perly stored & use  | d              |             |         |
| -311  |  | Food Temperature Control  | WAR.         |                 | 46            |          | Gloves use              | d property  |                     |                |             |         |
| 33    | Proper cool  | ling methods used: adequate equipment for temp. control   |              |                 | BABE          |          |                         | Utensils, Equipmen                                    |                     | (K \$- 11      | - 0         |         |
| 34    | Plant food p   | properly cooked for hot holding   |              |                 | 47            | -        |                         | non-food contact surfaces                             |                     |                | _           | +       |
| 35    |  | nawing methods used   |              | -               | 48            | +        |                         | esigned, constructed, & us                            |                     |                | _           | +       |
| 36    |  | ers provided and accurate   | L.           |                 | 49            |          | vvarewashii             | ing: installed, maintained, Physical F                |                     |                | 2000        | E CO    |
| 27    | Enad prope   | Food Identification   | Г            |                 | 50            | T        | Hot & cold v            | water available adequate                              |                     |                | Ť           |         |
| 37    | Food prope   | Prevention of Food Contamination  | News.        | ALLES!          | 51            |          |                         | nstalled, proper backflow d                           |                     |                |             |         |
| 38    | Insects, rod   | lents, & animals not present  |              |                 | 52            |          |                         | waste water properly dispo                            |                     |                |             |         |
| 39    |  | ion prevented during food preparation, storage & display  |              |                 | 53            |          | Toilet facilit          | ties properly constructed, s                          | upplied, & cleaned  | i              |             |         |
| 40    | Personal cl  |   |              |                 | 54            |          |                         | refuse properly disposed,                             |                     | ed             |             |         |
| 41    | Wiping clott   | ns: properly used & stored  |              | ٤               | 55            | X.       |                         | cilities installed, maintaine                         |                     |                | -           | $\perp$ |
| 42    | Washing fru  | uits & vegetables   | 30.          |                 | 56            |          | Adequate v              | ventilation & lighting, design                        | nated areas used    |                | 11112210    | 1-1     |
| Tve   | e of Operation:  |   | 100          |                 |               |          |                         |   | License Pos         | ted:           | (Y)         | N       |
|       |  | _   |              |                 |               |          |                         | Follow-Up:  |                     | (Y)            | N           |         |
| Dis   | cussion with Pe  |   |              |                 |               |          |                         | ·   | ato:                |                | .           |         |
|       |  |   |              |                 |               |          |                         | Follow-Up D   | ait.                |                |             |         |
| Sig   | Signature of Person in Charge: Signature of Inspector: |   |              |                 |               |          |                         |   | Date:               |                |             |         |
| _     | nature of Inspec                                       |   |              |                 |               |          |                         | Date: \1  | -6-2                | 027            | 7           |         |
| uıy   | ratare or mober  |   |              |                 |               |          |                         |   | V.1                 | -              |             | •       |



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



| Est  | ablishmen    | t Lowster                             | Rocant  | •     |                           |              | Date: | 11-6-2023       | Page _2           | of <u>Z</u>      |
|------|--------------|---------------------------------------|---------|-------|---------------------------|--------------|-------|-----------------|-------------------|------------------|
|      |              | 53 DW 1                               |         |       | ·                         |              | Compl | iance Achieved: |                   |                  |
| 7    |              | 30 100                                |         |       | TEMPERATURE OBSERV        | VATIONS      |       |                 | Pull Control      |                  |
|      |              | Item / Location                       |         | Temp. | Item / Location           |              | Temp. | Item / Location |                   | Temp.            |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   | -                |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   | <u> </u>         |
| 100  |              | * * * * * * * * * * * * * * * * * * * |         |       | OBSERVATIONS AND/OR CORRE | CTIVE ACTION | is    |                 |                   |                  |
| ٧    | Item         | Section of Code                       |         |       | Description               | of Violation |       |                 | 1 1 1 1 1 1 1 1 1 | Corrected<br>COS |
| _    | Number       |                                       |         | +     |                           |              |       |                 |                   |                  |
|      |              |                                       | kitchen | 4     |                           |              |       |                 |                   | _                |
| C    | SS           | 6-501.12-                             | FLOOR   | be    | 1000 soda line            | noolcup.     | 1 50  | oiled with      |                   |                  |
|      |              |                                       | accon   | wat   | ion of debris             | - clean      | ,*    |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
| -    |              |                                       |         |       |                           |              |       |                 |                   |                  |
| -    |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              | ,                                     |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
|      |              |                                       |         |       |                           |              |       |                 |                   |                  |
| Sign | ature of P   | erson in Charge:                      | E       | 3     | MI                        |              |       | Date:           | 111               |                  |
| _    | nature of Ir |                                       | ne S    | /     | 2                         |              |       | Date: U         | -6-10             | 13               |



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



| Esta                           | ablishment:   | 164 systems of America   | I                         | Date[[/    | 3/23     | Page 1 of _Z   | No. of Risk Factor/Intervent   | tion Violations    | 25       |
|--------------------------------|---|--|---------------------------|------------|----------|--|--|--------------------|----------|
|                                |   |  |                           | Time in    |          | Time out 2:00  | No. of Repeat Risk Factor/Intervention Violations  |                    |          |
| Own                            | per/Permit Holde                                    | Kousman, Inc.  |                           | Risk Cat   |          | ^  | To   | otal Violations    | 0        |
|                                |   | Kousman, Inc.  |                           | Phone:     | 3.,      | ~  | Inspection Status: Green Yello   | ow Red             |          |
| Ema                            |   | De inspection — Dro or   |                           |            | Illnos   | ss Investigation   | Complaint Other  |                    | =        |
| Insp                           | ection Type:  | Routine Re-inspection Pre-op FOODBORNE ILLNESS RIS   | peration                  |            |          |  |  |                    |          |
|                                |   | Circle designated compliance status (IN, OUT, I  |                           |            |          |  | in appropriate box for COS and/or R  |                    |          |
|                                |   | IN = in compliance OUT= not in compliance NO =   |                           |            |          |  |  |                    |          |
| 100                            |   | IN = in compliance OUT - not in compliance NO -  | - HOLODS                  | served IN  | A - HOL  | аррисавие осо  | Corrected on one it repeat violation   | 3275               |          |
| Comp                           | oliance Status                                      |  | cos                       | R          | Com      | pliance Status   | Bush at a form Contamination   | cos                | R        |
| -                              | 7   | Supervision Person in charge present, demonstrates knowledge and   | 1 20                      | 0, 11      |          |  | Protection from Contamination  |                    |          |
| 1 (                            | TUOVIT  | performs duties  |                           |            | 15       | IN DUT N/A NO  | Food separated and protected   |                    |          |
| 2 (                            | AN TUC NI   | Certified Food Protection Manager  |                           | $\perp$    | 16       | IN DUT N/A   | Food-contact surfaces cleaned and sanitized  Proper disposition or returned, previously serve  | ed                 |          |
| F "                            |   | Employee Health  | 2510                      |            | 17       | IN OUT (N/A) VO  | reconditioned & unsafe food  | 50,                |          |
| 3 (                            | MOUT  | Management/food employees & conditional employee;<br>knowledge, responsibilities and reporting   |                           |            |          |  | Time / Temperature Control for Safety  |                    | 1        |
| 4                              | TNOUT   | Proper use of restriction and exclusion  |                           |            | 18       | IN OUT N/A NO  | Proper cooking time and temperature  |                    |          |
| 5                              | INOUT   | Procedures for responding to vorniting and diarrheal events  |                           |            | 19       | IN OUT N/A (O)   | Proper reheating procedures for hot holding  |                    |          |
|                                | 3   | 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       | OUT N/A NO   | Proper hot holding temperatures  |                    |          |
| 7                              | IN OUT (NO)   | No discharge from eyes, nose, mouth  |                           |            | 22       | OUT N/A NO   | Proper cold holding temperatures   |                    |          |
|                                |   | Preventing Contamination by Hands  |                           |            | 23       | ON AVA TUO   | Proper date marking and disposition  |                    |          |
| 8 (                            | IN OUT NO   | Hands clean & properly washed  |                           |            | 24       | IN OU (NA)NO   | Time as a Public Health Control: procedures a  | nd records         |          |
| 9                              | IN OUT N/A NO                                       | No bare hand contact with RTE food   |                           |            | 72       |  | Consumer Advisory  |                    |          |
| 10 (                           | Пуоит   | Adequate handwashing sinks properly supplied & accessible  | e                         |            | 25 (     | N/A TUOOT N/A  | ked foods  |                    |          |
|                                |   | Approved Source  | -                         |            |          |  | Highly Susceptible Populations   | fored              |          |
| 11 (                           | NOUT  | Food obtained from an approved source  |                           | -          | 26       | IN OUT(N/A)  | Pasteurized foods used; prohibited foods not o   |                    |          |
| 12                             | IN OUT N/A(NO)                                      | Food received at proper temperature  | -                         | +          | 27       | IN OUT (VA)  | od / Color Additives and Toxic Substance Food additives: approved and properly used  |                    |          |
| 13                             | IN OUT  | Food in good condition, safe & unadulterated   | -                         | +          | 28       | IN OUT N/A   | Toxic substances properly identified, stored an  | d used             | $\vdash$ |
| 14                             | IN OUT (N/A)NO                                      | Req. records available: shell stock tags, parasite destruction   |                           | $\vdash$   | 20       |  | onformance with Approved Procedures  |                    | 7        |
|                                | Risk factors a<br>Prevalent cont<br>Interventions a | re improper practices or procedures identified as the<br>ributing factors of foodborne illness or injury. Public h<br>are control measures to prevent foodborne illness or i | most<br>Health<br>injury. |            | 19       | IN OUT WA  | Compliance with variance/specialized process/  |                    |          |
|                                |   |  | GOOD I                    | RETAIL     | PRACI    | TICES  |  |                    |          |
|                                |   | Good retail practices are preventative measure   |                           |            |          |  |  |                    |          |
| Mari                           | k "X" in box if num                                 | bered item is not in compliance Mark "X" on a  | appropria                 | ate box fo | or COS a | and/or COS   | =corrected on-site during inspection   | R=repeat violation |          |
| Comp                           | oliance Status                                      |  | cos                       | R          | Comp     | liance Status  |  | cos                | R        |
|                                |   | Safe Food and Water  | E - 1 8                   |            |          |  | Proper Use of Utensils   |                    |          |
| 30                             | Pasteurized   | eggs used where required   |                           |            | 43       |  | sils properly stored   |                    |          |
| 31                             | Water & Ice   | from approved source   |                           |            | 44       |  | uipment & linens: properly stored, dried, & handle   | ed                 |          |
| 32                             | Variance ob   | tained for specialized processing methods  |                           |            | 45       |  | single-service articles: properly stored & used  |                    | $\vdash$ |
|                                |   | Food Temperature Control   |                           |            | 46       | Gloves used  | the state of the s |                    |          |
| 33                             |   | ng methods used: adequate equipment for temp. control  | -                         | 1-1        | 1692     | T ====================================   | Utensils, Equipment and Vending on food contact surfaces cleanable,  |                    |          |
| 34                             |   | roperly cooked for hot holding   |                           |            | 47       |  | signed, constructed, & used  |                    | $\vdash$ |
| 35                             |   | lawing methods used  | +                         | +          | 49       |  | ng: installed, maintained, & used: test strips   |                    | $\neg$   |
| 36                             |   | ers provided and accurate  Food Identification   | NO ELE                    | SOUR       | 1059     | Training and the state of the s | Physical Facilities  |                    |          |
| 37                             |   | ry labeled: original container   |                           |            | 50       | Hot & cold v   | water available adequate pressure  |                    |          |
| 3/                             | r dod proper  | Prevention of Food Contamination   | and an                    | 1 160      | 51       |  | stalled, proper backflow devices   |                    |          |
| 38                             | Inserts rod   | ents, & animals not present  |                           |            | 52       | Sewage & v   | waste water properly disposed  |                    |          |
| 39                             |   | on prevented during food preparation, storage & display  |                           |            | 53       | Toilet faciliti  | ies properly constructed, supplied, & cleaned  |                    |          |
| 40                             | Personal cle  |  |                           |            | 54       | Garbage &  | refuse properly disposed, facilities maintained  |                    |          |
| 41                             |   | s: property used & stored  |                           |            | 55       | Physical fac   | cilities installed, maintained, & clean  |                    |          |
| 42                             |   | its & vegetables   |                           |            | 56       | Adequate vi  | entilation & lighting, designated areas used   |                    |          |
|                                | Kending Kabupaten                                   |  |                           | - 5 Ju     |          |  | Linana Bostadi   | (D)                | N        |
| Тур                            | e of Operation:                                     |  |                           |            |          |  | License Posted:  | $ \vee$            | N        |
| Disc                           | Discussion with Person-in-Charge:                   |  |                           |            |          |  | Follow-Up:   | Υ (1               | (4)      |
|                                |   |  |                           |            |          |  | Follow-Up Date:  |                    |          |
| Signature of Person in Charge: |   |  |                           |            |          | Date:  |  |                    |          |
| n / VI di V                    |   |  |                           |            |          |  |  | $\dashv$           |          |
| Sign                           | nature of Inspec                                    | tor: ATA CAN   |                           |            |          |  | Date: 11-3   | 17075              | - 1      |



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



| Address: 220 PW HIGHWAY  TEMPERATURE OBSERVATIONS |              |  |          |       |                   |                         | Date      | 11-3-2023                               | Page Zo | f_Z       |
|---|--------------|--|----------|-------|-------------------|-------------------------|-----------|---|---------|-----------|
| Ad  | dress: 2     | 20 P(8)                                      | HIGNI    | 1 00C |                   |                         | Com       | :: 11-3-2023<br>pliance Achieved: 11-3- | 2023    |           |
| 12  |              |  | 111-1-10 | 0     | TEMPERATUR        | E OBSERVATIONS          |           |   |         |           |
|   |              | Item / Location                              |          | Тетр. | Item / Loc        | ation                   | Temp.     | Item / Location                         |         | Temp.     |
|   |              |  |          |       |                   |                         |           |   |         |           |
|   |              |  |          |       |                   |                         |           |   |         |           |
|   |              |  |          |       |                   |                         |           |   |         |           |
|   |              |  |          |       |                   |                         |           |   |         |           |
|   |              |  |          |       |                   |                         |           |   |         |           |
|   |              |  |          | 0     | BSERVATIONS AND/O | R CORRECTIVE ACTI       | ONS       |   |         | Value III |
| v   | Item         | Section of Code                              |          |       |                   | escription of Violation |           |   |         | Corrected |
|   | Number       |  |          |       |                   |                         |           |   | or      | cos       |
| _   |              |  |          |       |                   |                         |           |   |         |           |
|   |              |  |          |       |                   |                         |           |   |         |           |
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| _   |              |  |          |       |                   |                         |           |   |         |           |
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|   |              |  | 7.44     |       | عدد لا دالم       | accada dia              |           | neneminu                                |         |           |
|   |              |  | - Wa     | COU   | artions aps       | elved dot               | ing       | inspection.                             |         |           |
|   |              |  |          |       |                   |                         |           |   | _       |           |
|   |              | <u>(                                    </u> |          |       |                   |                         |           |   |         |           |
|   |              |  |          |       |                   |                         |           |   |         |           |
|   |              |  |          |       |                   |                         |           |   |         |           |
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|   |              |  |          |       |                   |                         |           |   |         |           |
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|   |              |  |          |       |                   |                         |           |   |         |           |
|   |              |  | _        |       | ,                 |                         |           |   |         |           |
|   |              |  |          | 11    | 1                 |                         |           |   |         |           |
|   |              |  | ///      | /1/   | /                 |                         |           |   |         |           |
| Sigr  | nature of P  | erson in Charge:                             | CHI      | W     | لب                |                         |           | Date:                                   |         |           |
| Sign  | nature of Ir | spector:                                     | UV       | 7     |                   |                         | Date: [[- | 3-1022                                  |         |           |



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



| Esta | ablishment: 37                                   | te Me KUDCayoz   | Date         | 11/1/23      | No. of Risk Factor/Intervention Violations |              |  |               |  |  |
|------|--|--|--------------|--------------|--|--------------|--|---------------|--|--|
| Ado  | iress: 4 Mo                                      | te Me Kupcakez   | Time         | intz:00      | Time o                                     | ut Z45       | No. of Repeat Risk Factor/Intervention Violations  | Ø             |  |  |
| Ow   | ner/Permit Holde                                 | er. Bitche Kopoatez. LCC   | Risk         | Category:    | -  |              | Total Violations   | 0             |  |  |
| Em   |  | pice we hopotered, at  | Phor         |              |  |              | Inspection Status: Green Yellow Red  | ~             |  |  |
| -    |  | D. Saraskina December  |              |              | oo layo                                    | stigation    | Complaint Other  | -             |  |  |
| Insp | pection Type:                                    | Re-inspection Pre-ope  |              |              |  |              |  | ŞILI          |  |  |
| 3    |  | FOODBORNE ILLNESS RISK   |              |              | BLIC H                                     |              | in appropriate box for COS and/or R  |               |  |  |
|      |  | Circle designated compliance status (IN, OUT, N/A  |              |              | Post                                       |              |  |               |  |  |
|      |  | IN = in compliance OUT= not in compliance NO = n   | ot observe   | ed N/A = not | арриса                                     | DIE COS =    | Corrected or-site R - repeat violation   | 101           |  |  |
| Com  | pliance Status                                   |  | COS   F      | Com          | pliance                                    | Status       | cos  | R             |  |  |
| į,   | A  | Supervision  |              |              | R  |              | Protection from Contamination  | 1             |  |  |
| 1    | (IN)OUT  | Person in charge present, demonstrates knowledge and performs duties   |              | 15           | ( IN)DU                                    | T N/A NO     | Food separated and protected   |               |  |  |
| 2    | INOUT N/A  | Certified Food Protection Manager  |              | 16           | Mou  | T N/A        | Food-contact surfaces cleaned and sanitized  |               |  |  |
| 48   | 0  | Employee Health  |              | 17           | IN OU                                      | TANO         | Proper disposition or returned, previously served, reconditioned & unsafe food               |               |  |  |
| _    | INOUT  | Management/food employees & conditional employee;  |              | THE RESERVE  | disely.                                    |              | Time / Temperature Control for Safety  |               |  |  |
| 3    | \  | knowledge, responsibilities and reporting  |              | 18           | INOL                                       | T N/A NO     | Proper cooking time and temperature  | 7             |  |  |
| 4    | INJOUT   | Proper use of restriction and exclusion  |              | 19           |  | T N/A/NO     | Proper reheating procedures for hot holding  | +             |  |  |
| 5    | TROUT  | Procedures for responding to vomiting and diarrheal events  Good Hygiene Practices   |              | 20           |  | IT N/A NO    | Proper cooling time and temperatures   | $\top$        |  |  |
| _    | IN OUT NO  | Proper eating, tasting, drinking, or tobacco use   |              | 21           | _  | T N/ANO      | Proper hot holding temperatures  | $\Box$        |  |  |
| 7    | IN OUT NO  | No discharge from eyes, nose, mouth  |              | 22           | _  | IT N/A NO    | Proper cold holding temperatures   |               |  |  |
| 100  | INCOT (NO  | Preventing Contamination by Hands  |              | 23           | 1  | IT N/A NO    | Proper date marking and disposition  |               |  |  |
| 8    | EN OUT NO  | Hands clean & properly washed  |              | 24           | IN OL                                      | T NA NO      | Time as a Public Health Control; procedures and records                                      |               |  |  |
| 9    | TOUT N/A NO                                      | No bare hand contact with RTE food   |              | (HI)         |  | BOX SUPE     | Consumer Advisory  |               |  |  |
| 10   | OUT  | Adequate handwashing sinks properly supplied & accessible  |              | 25           |  |              |  |               |  |  |
| E    | 0  | Approved Source  |              |              | Highly Susceptible Populations             |              |  |               |  |  |
| 11   | INOUT  | Food obtained from an approved source  |              | 26           | AN OL                                      | IT N/A       | Pasteurized foods used; prohibited foods not offered   |               |  |  |
| 12   | IN OUT N/A NO                                    | Food received at proper temperature  |              |              | 0  | Foo          | od / Color Additives and Toxic Substances  |               |  |  |
| 13   | INOUT  | Food in good condition, safe & unadulterated   |              | 27           | (II) OL                                    | IT N/A       | Food additives; approved and properly used   |               |  |  |
| 14   | THOU NAMO  | Req. records available: shell stock tags, parasite destruction   |              | 28           | IN)OL                                      | T N/A        | Toxic substances property identified, stored and used  |               |  |  |
|      | Risk factors a                                   | re improper practices or procedures identified as the ma   | ost          | : 03         | ~  | C            | onformance with Approved Procedures  | - 1           |  |  |
|      | Prevalent cont<br>Interventions                  | are improper practices or procedures identified as the matributing factors of foodbome illness or injury. Public Heare control measures to prevent foodborne illness or inju | aith<br>ury, | 19           | IN OU                                      | T(N/A)       | Compliance with variance/specialized process/HACCP   |               |  |  |
|      |  |  |              | AIL PRAC     | TICES                                      | 7.74         |  |               |  |  |
|      |  | Good retail practices are preventative measures  | * *          |              |  | , chemicals, | and physical objects into foods.   |               |  |  |
| Mai  | rk "X" in box if num                             | nbered item is not in compliance Mark "X" on app   |              |              |  |              | =corrected on-site during inspection R=repeat violation                                      | ٦             |  |  |
|      |  |  | COS R        | Com          | pliance                                    | Status       | cos  | R             |  |  |
| om   | pliance Status                                   | Safe Food and Water  | COS   K      | 00111        | phanec                                     | Cuitas       | Proper Use of Utensils   |               |  |  |
| 30   | P - P  | l eggs used where required   |              | 43           |  | In-use uten: | sils properly stored   |               |  |  |
| 31   | <del>                                     </del> | from approved source   |              | 44           |  | Utensils, eq | uipment & linens: properly stored, dried, & handled  |               |  |  |
| 32   |  | otained for specialized processing methods   |              | 45           |  | Single-use/s | single-service articles: properly stored & used  |               |  |  |
|      |  | Food Temperature Control   |              | 46           |  | Gloves used  | d properly   |               |  |  |
| 33   | Proper cool                                      | ing methods used: adequate equipment for temp, control   |              | (tell        |  |              | Utensils, Equipment and Vending  | 425           |  |  |
| 34   | Plant food p                                     | properly cooked for hot holding  |              | 47           |  | Food and n   | on-food contact surfaces cleanable,  | $\perp$       |  |  |
| 35   | Approved th                                      | nawing methods used  |              | 48           |  |              | signed, constructed, & used  | $\vdash$      |  |  |
| 36   | Thermomet  | ers provided and accurate  |              | 49           |  |              | ng: installed, maintained, & used: test strips   | $\perp$       |  |  |
|      | A STATE  | Food Identification  |              | 21 2         | 7 7  |              | Physical Facilities  |               |  |  |
| 37   | Food proper                                      | rly labeled: original container  | L            | 50           | -  |              | water available adequate pressure  | $\vdash$      |  |  |
|      |  | Prevention of Food Contamination   | 1 2          | 51           | +  |              | stalled, proper backflow devices   | $\vdash$      |  |  |
| 38   |  | ents, & animals not present  |              | 52           |  |              | vaste water properly disposed  | $\vdash$      |  |  |
| 39   | -  | ion prevented during food preparation, storage & display   |              | 53           | +-+  |              | es properly constructed, supplied, & cleaned refuse properly disposed, facilities maintained | $\vdash$      |  |  |
| 40   | Personal cla                                     |  |              | 55           | +  |              | cilities installed, maintained, & clean  | $\Box$        |  |  |
| 41   |  | ns: properly used & stored   |              | 56           | ++   |              | entilation & lighting, designated areas used   |               |  |  |
| 42   | I wvasning mu                                    | iits & vegetables  | 6513         | 100          |  | NIVER S      | The printer and department of the part   |               |  |  |
| Тур  | e of Operation:                                  |  |              |              |  |              | License Posted:  | N             |  |  |
| _    | cussion with Pe                                  |  |              |              |  |              | Follow-Up: Y   | N             |  |  |
| د.   | Mart   |  |              |              |  |              | Follow-Up Date:  | $\overline{}$ |  |  |
|      |  |  |              |              |  |              |  |               |  |  |
| Sig  | nature of Persor                                 | n in Charge:   |              |              |  |              | Date: // · / · 2023  |               |  |  |
| Sin  | nature of Inspec                                 | etor: 0 - 5  |              |              |  |              | Date: 11.1.2073  |               |  |  |



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



| Es   | tablishmer   | " Bite one k     | UPCOKE Z    | Date: 11.1.2023 Page _Z_ or _Z   |           |                     |          |             |
|------|--------------|------------------|-------------|--|-----------|---------------------|----------|-------------|
| Ad   | dress: 🛕     | Mound a          | outt        |  | Complianc | e Achieved: \(-     | 1-2023   |             |
| 4.7  | TE OR        |                  |             | TEMPERATURE OBSERVATIONS   | 379 : 379 | SAN DERENGER BEFORE |          | T.          |
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|      | ( N ) ( N )  |                  | OI          | SERVATIONS AND/OR CORRECTIVE A   | CTIONS    | SERVE HER VID.      |          | 5027 E A /  |
|      | Item         |                  | y Miller UI |  |           |                     |          | d Corrected |
| ٧    | Number       | Section of Code  |             | Description of Violation   | on        |                     | 1        | or COS      |
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|      |              | A                | W X         | 111  |           |                     |          |             |
| Sigr | nature of P  | erson in Charge: | KELL        | 1001   |           | Date: 2             | 11.1123  | 5           |
| Sigi | nature of Ir | spector:         | 1 1         |  |           | Date:               | 1 -1-707 | . >         |



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



| Esta                                | ablishment: Sa   | us Pizza   |                | Date Page 1 of Z No. of Risk Factor/Intervention Violations  |                  |  |         |  |  |
|-------------------------------------|--|--|----------------|--|------------------|--|---------|--|--|
| Add                                 | ress: Sot p  | w Highway  | Time in        | me in Time out: 2: oo No. of Repeat Risk Factor/Intervention Violations                                    |                  |  |         |  |  |
| Owr                                 | ner/Permit Holde   | CONTRACTOR (ICC  | Risk Cate      | gory:  | _                | Total Violations   |         |  |  |
| Ema                                 |  | TYS (7125 CAC  | Phone:         | -  | <u></u>          | Inspection Status: Green Yellow Red  |         |  |  |
| _                                   |  | Di ultu Buran  |                | Illoo  | Investigation    |  |         |  |  |
| Insp                                | ection Type:   | Routine Re-inspection Pre-operation FOODBORNE ILLNESS RISK F   |                |  | ss Investigation |  |         |  |  |
|                                     |  |  |                |  |                  | (" in appropriate box for COS and/or R   |         |  |  |
| _                                   |  | Circle designated compliance status (IN, OUT, N/A,   |                |  |                  |  |         |  |  |
|                                     |  | IN = in compliance OUT= not in compliance NO = not   | observed N/A   | ų = noι  | applicable COS   | = corrected on-site K = repeat violation                                       |         |  |  |
| Com                                 | pliance Status   |  | OS R           | Compliance Status COS  |                  |  |         |  |  |
|                                     |  | Supervision  |                | 100  |                  | Protection from Contamination  | 7       |  |  |
| 1/                                  | IN OUT   | Person in charge present, demonstrates knowledge and performs duties   |                | 15   | IN OUT N/A NO    | Food separated and protected   |         |  |  |
| 2                                   | IN OUT N/A   | Certified Food Protection Manager  |                | 16   | IN OUT N/A       | Food-contact surfaces cleaned and sanitized                                    |         |  |  |
|                                     |  | Employee Health  |                | 17   | IN OUT N/A NO    | Proper disposition or returned, previously served, reconditioned & unsafe food |         |  |  |
| 3 /                                 | NOUT   | Management/food employees & conditional employee;  |                | Time / Temperature Control for Safety  |                  |  |         |  |  |
| -                                   |  | knowledge, responsibilities and reporting  |                | 18   | IN OUT NA NO     | Proper cooking time and temperature  |         |  |  |
| 4 (                                 | WOUT   | Proper use of restriction and exclusion  Procedures for responding to vomiting and diarrheal events  |                | 19   | IN OUT NAME      | /  |         |  |  |
| 5                                   | INOUT  | Good Hygiene Practices   |                | 20   | IN OUT N/ANO     |  |         |  |  |
| 6                                   | IN OUT AG  | Proper eating, tasting, drinking, or tobacco use   |                | 21   | IN OUT N/A NO    | (  |         |  |  |
| 7                                   | IN OUT   | No discharge from eyes, nose, mouth  |                | 22   | N OUT N/A NO     | Proper cold holding temperatures   |         |  |  |
|                                     | 0  | Preventing Contamination by Hands  |                | 23   | TOUT N/A NO      | Proper date marking and disposition  |         |  |  |
| 8                                   | NOUT NO  | Hands clean & properly washed  |                | 24   | TO OUT N/A NO    | Time as a Public Health Control: procedures and records                        |         |  |  |
| 9                                   | N OUT N/A NO   | No bare hand contact with RTE food   |                |  | 100 A SELECT S   | Consumer Advisory  | Sit.    |  |  |
| 10                                  | NOUT   | Adequate handwashing sinks properly supplied & accessible  |                | 25   | NOUT N/A         | Consumer advisory provided for raw/undercooked foods                           |         |  |  |
|                                     |  | Approved Source  |                | inar   | 0                | Highly Susceptible Populations   |         |  |  |
| 11 /                                | FW OUT   | Food obtained from an approved source  |                | 26   | IN OUT NA        | Pasteurized foods used; prohibited foods not offered                           |         |  |  |
| 12                                  | TN OUT N/A(NO)   | Food received at proper temperature  |                |  | F                | ood / Color Additives and Toxic Substances                                     |         |  |  |
| 13                                  | MOUT   | Food in good condition, safe & unadulterated   |                | 27   | IN OUT NA        | Food additives: approved and properly used                                     | $\perp$ |  |  |
| 14                                  | IN OUT NO NO   | Req. records available: shell stock tags, parasite destruction   |                | 28   |                  |  |         |  |  |
|                                     | Risk factors a   | re improper practices or procedures identified as the mos  |                |  |                  | Conformance with Approved Procedures   | -       |  |  |
|                                     | Prevalent cont<br>Interventions a                                  | re improper practices or procedures identified as the mos<br>ributing factors of foodborne illness or injury. Public Healti<br>are control measures to prevent foodborne illness or injury | .              | 19 IN OUT V/A Compliance with variance/specialized process/HACCP   |                  |  |         |  |  |
| -                                   | is out a en each   |  | D RETAIL I     | RAC  | TICES            |  |         |  |  |
| -                                   |  | Good retail practices are preventative measures to   |                |  |                  | s, and physical objects into foods.  |         |  |  |
| Mari                                | k "X" in box if num  | bered item is not in compliance Mark "X" on appro  | priate box for | cos  | and/or CO        | S =corrected on-site during inspection R=repeat violation                      | n       |  |  |
| Come                                | liance Status  | IC C   | OS R           | Compliance Status   COS   R  |                  |  |         |  |  |
| COMIL                               | mance Status   | Safe Food and Water  |                |  |                  | Proper Use of Utensils   |         |  |  |
| 30                                  | Pasteurized  | eggs used where required   |                | 43   | In-use ute       | tensils properly stored  |         |  |  |
| 31                                  | Water & Ice  | from approved source   |                | 44   | Utensils,        | equipment & linens: properly stored, dried, & handled                          |         |  |  |
| 32                                  | Variance ob  | tained for specialized processing methods  |                | 45   | Single-us        | se/single-service articles: properly stored & used                             |         |  |  |
|                                     |  | Food Temperature Control   |                | 46   | Gloves us        | ves used properly  |         |  |  |
| 33                                  | Proper cooli   | ing methods used: adequate equipment for temp. control   |                | 100  |                  | Utensils, Equipment and Vending  |         |  |  |
| 34                                  |  |  |                | 47   |                  | non-food contact surfaces cleanable,   | $\perp$ |  |  |
| 35                                  | Approved thawing methods used                                      |  |                | 48   |                  | designed, constructed, & used  | +       |  |  |
| 36                                  |  |  |                | 49   | 1                | hing: installed, maintained, & used: test strips                               |         |  |  |
|                                     |  | Food Identification  | e l            |  |                  | Physical Facilities  | AUT THE |  |  |
| 37                                  | Food proper  | dy labeled: original container   |                | 50   |                  | d water available adequate pressure  | +       |  |  |
|                                     |  | Prevention of Food Contamination   | 15.00          | 51<br>52   |                  | installed, proper backflow devices   | +       |  |  |
| 38                                  |  | Insects, rodents, & animals not present  |                |  |                  | vaste water properly disposed  |         |  |  |
| 39                                  | Contamination prevented during food preparation, storage & display |  |                | 53   |                  | es properly constructed, supplied, & cleaned                                   |         |  |  |
| 40                                  | Personal cleanliness   |  |                | 54   |                  | refuse properly disposed, facilities maintained                                |         |  |  |
| Thing deate, properly deed o series |  |  | 55<br>56       | Physical facilities installed, maintained, & clean  Adequate ventilation & lighting, designated areas used |                  |  |         |  |  |
| 42                                  | Washing fru  | its & vegetables   |                | 1/4 .  | Adequate         | Consider a lighting, doorginated alload dood                                   | <u></u> |  |  |
| Typ                                 | e of Operation:  |  |                |  |                  | License Posted:  | N       |  |  |
| _                                   |  | rson-ja-Charge:  |                | Follow-Up: Y (   | N)               |  |         |  |  |
| DISC                                | Jussigi with Per   | July 1   |                |  |                  |  |         |  |  |
| 4                                   | auvir  | TMILL  |                |  | Follow-Up Date:  |  |         |  |  |
| Sign                                | nature of Persor   | n in Charge:   |                |  |                  | Date:  |         |  |  |
|                                     | nature of Inspec   | 0 0  |                |  |                  | Date: 11-1-2023  |         |  |  |
| oigi                                | iature of inspec   | 101.   |                |  |                  | 20.11.1.50   |         |  |  |



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



| Es   | tablishmer   | Sals Pizzo       | 2         | Date: <b>[.1-</b> ]        | Date: 11-1-2023 Page |                 |         |              |  |  |  |  |
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| Ad   | dress: 50    | sals pizz        | way       | Complianc                  |                      |                 |         |              |  |  |  |  |
| 118  |              |                  |           | TEMPERATURE OBSERVATI      |                      |                 |         |              |  |  |  |  |
|      |              | Item / Location  | Temp.     | Item / Location            | Тетр.                | Item / Location |         | Temp.        |  |  |  |  |
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|      |              |                  | OBSI      | ERVATIONS AND/OR CORRECTIV | E ACTIONS            |                 |         | TOTAL STREET |  |  |  |  |
|      | Item         | Hom              |           |                            |                      |                 |         |              |  |  |  |  |
| ٧    | Number       | Section of Code  |           | or COS                     |                      |                 |         |              |  |  |  |  |
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|      |              |                  | No Viola  | tions observed di          | I've time o          | f inspection    |         |              |  |  |  |  |
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| Sicr | nature of P  | erson in Charge: | New Ame   | lun                        |                      | Date:           |         |              |  |  |  |  |
| _    |              |                  | Como Come | Lun                        |                      |                 | L- 1047 |              |  |  |  |  |
| oigi | nature of Ir | spector:         | 1/1       |                            |                      | Date: IL-       | 1-WZS   |              |  |  |  |  |