

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



Esta	blishr	ment: Ro	rger King	Di	ate: 12.	473	Page 1	of _2	No. of Risl	k Factor/Inte	ervention Vio	lations	Ø
	ress:	7. COV	. 1 . 1 . 2 . 2 . 1	Ti	me in	6()	Time ou	47°00	No. of Repeat Risl	k Factor/Inte	ervention Vio	lations	0
_		ermit Holde	, ,	_	isk Cate			42			Total Vio	lations	8
Ema				+	hone:				Inspection Status:	Green	Yellow	Red	
-	_	Type: (	Routine Re-inspection Pre-operat	tions	al	Ilines	s Invest	tigation	Complaint	Othe	er .		
шър	ectioi	гтуре.	FOODBORNE ILLNESS RISK F										1
			Circle designated compliance status (IN, OUT, N/A, I						in appropriate box for	COS and/or F	₹		
			IN = in compliance OUT= not in compliance NO = not	obse	erved N/A	= not	applicabl	le COS =	corrected on-site R =	repeat violation	on		
		- 64-4		os	R		pliance S					cos	R
Comp	manc	e Status	Supervision	03		COIII	pilatice c	Jtatus	Protection from C	ontaminatio	п		III'IA
1	no	UT	Person in charge present, demonstrates knowledge and			15	(IN) DUT	N/A NO	Food separated and pro	otected			
2	2	UT N/A	performs duties  Certified Food Protection Manager			16	NOUT	N/A	Food-contact surfaces	cleaned and sar	nitized		
-		OTTWA	Employee Health			17	1	OVANO	Proper disposition or re-	turned, previous			$\top$
	_		Management/food employees & conditional employee;	= 15	$\Box$		1	$\cup$	reconditioned & unsafe		afatr	1011	1016
3	Dio		knowledge, responsibilities and reporting		$\vdash$	40	I IN CUIT	~	Time / Temperature		aitiy		
4	1	UT	Proper use of restriction and exclusion		-	18	_	TN/A(NO)	Proper cooking time an Proper reheating proce		oldina	+-	+
5	Mo	UT	Procedures for responding to vomiting and diarrheal events  Good Hygiene Practices			20	_	T N/A (O)	Proper cooling time and		, ding	_	$\perp$
6	INO	UT TO	Proper eating, tasting, drinking, or tobacco use			21	-	Γ N/A NO	Proper hot holding tem				$\top$
7	INO	lesk.	No discharge from eyes, nose, mouth			22	100	Γ N/A NO	Proper cold holding terr				
			Preventing Contamination by Hands			23	TUPORT	Γ N/A NO	Proper date marking an	d disposition			
8	MOI	UT NO	Hands clean & properly washed			24	IN OUT	(VA)NO	Time as a Public Health	Control: proce	dures and record	is	
9	Philos	UT N/A NO	No bare hand contact with RTE food				_		Consumer A	dvisory	di La pio		
10	NO	UT	Adequate handwashing sinks properly supplied & accessible			25	TUO(NI	N/A	Consumer advisory pro			3	
	~		Approved Source						Highly Susceptibl			_	-
11	(I) OI	UT 🔨	Food obtained from an approved source		$\square$	26	TUC(NI)		Pasteurized foods used				+
12	-	UT N/A(NO)	Food received at proper temperature			-	1		od / Color Additives a				-
13	(1)(0)	(A)	Food in good condition, safe & unadulterated	_	-	27	INCUI		Food additives: approve Toxic substances prope			_	+
14	W/01		Req. records available: shell stock tags, parasite destruction	_	-	28	TUOOUT				A CONTRACTOR OF THE PARTY OF TH		
	Ri Pre	sk factors a evalent cont	re improper practices or procedures identified as the mos ributing factors of foodborne illness or injury. Public Healt are control measures to prevent foodborne illness or injury	t h		-		$\rightarrow$	onformance with Ap				T
	Int	erventions a	are control measures to prevent foodborne illness or injury	/.		19	IN OUT	(N/A)	Compliance with variance	ce/specialized p	orocess/HACCP		
					ETAIL I						7		inis
			Good retail practices are preventative measures to bered item is not in compliance Mark "X" on appro						and physical objects into =corrected on-site du		n R=repea	t violatio	on
Mar	K "X" II	n box it num	bered item is not in compliance Mark "X" on appro	эрпан	e box ioi	003	and/or	003	-corrected orr-site du	ing inspection	ii it iopoo	- 01	
Com	pliance	e Status		os	R	Com	pliance S	Status	n. salita XI	C Tiannella		cos	R
			Safe Food and Water	_		43	1 1.	n ues uten	Proper Use o	Utensus		T	T
30			eggs used where required			44			uipment & linens: properly	stored, dried,	& handled		_
31			from approved source tained for specialized processing methods	_		45			single-service articles: pro				
32		Vajiance or	Food Temperature Control			46		Gloves use					
33		Proper cool	ing methods used: adequate equipment for temp. control				-		Utensils, Equipme	nt and Vendi	ng	المال ال	The sale
34			roperly cooked for hot holding			47 ·	F	Food and n	on-food contact surfaces	deanable,		1.00	
35		Approved th	nawing methods used			48			signed, constructed, & use				$\perp$
36		Thermomet	ers provided and accurate			49	\	Warewashir	ng: installed, maintained,		ps		
			Food Identification						Physical Fa			III SANGE	7
37		Food prope	rly labeled: original container	_		50			water available adequate (			-	-
			Prevention of Food Contamination	_		51	_		stalled, proper backflow d			_	+-
38			ents, & animals not present	_		52	-		waste water properly dispo ies properly constructed, s		ned	+-	-
39	-		ion prevented during food preparation, storage & display		-	53 54	-		refuse properly disposed,				$\vdash$
40	-	Personal cle		_	-	55			cilities installed, maintaine		aniou		+
41			ns: properly used & stored			56			entilation & lighting, desig		ed		$\top$
42		Tradining III	ind a regulation			1						7	SH
Тур	e of 0	Operation:								License P	osted:	W	N
Dis	cussi	on with Pe	rson-in-Charge:							Follow-Up	:	Υ	(1)
			Ü							Follow-Up	Date:		
										D-4-	0 1 1 4	2	
Sig	nature	e of Person	n in Charge:							Date:	7-27-2	5	
Sig	natur	e of Inspec	etor: S.A. S-//							Date: 9	29-2	623	



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



Est	tablishmen	to Burger K	ha			Date: q	· 23 - 2013 e Achieved: 7 - 25	Page _2	of _2
Ad	dress: 1	cook no	ta Blud			Complianc	e Achieved: 7 - 2	1-2023	
		CONTINEA	tal marci	TEMPE	RATURE OBSERVAT	IONS		Mary ITALDE	
		Item / Location	Temp.		Item / Location	Temp.	· Item / Location	1	Temp.
_				OPOSTORY A CONTONIO	LANS OF CORPECTE	ATE A CONTONIC			
				OBSERVATION	AND/OR CORRECTI	VE AUTUNS		Dates	Corrected
V	Item Number	Section of Code			Description of V	iolation			COS
	Number								
			AL IVE	lation( 7	remod do	live time of	menortion	b	
			NO WIC	tactron o	DENOG GO	the Harre	113/00		
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-	-								
			N.						
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Sig	nature of F	Person in Charge:	mil				Date: 9	-27-20	127
Sic	gnature of	nspector:	1.58/	1			Date: q	-27-20	3



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



Esta	ablishment:	Cichinand		Date 12	6/13	Page	1 of	No. of Risk Factor/Intervention Violations	Ø
	lress: 🗖 🧸	ontinental Bud			9 -		out:(2:50	No. of Repeat Risk Factor/Intervention Violations	Ø
_		older: Green Belly LC		Risk Cat				Total Violations	1
Em		Green being we		Phone:		No.		Inspection Status: Green Yellow Red	
_	pection Type	Re-inspection Pre-or	peratio	nal	Iline	ss Inve	estigation	Complaint Other	
HIS	ection type	FOODBORNE ILLNESS RIS						NTERVENTIONS	الالاق
		Circle designated compliance status (IN, OUT, I						in appropriate box for COS and/or R	
		IN = in compliance OUT= not in compliance NO =	not ob	served N/	A = not	applica	able COS =	corrected on-site R = repeat violation	
, E			cos				e Status	ico:	SR
Com	pliance Statu	Supervision	1003		Com	pitatio	Cotatus	Protection from Contamination	
1	INOUT	Person in charge present, demonstrates knowledge and			15	(IN)o	UT N/A NO	Food separated and protected	
2	MOUT N/A	performs duties  Certified Food Protection Manager	+	$\pm$	16	MO	UT N/A	Food-contact surfaces cleaned and sanitized	
200	O	Employee Health			17	INO	UT NANO	Proper disposition or returned, previously served, reconditioned & unsafe food	
	A	Management/food employees & conditional employee;				11.165		Time / Temperature Control for Safety	
3	INOUT	knowledge, responsibilities and reporting	-	+	18	INO	UT N/A NO	Proper cooking time and temperature	-
4	OUT	Proper use of restriction and exclusion  Procedures for responding to vomiting and diarrheal events	-	-	19	_	UT N/A NO	Proper reheating procedures for hot holding	
5	TOOUT	Good Hygiene Practices	1,5		20	-	UT N/A NO	Proper cooling time and temperatures	
6	IN OUT	Proper eating, tasting, drinking, or tobacco use	T		21	INO	UT N/A NO	Proper hot holding temperatures	
7	1	No discharge from eyes, nose, mouth			22	100	UT N/A NO	Proper cold holding temperatures	
		Preventing Contamination by Hands			23	(M)	UT N/A NO	Proper date marking and disposition	
8	I) OUT N	O Hands clean & properly washed			24	IN O	ит @мо	Time as a Public Health Control: procedures and records	
9	NOUT N/A	O No bare hand contact with RTE food						Consumer Advisory	
10	OUT	Adequate handwashing sinks properly supplied & accessible			25	(IN)O	UT N/A	Consumer advisory provided for raw/undercooked foods	
		Approved Source	_	1	26	LINIO	UT (ÎA)	Highly Susceptible Populations  Pasteurized foods used; prohibited foods not offered	$\top$
11	IN OUT	Food obtained from an approved source  Food received at proper temperature	+	-	20	11110		od / Color Additives and Toxic Substances	
12	IN OUT N/A	_	+	27	MINO	UT N/A	Food additives: approved and properly used	$\top$	
14	IN OUT WAY	Food in good condition, safe & unadulterated  O Reg. records available: shell stock tags, parasite destruction		+	28	(INO	UT N/A	Toxic substances properly identified, stored and used	
			most				C	conformance with Approved Procedures	
	Prevalent Intervention	rs are improper practices or procedures identified as the contributing factors of foodborne illness or injury. Public has are control measures to prevent foodborne illness or i	lealth njury.		19	INO	UT(N/A)	Compliance with variance/specialized process/HACCP	
	internantes?			RETAIL	PRAC.	TICES			ne i
		Good retail practices are preventative measure	es to con	trol the add	ition of p	athogen			
Ma	rk "X" in box if	numbered item is not in compliance Mark "X" on a	ppropri	iate box fo	r COS	and/or	cos	=corrected on-site during inspection R=repeat violati	ion
Com	pliance Status		cos	R	Com	pliance	Status	cos	S R
		Safe Food and Water		The state of	"			Proper Use of Utensils	Oliver by
30	Pasteu	rized eggs used where required	-		43			sils properly stored	
31		Lice from approved source	+		44	-		uipment & linens: properly stored, dried, & handled single-service articles: properly stored & used	
32	Variand	e obtained for specialized processing methods  Food Temperature Control	of the last	A-10 E1	46	-	Gloves user		
33	Proper	cooling methods used: adequate equipment for temp. control	1200 (0.00)		40	36.511		Utensils, Equipment and Vending	
34		od properly cooked for hot holding			47	T	Food and n	on-food contact surfaces cleanable,	
35		ed thawing methods used			48		Properly de	signed, constructed, & used	
36	Thermo	meters provided and accurate			49		Warewashii	ng: installed, maintained, & used: test strips	
77		Food Identification		STRUE!	HAR	-		Physical Facilities	
37	Food p	operly labeled: original container			50	-		water available adequate pressure installed, proper backflow devices	-1-1
		Prevention of Food Contamination		9	51	1		waste water properly disposed	+
38		rodents, & animals not present ination prevented during food preparation, storage & display	+	+	53			ies properly constructed, supplied, & cleaned	
40		al cleanliness	+	+	54			refuse properly disposed, facilities maintained	
41		cloths: properly used & stored			55	V.	Physical fac	cilities installed, maintained, & clean	
42		g fruits & vegetables			56		Adequate v	entilation & lighting, designated areas used	
100	( 0 )		Section !	(,,				License Posted:	N
-	e of Operati	The same of the sa	_		_	-		Follow-Up: (Y)	N
Dis	cussion with	Person-in-Charge: Sax Pary						Follow-Up Date:	14
Sin	nature of Pe	rson in Charge:						Date:	
_		0 4						Date: 9-26-762	2
S19	nature of Ins	pecioi.						1.60.40F	_



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



Est	ablishmer	11 80 6 wa	y				Date: q	-26-2023	Page	of _Z_
Ad	dress: 7	continent	tal Blue	4			Complian	ce Achieved:		
					TEMPERATURE OBSER	VATIONS				U. L.
_		Item / Location		Тетр.	Item / Location		Temp.	Item / Location		Temp.
							_			
_										
	T 19			OF	SERVATIONS AND/OR CORRI	ECTIVE ACTIO	NS		Detail	Corrected
٧	Item Number	Section of Code			Description	of Violation			1	COS
		1	Kitcher	7						
,		2 2			3.0		->-	A 2-4 3A	_	
	55	6-501 2-	- orain	belo	w 3-Bay sink	Soiled	WITH	CICCOMO DITIO		
			of de	pric.	clean.					
-										
_										
_										
		7								
-					110-11-1-1-1-1					
			L							
Sig	nature of F	erson in Charge:	Tent	2 15	7			Date:		
Sig	nature of I	nspector: 9	1.	10				Date: q_	76-202	7



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



		TOOD BOTT		TOTAL T					
Establi	ishment Tolk	no Leary Adult comm. Cent	er	Date.9/	25/23	Page 1 of <b>_2</b>	No. of Risk Factor/Intervention Vio	lations	0
Addres				Time in:	:30	Time out 2:00	No. of Repeat Risk Factor/Intervention Vio	lations	0
	/Permit Hold	orch street St. Joseph com- selvice		Risk Cat	egory:	1	Total Vio	lations	B
		St. Joseph com- service	۷_	Phone:	-5-7.	6	Inspection Status: Green Yellow	Red	~
Email:					111				_
Inspec	tion Type:	Routine Re-inspection Pre-ope				s Investigation		a si bili tata	
110	Series	FOODBORNE ILLNESS RISI					X" in appropriate box for COS and/or R		
		Circle designated compliance status (IN, OUT, N						-	
		IN = in compliance OUT= not in compliance NO =	not o	bservea N.	A = not	applicable COS	5 = corrected on-site R - repeat violation		-0
Complia	ance Status		CO	SR	Com	pliance Status		COS	S R
		Supervision	1				Protection from Contamination	1	*
1 (1)	TUO	Person in charge present, demonstrates knowledge and performs duties			15	IN OUT N/A NO			
2	OUT N/A	Certified Food Protection Manager			16	IN OUT N/A	Food-contact surfaces cleaned and sanitized	-	_
		Employee Health			17	TN OUT N/A NO	Proper disposition or returned, previously served, reconditioned & unsafe food		
3	NOUT	Management/food employees & conditional employee;			Hill		Time / Temperature Control for Safety		
1	OUT	knowledge, responsibilities and reporting  Proper use of restriction and exclusion	-		18	IN OUT NA NO	Proper cooking time and temperature		
(2	NOUT	Procedures for responding to vorniting and diarrheal events			19	IN OUT N/A	J		
1	901	Good Hygiene Practices	W.		20	IN OUT N/A NO	Proper cooling time and temperatures		
6 1	N OUT (VO)	Proper eating, tasting, drinking, or tobacco use	T		21	IN OUT N/A	Proper hot holding temperatures		
	NOUT MO	No discharge from eyes, nose, mouth			22	FIN OUT N/A NO	O Proper cold holding temperatures		
	0	Preventing Contamination by Hands			23	IN OUT N/A NO	Proper date marking and disposition		
8 11	NOUT (NO	Hands clean & properly washed			24	IN OUT (IA)	Time as a Public Health Control: procedures and record	s	
	N OUT N/A/N	No bare hand contact with RTE food			The state of	_	Consumer Advisory		
	TUO	Adequate handwashing sinks properly supplied & accessible			25	IN OUT (VA)	Consumer advisory provided for raw/undercooked foods	,	
- 6		Approved Source				~	Highly Susceptible Populations		
11	N OUT	Food obtained from an approved source			26	OUT N/A	Pasteurized foods used; prohibited foods not offered		
12 II	N OUT N/NO	Food received at proper temperature			3.00		Food / Color Additives and Toxic Substances		
13	NOUT	Food in good condition, safe & unadulterated	_		27	IN OUT (PA)	Food additives: approved and properly used	_	_
14 II	N OUT N/A NO	Req. records available: shell stock tags, parasite destruction			28	ON OUT N/A	Toxic substances properly identified, stored and used	201/200	
	Risk factors a Prevalent con Interventions	re improper practices or procedures identified as the n tributing factors of foodborne illness or injury. Public Hi are control measures to prevent foodborne illness or in	nost ealth jury,		19	IN OUT (A)	Conformance with Approved Procedures  Compliance with variance/specialized process/HACCP		T
- 65	10004500		_	RETAIL	PRACI	FICES	Mark Mark the second	01910	
		Good retail practices are preventative measures					· ·		
Mark "	X" in box if nun	bered item is not in compliance Mark "X" on a					OS =corrected on-site during inspection R=repea	t violati	on
	naa Statua		co	SR	Com	oliance Status		cos	R
отриа	ance Status	Safe Food and Water	100		001111		Proper Use of Utensils		
30	Pasteurized	eggs used where required	T		43	In-use ut	tensils properly stored		
31	Water & Ice	from approved source			44	Utensils,	, equipment & linens: properly stored, dried, & handled		
32	Variance of	stained for specialized processing methods			45	Single-us	se/single-service articles: properly stored & used		
		Food Temperature Control			46	Gloves u	used properly		
33	Proper cool	ing methods used: adequate equipment for temp. control			WAT.				
34	Plant food p	properly cooked for hot holding	1		47		d non-food contact surfaces cleanable,	_	4-
35	Approved ti	nawing methods used	-		48		designed, constructed, & used	_	_
36	Thermomet	ers provided and accurate	_		49	Warewas	shing: installed, maintained, & used: test strips	THE SECTION IN	
		Food Identification	1			1 1 1 1 1 1 1 1 1	Physical Facilities		$\neg$
37	Food prope	rly labeled: original container	_		50		old water available adequate pressure	+-	+
		Prevention of Food Contamination	1	*1.12	51 52		g installed, proper backflow devices & waste water properly disposed	_	-
38		ents, & animals not present	+	+	53		cilities properly constructed, supplied, & cleaned	+	+
39		ion prevented during food preparation, storage & display	+	-	54		Refuse properly disposed, facilities maintained		+
40	Personal cl		+	-	55		facilities installed, maintained, & clean	_	$\neg$
41		ns: properly used & stored nits & vegetables			56		e ventilation & lighting, designated areas used		
	VVadrining III	in the	i na	E805052	aring l	10 J 4 1			18
Туре	of Operation:						License Posted:	$\mathcal{L}$	N
Discus	ssion with Pe	rson-in-Charge:					Follow-Up:	Υ	3
		-		\			Follow-Up Date:		
		0. 0.00 1200		)——					
Signat	ture of Perso	n in Charge: Liquol Y VICKULO	1				Date:		
Signa	ture of Inspec	etor: S = - 5	1				Date: 9 - 25 - 26	25	



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



Es	tablishmer	t Adolf a	omm unity	center	Date: 9	-28-2023	Page 2	of <b>Z</b>
Ad	dress: 4	Church	street		Complia	-28-2023 ance Achieved: 9-25	-2023	
				TEMPERATURE OBSERVA	1110/05			
		Item / Location	Temp.	Item / Location	Temp.	Item / Location	1	Temp.
								-
								-
_								-
				BSERVATIONS AND/OR CORREC	TIVE ACTIONS		Na Wall	45 40
٧	Item Number	Section of Code		Description of	f Violation			Corrected or COS
	Hamber							
-								
	-							
	-							
			No Kiola	tions observed a	during time	of inspecti	ons	
			274.78		,	₩1		
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				100				
Sig	nature of F	Person in Charge	molynox	illif		Date:		
Sig	gnature of I	nspector:	15//			Date: 🦣 .	28-202	3
			0///					)



**HEALTH DIVISION** 

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



Esta	ablishment:	An Les Hemestade Diner	D	Dat (10/13) Page 1 of _2			No. of Risk Factor/Intervention Violations 💋			
Add	ress: 600	natics Homestyle Diner DW Diner descharies Homestyle Diner LUC	Т				No. of Repeat Risk Factor/Intervention Violations	65		
Owi	per/Permit Hol	der	R	lisk Cate			Total Violations	,		
Ema		charties throsty e uner ca	P	hone:			Inspection Status: Green Yellow Red	Y		
-		Routine Re-inspection Pre-oper			Illnes	ss Investigation	Complaint Other			
Insp	ection Type:	Routine Re-inspection Pre-opel FOODBORNE ILLNESS RISK								
		Circle designated compliance status (IN, OUT, N/A					in appropriate box for COS and/or R			
-		IN = in compliance OUT= not in compliance NO = n								
. 150	, 5 %						CO	S R		
Com	pliance Status	Supervision	cos	R	Com	pliance Status	Protection from Contamination	3   K		
	Culour	Person in charge present, demonstrates knowledge and			15	NOUT N/A NO	Food separated and protected			
1	IN OUT	performs duties		-	-	IN OUT N/A	Food-contact surfaces cleaned and sanitized	+-		
2	OUT N/A	Certified Food Protection Manager			16		Proper disposition or returned, previously served,	+		
	1 1 1	Employee Health			17	IN OUT (N/A) NO	reconditioned & unsafe food	-		
3	TUOUT	Management/food employees & conditional employee; knowledge, responsibilities and reporting					Time / Temperature Control for Safety			
4	TINOUT	Proper use of restriction and exclusion			18	IN OUT N/ANG	Proper cooking time and temperature			
5	TNOUT	Procedures for responding to vomiting and diarrheal events			19	IN OUT N/A	Proper reheating procedures for hot holding	-		
340		Good Hygiene Practices		_	20	IN OUT N/A(NO)	Proper cooling time and temperatures	-		
6	IN OUT NO	Proper eating, tasting, drinking, or tobacco use			21	IN OUT N/A NO	Proper hot holding temperatures	-		
7	по от мо			1	22	IN OUT N/A NO	Proper cold holding temperatures  Proper date marking and disposition	-		
		Preventing Contamination by Hands			23	IN OUT N/A NO	Time as a Public Health Control: procedures and records			
8	NO TUOUT NO	Hands clean & properly washed		-	24	IN CONTRACTO	Consumer Advisory			
9	IN OUT N/A NO	No bare hand contact with RTE food		+	25	NOUT N/A	Consumer advisory provided for raw/undercooked foods	T		
10	OOUT	Adequate handwashing sinks properly supplied & accessible  Approved Source	125	-	2.0	U SST IIII	Highly Susceptible Populations			
11	TN OUT	Food obtained from an approved source			26	IN OUT (VA)	Pasteurized foods used; prohibited foods not offered			
12	IN OUT N/A NO	Food received at proper temperature				For	od / Color Additives and Toxic Substances			
13	MOUT	Food in good condition, safe & unadulterated			27	IN OUT (NA)	Food additives: approved and properly used			
14	IN OUT NO	Req. records available: shell stock tags, parasite destruction			28	OUT N/A	Toxic substances properly identified, stored and used			
	Risk factors	are improper practices or procedures identified as the mo	ost			C	onformance with Approved Procedures			
	Prevalent co Interventions	are improper practices or procedures identified as the montributing factors of foodborne illness or injury. Public Heas are control measures to prevent foodborne illness or inju	aith ury.		19	IN OUT	Compliance with variance/specialized process/HACCP			
190	Security of the second			ETAIL	PRAC	rices		- 2		
	2 # 2   11   1   1	Good retail practices are preventative measures	to contro	ol the addi	tion of p	athogens, chemicals,	and physical objects into foods.			
Mar	k "X" in box if nu	mbered item is not in compliance Mark "X" on app	ropriat	te box for	COS	and/or COS	=corrected on-site during inspection R=repeat violati	ion		
Com	oliance Status		cos	R	Com	pliance Status	COS	R		
	The Lates	Safe Food and Water					Proper Use of Utensils			
30	Pasteuriz	ed eggs used where required			43		sils properly stored			
31	Water & I	ce from approved source			44		uipment & linens: properly stored, dried, & handled	_		
32	Variance	obtained for specialized processing methods			45		single-service articles: properly stored & used	-		
-57		Food Temperature Control	22 10		46	Gloves used		4		
33		oling methods used: adequate equipment for temp. control		-	47	Southern States	Utensils, Equipment and Vending on-food contact surfaces cleanable,			
34		I properly cooked for hot holding		-	47		signed, constructed, & used	+		
35	_	thawing methods used			49		ng: installed, maintained, & used: test strips	+		
36		eters provided and accurate Food Identification	OR I TO	-1	40	T Was circum	Physical Facilities	X B		
37		perly labeled: original container			50	Hot & cold v	water available adequate pressure			
785		Prevention of Food Contamination	TES!	7	51	Plumbing in	stalled, proper backflow devices			
38	Insects, ro	odents, & animals not present			52	Sewage & v	waste water properly disposed			
39	Contamin	ation prevented during food preparation, storage & display			53	Toilet faciliti	ies properly constructed, supplied, & cleaned			
40	Personal	cleanliness			54	Garbage &	refuse properly disposed, facilities maintained	$\perp$		
41	Wiping clo	oths: properly used & stored			55		citities installed, maintained, & clean	$\perp$		
42	Washing	ruits & vegetables			56	Adequate v	entilation & lighting, designated areas used	$\perp$		
т.	o of Operation		Tale 18				License Posted: (Y)	N		
	e of Operation							( <u>N</u> )		
Dis	cussion with P	erson-in-Charge:					Follow-Up: Y	<b>W</b>		
							Follow-Up Date:			
Sia	nature of Perso	on in Charge of Jawa					Date:			
_							Date: 7 - 26 - 2023			
Sig	nature of Inspe	ector:					Date. 1. W. 1023			



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



Es	ablishmen	charlies Ho	omesty10	piner	Date: 9	20 - 2023 e Achieved: 9 - 20	Page	of_ <b></b>
Ad	dress:	DW Diner			Compliance	e Achieved: 9-20	2023	
		S TOP I TO SELECT		TEMPERATURE OBSERVAT	IONS	3.0		
		Item / Location	Temp.	Item / Location	Temp.	Item / Locatio	n	Temp.
								-
								-
								-
			OI	SERVATIONS AND/OR CORRECTI	VE ACTIONS			16.5
V	Item	Section of Code		Description of V	iolation			Corrected COS
	Number							
_								
-	-							
			No Vie	lations observed	dest in the	and indication	30	
			MD KIO	PECCON) PROSENCE	goring time	or inspection		
_								
_								_
_	-							
	ļ							
_								
Sic	nature of F	Person in Charge:	(m)			Date:		
	nature of I	nspector:	-0	_		Date:	20 - 1023	
Oil	, iataro or i	, iopouloi.	1/2	7		10.7	0-00	



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



Esta	ablishment: /	the sprouts	Date? (	9/23	Page 1 of Z	No. of Risk Factor/Intervention Violations			
Add		Milford ROad	Time in:	1200	Time out:	No. of Repeat Risk Factor/Intervention Violations			
		er. Little sprouts LUC	Risk Cat	egory:	6	Total Violations			
		Little SPEOUTI CU	Phone:		0	Inspection Status: Green Yellow Red			
Ema		Dr. in question - Dre energy		Illnoo	s Investigation	Complaint Other			
Insp	ection Type:	Routine Re-inspection Pre-operat							
		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							
		IN = In compliance OU I = Not in compliance NO - Not	observed IV	V - 110r	аррисавіе ССС				
Com	pliance Status		OS R	Com	oliance Status	Protection from Contamination			
	6	Supervision  Person in charge present, demonstrates knowledge and		7	7				
1	INOUT	performs duties		15 (	IN OUT N/A NO	Food separated and protected			
2	IN OUT WA	Certified Food Protection Manager		16 (	IN OUT N/A	Food-contact surfaces cleaned and sanitized  Proper disposition or returned, previously served,			
		Employee Health		17	IN OUT N/A NO	reconditioned & unsafe food			
3	TINOUT	Management/food employees & conditional employee; knowledge, responsibilities and reporting				Time / Temperature Control for Safety			
4	TINOUT	Proper use of restriction and exclusion		18	IN OUT N/A NO	Proper cooking time and temperature			
5	IN OUT	Procedures for responding to vomiting and diarrheal events		19	IN OUT N/A(NO)	Proper reheating procedures for hot holding			
12	<u> </u>	Good Hygiene Practices		20	IN OUT N/A NO	Proper cooling time and temperatures			
6	IN OUT	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	II) OUT N/A NO	Proper cold holding temperatures			
		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 (VA 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 (2000)			
10	I) OUT	Adequate handwashing sinks properly supplied & accessible		25	IN OUT WA	Consumer advisory provided for raw/undercooked foods			
		Approved Source		12.10	14	Highly Susceptible Populations			
11	OUT	Food obtained from an approved source		26 (	OUT N/A	Pasteurized foods used: prohibited foods not offered			
12	IN OUT N/A NO	Food received at proper temperature		-	1.65	od / Color Additives and Toxic Substances			
13	TRYOUT	Food in good condition, safe & unadulterated		27	AN TUO(NI	Food additives: approved and properly used  Toxic substances properly identified, stored and used			
14	IN OUT WA NO	Req. records available: shell stock tags, parasite destruction		28		Conformance with Approved Procedures			
	Risk factors a	are improper practices or procedures identified as the most tributing factors of foodborne illness or injury. Public Healtt are control measures to prevent foodborne illness or injury	,		1				
	Interventions	are control measures to prevent foodborne illness or injury		19	и оит	Compliance with variance/specialized process/HACCP			
			D RETAIL						
		Good retail practices are preventative measures to o				, and physical objects into foods.  =corrected on-site during inspection R=repeat violation			
Mai	rk "X" in box if num	nbered item is not in compliance Mark "X" on appro	priate box to	or COS a	and/oi COS				
Com	pliance Status	C	OS R	Comp	oliance Status	COS			
WE		Safe Food and Water				Proper Use of Utensils			
30		d eggs used where required		43		sils properly stored			
31		from approved source		44		quipment & linens: properly stored, dried, & handled  (single-service articles: properly stored & used			
32	Variance of	otained for specialized processing methods	I la contra	45 46	Gloves use				
		Food Temperature Control		46	Gibves use	Utensils, Equipment and Vending			
33		fing methods used: adequate equipment for temp. control		47	Food and n	non-food contact surfaces cleanable,			
34		properly cooked for hot holding		48		esigned, constructed, & used			
36		lers provided and accurate		49		ing: installed, maintained, & used: test strips			
30	THE MOTION	Food Identification		75.00		Physical Facilities			
37	Food prope	rly labeled: original container		50	Hot & cold	water available adequate pressure			
	15.05 0.02.2.00	Prevention of Food Contamination	47° μ	51	Plumbing in	nstalled, proper backflow devices			
38	Insects, rod	lents, & animals not present		52	Sewage & v	waste water properly disposed			
39	Contaminat	ion prevented during food preparation, storage & display		53	Toilet facilit	ies properly constructed, supplied, & deaned			
40	Personal di	eanliness		54		refuse properly disposed, facilities maintained			
41	Wiping cloth	ns: properly used & stored		55		cilities installed, maintained, & dean			
42	Washing fru	uits & vegetables		56	Adequate v	rentilation & lighting, designated areas used			
		And the Market Market and the Annual				License Posted:			
	pe of Operation:								
Dis	cussion with Pe	rson-in-Charge:				Follow-Up: Y (N			
						Follow-Up Date:			
Ol-	notive of Decem	in Charges BARMARD TO ALL DA				Date: 9.19.22			
		n in Charge: March Lelula				1 60			
Sig	nature of Inspec	ctor: >				Date: 9 . 19 - 2013			



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



Establishment: Little Spreads  Address: 16	Es	tablishmen	t Little spr	nuts		Date: 9	-19-2023	Page	20	2
Number   N	Ad	dress: 🏗	6 Halford I	3mid		Complia	nce Achieved: 9	19-2	073	
OBSERVATIONS AND/OR CORRECTIVE ACTIONS  Villation Section of Code  No Wilder Section of Violation  No Wilder Section of Code  No Wilder Section of Violation  No Wilder Section of Code  No Wilder Section of Violation  No Wilder Section of Code  No Wilder Section of Violation  No Wilder Section of Code  No Wilder Section of Code  No Wilder Section of Violation  No Wilder Section of Code  No Wilder Section of Code  No Wilder Section of Violation  No Wilder Section of Code  No Wilder Section of Code  No Wilder Section of Code  No Wilder Section of Violation  No Wilder Section of Code  No Wilder Se						0.113	MALES TORK SOME IC		9	
V Nomber Section of Code Description of Violation Description of Violation Code or COS  No vio loctions Superiod during time of inspection.  No vio loctions Superiod during time of inspection.  Signature of Person in Charge: By Mall Lewell Description of Violation Or Code or COS  Description of Violation Or Code or COS  No vio loctions Superiod during time of inspection.  Date: 9-19-23			Item / Location	Temp.	Item / Location	Temp.	Item / Locati	on		Temp.
V Nomber Section of Code Description of Violation Description of Violation Code or COS  No vio loctions Superiod during time of inspection.  No vio loctions Superiod during time of inspection.  Signature of Person in Charge: By Mall Lewell Description of Violation Or Code or COS  Description of Violation Or Code or COS  No vio loctions Superiod during time of inspection.  Date: 9-19-23	_									
V Nomber Section of Code Description of Violation Description of Violation Code or COS  No vio loctions Superiod during time of inspection.  No vio loctions Superiod during time of inspection.  Signature of Person in Charge: By Mall Lewell Description of Violation Or Code or COS  Description of Violation Or Code or COS  No vio loctions Superiod during time of inspection.  Date: 9-19-23	_									
V Nomber Section of Code Description of Violation Description of Violation Code or COS  No vio loctions Superiod during time of inspection.  No vio loctions Superiod during time of inspection.  Signature of Person in Charge: By Mall Lewell Description of Violation Or Code or COS  Description of Violation Or Code or COS  No vio loctions Superiod during time of inspection.  Date: 9-19-23	_									
V Nomber Section of Code Description of Violation Description of Violation Code or COS  No vio loctions Superiod during time of inspection.  No vio loctions Superiod during time of inspection.  Signature of Person in Charge: By Mall Lewell Description of Violation Or Code or COS  Description of Violation Or Code or COS  No vio loctions Superiod during time of inspection.  Date: 9-19-23	-									
V Nomber Section of Code Description of Violation Description of Violation Code or COS  No vio loctions Superiod during time of inspection.  No vio loctions Superiod during time of inspection.  Signature of Person in Charge: By Mall Lewell Description of Violation Or Code or COS  Description of Violation Or Code or COS  No vio loctions Superiod during time of inspection.  Date: 9-19-23						TEN A COMPANIA		100		
Number Section of Code  Number	-	Itom		UBS					Dated C	orrected
Signature of Person in Charge: Bull Jewll Date: 9-19.23	٧		Section of Code		Description of Vic	plation				
Signature of Person in Charge: Bushle Lewel Date: 9-19.23										
Signature of Person in Charge: Bull Jewll Date: 9-19.23										
Signature of Person in Charge: Bull Jewll Date: 9-19.23										
Signature of Person in Charge: Bull Jewll Date: 9-19.23										
Signature of Person in Charge: Bull Jewll Date: 9-19.23	_									
Signature of Person in Charge: Bull Jewll Date: 9-19.23										
Signature of Person in Charge: Bull Jewll Date: 9-19.23										
Signature of Person in Charge: Bull Jewll Date: 9-19.23				116 0001	ations observed	Cloring -	time of incre	13184		
Signature of Person in Charge:  Date: 9-19-23  Signature of Inspector:  Date: 9-11-2023				NO VIV			110/	-,10,	S 8	
Signature of Person in Charge:  Date: 9-19-23  Signature of Inspector:  Date: 9-19-23										
Signature of Person in Charge:  Date: 9-19-23  Signature of Inspector:  Date: 9-19-23			<del></del>							
Signature of Person in Charge:  Buth James  Date: 9:19.23  Date: 9:11-1013	_	1								
Signature of Person in Charge:  Date: 9.19.23  Signature of Inspector:  Date: 9.19.23										
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Signature of Person in Charge:  Date: 9-19-23  Date: 9-13-2023										
Signature of Person in Charge: Bull James  Date: 9-19-23  Date: 9-19-23										
Signature of Person in Charge:  Bulle Jewel  Date: 9-19-23  Signature of Inspector:  Date: 9-19-23										
Signature of Person in Charge:  By Jew Jew Lew Lew Boate: 9-19-23  Signature of Inspector:  Date: 9-19-23	-									
Signature of Person in Charge:  Bright Lower Date: 9-19-23  Signature of Inspector:  Date: 9-13-2023	_									
Signature of Person in Charge:  Date: 9-19-23  Signature of Inspector:  Date: 9-19-23	_									
Signature of Person in Charge:  Bulli Joull  Date: 9-19-23  Signature of Inspector:  Date: 9-19-23										
Signature of Person in Charge: Buttle Date: 9.19.23 Signature of Inspector: Date: 9.13.23										
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Signature of Person in Charge:  Date: 9-13-1023  Date: 9-13-1023										
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Signature of Person in Charge:  Date: 9-13-1023					- X					
Signature of Person in Charge:  Date: 9-13-1023  Date: 9-13-1023										
Signature of Person in Charge: Bulle James Signature of Inspector: Date: 9-13-1023										
Signature of Person in Charge: Bulle Jewell Date: 9-13-1023  Date: 9-13-1023										
Signature of Person in Charge: Bull Jewll Date: 9-19-23 Signature of Inspector: Date: 9-19-1023	-									
Signature of Person in Charge: Bulle Zerule Date: 9-13-23  Date: 9-13-2023	_									
Signature of Person in Charge: Date: 9-19-23 Signature of Inspector: Date: 9-19-1023				^						
Signature of Inspector: Date: 9-19-2023	Sig	nature of P	erson in Charge:	mour.	Leule		Date:	9.19	.23	
	Sig	nature of I	nspector:	2		100	Date: 9	-17-	102	5



NOUT

(M)OUT

ANOUT

10

11

12

13

14

NOUT N/A NO

NO

#### MERRIMACK FIRE DEPARTMENT

HEALTH DIVISION 432 Daniel Webster Highway Merrimack NH, 03054



#### (603) 420-1730 FOOD ESTABLISHMENT INSPECTION REPORT No. of Risk Factor/Intervention Violations Date 915/13 Page 1 of \_2 Establishment: PC No. of Repeat Risk Factor/Intervention Violations Time out Address: 750 Milford Total Violations Risk Category: Owner/Permit Holder: Phone: Inspection Status; Green Yellow Red Email: Other Complaint Pre-operational Illness Investigation Routine Re-inspection Inspection Type: FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS Mark "X" in appropriate box for COS and/or R Circle designated compliance status (IN, OUT, N/A, NO) for each item IN = in compliance OUT= not in compliance NO = not observed N/A = not applicable COS = corrected on-site R = repeat violation COS R Compliance Status COS R Compliance Status Supervision Person in charge present, demonstrates knowledge and TUO IN performs duties N OUT N/A Certified Food Protection Manager 2 400 Employee Health Management/food employees & conditional employee; 3 IN OUT knowledge, responsibilities and reporting TNOUT Proper use of restriction and exclusion Procedures for responding to vomiting and diarrheal events 5 TIV OUT Good Hygiene Practices NO Proper eating, tasting, drinking, or tobacco use IN OUT 6 No discharge from eyes, nose, mouth IN OUT

ON AN TUO NE Food received at proper temperature Food in good condition, safe & unadulterated (IN)OUT Reg. records available: shell stock tags, parasite destruction IN OUT WANO Risk factors are improper practices or procedures identified as the most Prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.

Preventing Contamination by Hands

Approved Source Food obtained from an approved source

Adequate handwashing sinks properly supplied & accessible

Hands clean & properly washed

No bare hand contact with RTE food

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

#### GOOD RETAIL PRACTICES

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

Mark "X" on appropriate box for COS and/or Mark "X" in box if numbered item is not in compliance

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

COS R

Complia	nce Status	cos	R	Complia	ince Status	CUS				
	Safe Food and Water				Proper Use of Utensils		Hel			
30	Pasteurized eggs used where required			43	In-use utensils property stored					
31	Water & Ice from approved source			44	Utensils, equipment & linens: properly stored, dried, & handled					
32	Variance obtained for specialized processing methods			45	Single-use/single-service articles: properly stored & used					
	Food Temperature Control	1007		46	Gloves used properly					
33	Proper cooling methods used: adequate equipment for temp. control				Utensils, Equipment and Vending					
34	Plant food properly coaked for hot holding			47	Food and non-food contact surfaces cleanable,					
35				48	Properly designed, constructed, & used					
36	Thermometers provided and accurate			49	Warewashing: installed, maintained, & used: test strips					
	Food Identification	2711		dl,	Physical Facilities	Til en				
37	Food properly labeled: original container			50	Hot & cold water available adequate pressure					
1	Prevention of Food Contamination		OST :	51	Plumbing installed, proper backflow devices					
38	Insects, rodents, & animals not present			52	Sewage & waste water properly disposed					
39	Contamination prevented during food preparation, storage & display			53	Toilet facilities properly constructed, supplied, & cleaned					
40	Personal cleanliness			54	Garbage & refuse properly disposed, facilities maintained					
41	Wiping cloths: properly used & stored			55	Physical facilities installed, maintained, & clean					
42	Washing fruits & vegetables			56	Adequate ventilation & lighting, designated areas used					
		1 833			nik (sj. 17. ma.) On Oshariat (il. salitik parisil ar tar 17	(3)				

License Posted: Type of Operation: Follow-Up: Discussion with Person-in-Charge: Follow-Up Date: Date: Signature of Person in Charge:

Signature of Inspector:

Date: 9-



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



Est	ablishmen	t PC Connec	tion		Date: 9-15-2023 Page 2 of 7				
Ade	dress: 🛏	BB wilford	2001		Compliano	e Achieved:			
		A PULLIOIS		TEMPERATURE OBSERVAT	IONS				
		Item / Location	Temp.	Item / Location	Temp.	· Item / Location		Temp.	
								-	
								-	
			OI	SERVATIONS AND/OR CORRECTI	VE ACTIONS		Detect	Corrected	
V	Item Number	Section of Code		Description of V	iolation			COS	
	Humber								
_									
			And the second house				****		
			1010 0101	ations asserted a	ioring time	of insterdic	m .		
				75					
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Ī			( ) 000						
Sic	nature of F	Person in Charge:	May W	him		Date:			
-	nature of		1, 7	1		Date: 🤿	-15-201.3		



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



Establis	shment: 🔞	ocicley's Bakery	Date 1 14/23 Page 1 of			No. of Risk Factor/Intervention Violations			
	C' /1 -7 -	our Highway	Time	e in:1300	Time out	No. of Repeat Risk Factor/Intervention Violations	Ø		
-	Permit Holde		Risk	Category	ے	Total Violations	X		
		"SOCICIE! Sate! Care, Sil	Phor	ne:		Inspection Status: Green Yellow Red			
Email:		De inspection - Bro spore			ss Investigation				
Inspecti	ion Type:	Routine Re-inspection Pre-operate FOODBORNE ILLNESS RISK F							
		Circle designated compliance status (IN, OUT, N/A,				"in appropriate box for COS and/or R			
		IN = in compliance OUT= not in compliance NO = not							
		IN = in compliance OUT = not in compliance NO = not	observe	EU NA - NO	аррисавле 000	Physical Month Company (1997)	T		
Complian	nce Status		OS   F	Com	pliance Status	Protection from Contamination	R		
7		Supervision  Person in charge present, demonstrates knowledge and			<b>A</b>		T		
1 (18)	OUT	performs duties		15	IN OUT N/A NO				
2	OUT N/A	Certified Food Protection Manager	-	16	IN OUT N/A	Food-contact surfaces cleaned and sanitized  Proper disposition or returned, previously served,	-		
	DEVELOPE :	Employee Health		17	IN OUT N/A NO	reconditioned & unsafe food			
3 (11)	OUT	Management/food employees & conditional employee; knowledge, responsibilities and reporting			I ew	Time / Temperature Control for Safety			
4 (11)	OUT	Proper use of restriction and exclusion		18	IN OUT N/(N)	Proper cooking time and temperature			
5 (IN	OUT	Procedures for responding to vomiting and diarrheal events		19	IN OUT NAME	Proper reheating procedures for hot holding			
		Good Hygiene Practices		20	IN OUT N/ NO	Proper cooling time and temperatures	1		
6 IN	OUT NO	Proper eating, tasting, drinking, or tobacco use		21	IN OUT N/ NO				
7 IN	OUT (MO)	No discharge from eyes, nose, mouth		22	OUT N/A NO		+		
		Preventing Contamination by Hands		23	ON AIN TUCK		+-1		
$\sim$	OUT NO	Hands dean & properly washed	-	24	I IN OU WINANO	Consumer Advisory	$\vdash$		
_	OUT N/A NO	No bare hand contact with RTE food	-	25	NOUT N/A	Consumer advisory provided for raw/undercooked foods	П		
10 CIN	OUT	Adequate handwashing sinks properly supplied & accessible  Approved Source		23	U GOTTWA	Highly Susceptible Populations			
11 ctN	OUT	Food obtained from an approved source		26	N OUT N/A	Pasteurized foods used; prohibited foods not offered			
	OUT N/A NO	Food received at proper temperature			F	ood / Color Additives and Toxic Substances			
	OUT	Food in good condition, safe & unadulterated		27	IN OUT N/A	Food additives: approved and properly used			
14 IN	OU NA NO	Req. records available: shell stock tags, parasite destruction		28	OUT N/A	Toxic substances properly identified, stored and used			
	Risk factors a	are improper practices or procedures identified as the mos	1	E 7		Conformance with Approved Procedures	- 1		
	Prevalent cont Interventions a	are improper practices or procedures identified as the mos tributing factors of foodborne illness or injury. Public Healt are control measures to prevent foodborne illness or injury	n '.	19	IN OUT	Compliance with variance/specialized process/HACCP			
		GOO	D RET	AIL PRAC	TICES				
		Good retail practices are preventative measures to							
Mark "X	" in box if num	nbered item is not in compliance Mark "X" on appro	priate b	ox for COS	and/or CO	S =corrected on-site during inspection R=repeat violation	1		
Complian	nce Status	C	OS R	Com	pliance Status	cos	R		
HALL		Safe Food and Water	The La			Proper Use of Utensils	- H		
30	Pasteurized	d eggs used where required		43		ensils properly stored	-		
31		a from approved source		44		equipment & linens: properly stored, dried, & handled	$\vdash$		
32	Variance of	otained for specialized processing methods		45		e/single-service articles: properly stored & used	$\vdash$		
	1-	Food Temperature Control		46	Gloves us	Utensils, Equipment and Vending	1.12		
33	_	properly cooked for hot holding	_	47	1 1	non-food contact surfaces cleanable,	T		
34		nawing methods used		48		designed, constructed, & used			
36		ters provided and accurate		49	Warewas	hing: installed, maintained, & used: test strips			
e production		Food Identification		B Ye		Physical Facilities	ate in		
37	Food prope	rly labeled: original container		50	Hot & cold	d water available adequate pressure			
		Prevention of Food Contamination	18.8	51		installed, proper backflow devices	$\vdash$		
38		lents, & animals not present		52		k waste water properly disposed	$\vdash$		
39	Contaminat	ion prevented during food preparation, storage & display	_	53		lities properly constructed, supplied, & cleaned	$\vdash$		
40	Personal cle		-	54		& refuse properly disposed, facilities maintained	$\vdash$		
41	-	hs: properly used & stored		55 56		acilities installed, maintained, & clean ventilation & lighting, designated areas used	$\vdash$		
42	Washing fru	uits & vegetables		324	Auequate	Terraport of signature, consensed allowed and			
Type o	f Operation:					License Posted:	N		
		erson-in-Charge:				Follow-Up: Y	N		
Discus	aion with Pe	A A				Follow-Up Date:	ノ		
Signati	ire of Porco	n in Charge:	l,	-		Date: 9 - 14- 2013			
	ure of Inspec	700				Date: 9 ~ 14 - 2023			
							-		



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



Es	tablishmer	t: Buckleys	Baycery	Date: 9-14-2023 Page 7 of 2  Compliance Achieved: 9-14-2023					
Αd	dress:	36 DW 1	Bakery		Compliance	Achieved: q_1	4-2023	<u></u>	
			are Care	TEMPERATURE OBSERVATION	NS		diam'r.		
		Item / Location	Temp.	Item / Location	Temp.	Item / Locat	on	Temp-	
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			OE	SERVATIONS AND/OR CORRECTIVE	ACTIONS		tana 's		
٧	Item	Section of Code		Description of Viola	ation			Corrected r COS	
_	Number							1003	
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			וסנט מוא	ations observed an	Fing time	of inse	47.62		
			- 40 0 10 0	ALLON OF CHE	71 (5.)	U (MS/E			
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			10 1	0 11					
Q:-	nature of F	Person in Charge:	1.12.11	L. L.		Date: G	1-14-26	27	
_		/	xue pe			Date: 7	1-14-20 -14-202		
Sig	nature of I	nspector:	12 5-1			Date. 9	-14 707	<	



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



# FOOD ESTABLISHMENT INSPECTION REPORT Date (14/25 Page 1 of Z No. of Risk Factor/Intervention Violations Establishment: Corrier Orchards

		-	STATE OF THE STATE	Ti	mo ini		Time outles #	No. of Repeat Risk Factor/Intervention Violations	Ø
			ester Road	_			200	Total Violations	
Ow	ner	/Permit Holde	ercurrier orchards, LCC	Ri	sk Cal	tegory:	F		رير
Ema			(8)	PI	none:			Inspection Status Green Yellow Red	
Iner	act	tion Type:	Routine Re-inspection Pre-operat	iona	ı	Illnes	s Investigation	Complaint Other	
II IO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	tion Type.	FOODBORNE ILLNESS RISK F.	ACT	ORS A	ND PUI	BLIC HEALTH I	NTERVENTIONS	100
	-		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	
				0.5			18 (4.5)	Icos	S R
Com	plia	ince Status		os	R	Com	pliance Status	Protection from Contamination	- 1
		_	Supervision				^		-
1	1	TUO	Person in charge present, demonstrates knowledge and performs duties			15	ON AW TUO	Food separated and protected	
2	TI	N OUT N/A	Certified Food Protection Manager			16	IN OUT N/A	Food-contact surfaces cleaned and sanitized	_
			Employee Health	-8		17	IN OUT N/A NO	Proper disposition or returned, previously served, reconditioned & unsafe food	
3	6	OUT	Management/food employees & conditional employee;			Mak		Time / Temperature Control for Safety	
4	knowledge, responsibilities and reporting  INOUT Proper use of restriction and exclusion					18	IN OUT N/A NO	Proper cooking time and temperature	
5	1	OUT	Procedures for responding to vomiting and diarrheal events			19	IN OUT N/A NO	Proper reheating procedures for hot holding	
5	U	,001	Good Hygiene Practices			20	IN OUT N/A NO	Proper cooling time and temperatures	
6	Τ,,	ON TUO N	Proper eating, tasting, drinking, or tobacco use			21	IN OUT N/A NO	Proper hot holding temperatures	
7	+	NOUT NO	No discharge from eyes, nose, mouth	_		22	IN OUT N/A NO	Proper cold holding temperatures	
	1 "	TODI (NO)	Preventing Contamination by Hands			23	IN OUT N/A NO	Proper date marking and disposition	
8	L	ON TUO N	Hands clean & properly washed			24	IN OUT NO NO	Time as a Public Health Control: procedures and records	
9	-	N OUT N/A NO	No bare hand contact with RTE food			187	0	Consumer Advisory	
-	1	TUQUE	Adequate handwashing sinks properly supplied & accessible			25	IN OUT MA	Consumer advisory provided for raw/undercooked foods	
10	(	901	Approved Source					Highly Susceptible Populations	
11	10	NOUT	Food obtained from an approved source			26	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	
12	U .	N OUT N/A NO	Food received at proper temperature				Fo	od / Color Additives and Toxic Substances	
13	-	TUQ	Food in good condition, safe & unadulterated			27	IN OUT (VA)	Food additives: approved and properly used	
14	4	NOUT NA NO	Reg. records available: shell stock tags, parasite destruction			28	INOUT N/A	Toxic substances properly identified, stored and used	
_	1.7			t		1202		Conformance with Approved Procedures	
		Prevalent cont Interventions	re improper practices or procedures identified as the mos tributing factors of foodborne illness or injury. Public Healt are control measures to prevent foodborne illness or injury	h /.		19	IN OUT WA	Compliance with variance/specialized process/HACCP	
	2.5	37712 177			ETAIL	PRAC	TICES		A) all
-			Good retail practices are preventative measures to					, and physical objects into foods.	
Ma	rk "	X" in box if num	bered item is not in compliance Mark "X" on appro	priat	e box f	or COS	and/or COS	s =corrected on-site during inspection R=repeat violati	on
				0.41	-11	Turbest.		Icos	S R
Com	plia	nce Status		os	R	Com	pliance Status	Proper Use of Utensils	-0 13
0	1838	ar area (	Safe Food and Water			43	In-use uten	nsils properly stored	$\top$
30	+	Pasteurized	l eggs used where required	_	-	44		guipment & linens: properly stored, dried, & handled	

Pasteurized eggs used where required Water & Ice from approved source		43	Proper Use of Utensils In-use utensils properly stored Utensils, equipment & linens: properly stored, dried
Water & Ice from approved source		44	
Water & Ice from approved source			Litensils, equipment & linens; properly stored, dried
			Oterione, equipment a interior property exterest areas
Variance obtained for specialized processing methods		45	Single-use/single-service articles: properly stored &
Food Temperature Control		46	Gloves used properly
Proper cooling methods used: adequate equipment for			Utensils, Equipment and Ven
Plant food properly cooked for hot holding		47	Food and non-food contact surfaces cleanable,
Approved thawing methods used		48	Properly designed, constructed, & used
Thermometers provided and accurate		49	Warewashing: installed, maintained, & used: test s
Food Identification			Physical Facilities
Food properly labeled: original container		50	Hot & cold water available adequate pressure
Prevention of Food Contamina	tion	51	Plumbing installed, proper backflow devices
Insects, rodents, & animals not present		52	Sewage & waste water properly disposed
Contamination prevented during food preparation, stor	age & display	53	Toilet facilities properly constructed, supplied, & cla
Personal cleanliness		54	Garbage & refuse properly disposed, facilities main
Wiping cloths: properly used & stored		55	Physical facilities installed, maintained, & dean
Washing fruits & vegetables		56	Adequate ventilation & lighting, designated areas to
CONTRACTOR OF THE CONTRACTOR O		MODELL LITES	License

d & used nding t strips cleaned aintained sused

Type of Operation:	License Posted: Y N
Discussion with Person-in-Charge:	Follow-Up: Y N
Sissassion many disease and a sissassion of the	Follow-Up Date:
Signature of Person in Charge:	Date:
Signature of Inspector:	Date: 9 - 14 - 2023



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



Es	tablishmer	t: Corrier	Orchar	ds.		Date:9-	A-2023	Page Z of Z	
	dress: a	peasiee	Road			Complian	ce Achieved: 🍫	14-2023	
1.7				Total 1	TEMPERATURE OBSERV.	ATIONS			
		Item / Location		Temp.	Item / Location	Temp.	Item / Loca	ation Tem	P
_									
				1					
alle and	Termin	The Table	15 1 100	) <sub>je</sub> 01	BSERVATIONS AND/OR CORREC	TIVE ACTIONS			
٧	Item Number	Section of Code		<i>n</i> '	Description o		· · · · · · · · · · · · · · · · · · ·	Dated Correcte or COS	ed
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				NO VIO	lations appealed	during time	of inspec	dion.	
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		erson in Charge:	aus	T. +	7		Date:		_
Sig	nature of Ir	nspector:	in	3//			Date: <	1-14-2023	



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



Est	ablishment: M	arcs pizza E subs	C	Dale lus	123	Page 1 of Z	No. of Risk Factor/Intervention Violation	is Ø
	iress: 👊 🗸	onitord Road	Т	ime in(	200	Time out 2:00	No. of Repeat Risk Factor/Intervention Violation	is Ø
	ner/Permit Hold		F	Risk Cate	egory:		Total Violation	is Ox
Em		Marc Joseph Caracit	_	hone:			Inspection Status Green Yellow Red	1
_	pection Type:	Routine Re-inspection Pre-ope	eration	al	Ilines	ss Investigation	Complaint Other	
maj	bection Type.	FOODBORNE ILLNESS RISH						
		Circle designated compliance status (IN, OUT, N/					in appropriate box for COS and/or R	
		IN = in compliance OUT= not in compliance NO =	not obs	erved N/	A = not	applicable COS =	corrected on-site R = repeat violation	
		ALEXANDO MEDICARRA SE CONTRA PRANCE	cos		Q STE	STATE OF STREET	Ico	SR
Com	pliance Status	Supervision	LUS	R	Com	pliance Status	Protection from Contamination	70   K
1 /	MOUT	Person in charge present, demonstrates knowledge and	T		15	OUT N/A NO	Food separated and protected	
(	1	performs duties	+	$\vdash$	16	N OUT N/A	Food-contact surfaces cleaned and sanitized	-
2	OUT N/A	Certified Food Protection Manager	A JAMES		17	IN OUT N/A NO	Proper disposition or returned, previously served,	$\dashv$
		Employee Health  Management/food employees & conditional employee;	-	1	17	IN CONTRACTO	reconditioned & unsafe food	
3	OUT	knowledge, responsibilities and reporting			Dt E		Time / Temperature Control for Safety	
4	OUT	Proper use of restriction and exclusion			18	IN OUT N/A(NO)	Proper cooking time and temperature	_
5	OUT	Procedures for responding to vomiting and diarrheal events		1	19	IN OUT N/ANO	Proper reheating procedures for hot holding	-
T the		Good Hygiene Practices	-	-	20	DN AN TUO NI	Proper cooling time and temperatures	$\dashv\dashv$
6	TUO III	Proper eating, tasting, drinking, or tobacco use	+		21	IN OUT N/A NO	Proper hot holding temperatures  Proper cold holding temperatures	+
7	IN OUT	No discharge from eyes, nose, mouth  Preventing Contamination by Hands	27.07	1	23	IN OUT N/A NO	Proper date marking and disposition	-
8	OUT NO	Hands clean & properly washed	T		24	IN OUT NAMO	Time as a Public Health Control: procedures and records	
9	OUT N/A NO	No bare hand contact with RTE food					Consumer Advisory	
10	ANOUT	Adequate handwashing sinks properly supplied & accessible			25	IN OUT N/A	Consumer advisory provided for raw/undercooked foods	
	U	Approved Source	450				Highly Susceptible Populations	
11	IN QUT	Food obtained from an approved source			26	IN OUT (VA)	Pasteurized foods used; prohibited foods not offered	
12	ON AND THO M	Food received at proper temperature					od / Color Additives and Toxic Substances	
13	CHAOUT	Food in good condition, safe & unadulterated			27	IN OUT (IA)	Food additives: approved and properly used	_
14	OVANITUOM	Req. records available: shell stock tags, parasite destruction			28	ON OUT N/A	Toxic substances properly identified, stored and used	-34
	Risk factors a	are improper practices or procedures identified as the m tributing factors of foodborne illness or injury, Public He are control measures to prevent foodborne illness or inj	nost ealth				Conformance with Approved Procedures	
	Interventions	are control measures to prevent foodborne illness or inj	jury.		19	IN OUT NA	Compliance with variance/specialized process/HACCP	
	14 Wat 12 K	CONTRACTOR OF THE PROPERTY OF THE CONTRACTOR OF	COOD R	ETAIL	PRACI	TICES		HIG
		Good retail practices are preventative measures						tion
Mai	k "X" in box if num	nbered item is not in compliance Mark "X" on ap	opropria	te pox to	r 005 a	and/or COS	=corrected on-site during inspection R=repeat viola	aon
om	pliance Status		cos	R	Comp	oliance Status	CO	SR
		Safe Food and Water	1		-		Proper Use of Utensils	
30		d eggs used where required	-	-	43		sils property stored	-
31		from approved source	+	-	45		(single-service articles: properly stored & used	-
32	Variance of	tained for specialized processing methods  Food Temperature Control	diam		46	Gloves use		
33	Proper cool	ing methods used: adequate equipment for temp, control	T		TO STATE	Viute III viute	Utensils, Equipment and Vending	
34		properly cooked for hot holding			47	Food and n	on-food contact surfaces cleanable,	
35		nawing methods used			48	Properly de	signed, constructed, & used	
36		ers provided and accurate			49	Warewashii	ng: installed, maintained, & used: test strips	
1		Food Identification			Hatel		Physical Facilities	
37	Food prope	rly labeled: original container			50	Hot & cold v	water available adequate pressure	
10		Prevention of Food Contamination		1	51		stalled, proper backflow devices	-
38	Insects, rod	ents, & animals not present			52		waste water properly disposed	-
39	Contaminat	ion prevented during food preparation, storage & display	-		53		ies properly constructed, supplied, & deaned	
40	Personal cle		-		54		refuse properly disposed, facilities maintained	-
41		ns: properly used & stored	-	$\vdash$	55 56		cilities installed, maintained, & dean entilation & lighting, designated areas used	+
42	washing mu	its & vegetables	- 5%		30	nuequate vi	Citiliation a lightning, designated areas about	18/20/2
Тур	e of Operation:						License Posted: (Y)	N
		rson-in-Charge:					Follow-Up: Y	(N)
_,3			20				Follow-Up Date:	
		ΛΛ. Λ					. c.on-op bate.	
Sig	nature of Persor	n in Charge Min Yo at US					Date:	
	nature of Inspec	etor: Ca					Date: 9 - 13 - 7.6 1.3	



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



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



Est	ablishment:	weet 6inger	D	aten/e	173	Page 1 of 2	No. of Risk Factor/Intervention Violations	1
	fress: ( 2	West street			-	Time out :50	No. of Repeat Risk Factor/Intervention Violations	Ø
-	B_B	der KOPAT U.C.		lisk Cate			Total Violations	1
		ZOVAL LLC.	_	hone:			Inspection Status: Green Yellow Red	
Em		Routine Re-inspection Pre-ope			Illnes	ss Investigation	Complaint Other	
Inst	ection Type:	Routine Re-inspection Pre-ope FOODBORNE ILLNESS RISI						
SAME.		Circle designated compliance status (IN, OUT, N					in appropriate box for COS and/or R	
_		IN = in compliance OUT= not in compliance NO =						
-		IN = In compliance OO 1 - Not in compliance NO -	W-11	Junior Con	11			0   0
Com	pliance Status	No. 100	cos	R	Com	pliance Status	Protection from Contamination	SR
1 = 3		Supervision  Person in charge present, demonstrates knowledge and			10/	S. OUT WAND		T
1	INOUT	performs duties			15(	N OUT N/A NO	Food separated and protected	-
2	MOUT N/A	Certified Food Protection Manager	11/2		16	OUT N/A	Food-contact surfaces cleaned and sanitized  Proper disposition or returned, previously served,	+
		Employee Health	902	1 = 1	17	IN OU (NV) NO	reconditioned & unsafe food	
3	II) OUT	Management/food employees & conditional employee; knowledge, responsibilities and reporting					Time / Temperature Control for Safety	
4	INOUT	Proper use of restriction and exclusion			18	IN OUT NATO	Proper cooking time and temperature	
5	INOUT	Procedures for responding to vomiting and diarrheal events			19	IN OUT N/A NO	Proper reheating procedures for hot holding	
		Good Hygiene Practices			20	IN OUT NA NO	Proper cooling time and temperatures	-
6	IN OUT (NO	Proper eating, tasting, drinking, or tobacco use			21	IN OUT NIAMO	Proper hot holding temperatures	
7	IN OUT No discharge from eyes, nose, mouth				22	N OUT N/A NO	Proper cold holding temperatures	
	Preventing Contamination by Hands			_	23	OUT N/A NO	Proper date marking and disposition	
8	IN OUT NO	Hands clean & properly washed	-		24	TH OUT NA NO	Time as a Public Health Control: procedures and records	_
9	ÎN DUT N/A NO		-				Consumer Advisory	7
10	IN (CU)	Adequate handwashing sinks properly supplied & accessible	LX		25	OUT N/A	Consumer advisory provided for raw/undercooked foods	
	-	Approved Source Food obtained from an approved source	1	1	26	OUT N/A	Highly Susceptible Populations  Pasteurized foods used; prohibited foods not offered	
11	DOUT	-	-	26	( )	od / Color Additives and Toxic Substances	E-1-2	
12				+	27	N OUT N/A	Food additives: approved and properly used	
13	OUT	Food in good condition, safe & unadulterated	-	1-1	28	INOUT N/A	Toxic substances properly identified, stored and used	
14	IN OUT N/A NO			$\vdash$	20		Conformance with Approved Procedures	the s
	Risk factor Prevalent c	s are improper practices or procedures identified as the n ontributing factors of foodborne illness or injury. Public He s are control measures to prevent foodborne illness or in	nost ealth	- 1	10	Test Test		
	Intervention	s are control measures to prevent foodborne illness or in	jury.		19	OUT N/A	Compliance with variance/specialized process/HACCP	4
				ETAIL				
		Good retail practices are preventative measures					, and physical objects into foods.  Secorrected on-site during inspection Rerepeat violation	ion
Ма	rk "X" in box if n	umbered item is not in compliance Mark "X" on ap	ргорпа	ie bux io	1 003	androi 000		
Com	pliance Status		cos	R	Com	pliance Status	COS	S R
	A STATE	Safe Food and Water	-				Proper Use of Utensils	
30		zed eggs used where required	-	$\vdash$	43		nsils properly stored	+
31		Ice from approved source	-	-	44		quipment & linens: properly stored, dried, & handled /single-service articles: properly stored & used	+
32	Variance	obtained for specialized processing methods	1		45	Gloves use		
	T T-	Food Temperature Control	THE SAME		40	Gibves dae	Utensils, Equipment and Vending	
33		boling methods used: adequate equipment for temp. control	-		47	Food and r	non-food contact surfaces cleanable,	
34 35		d properly cooked for hot holding  d thawing methods used	1	1	48		esigned, constructed, & used	
36		neters provided and accurate			49		ing: installed, maintained, & used: test strips	
1.00 1.00	1 Themor	Food Identification		1823			Physical Facilities	
37	Food pro	perly labeled: original container			50	Hot & cold	water available adequate pressure	
		Prevention of Food Contamination	EN EN		51	Plumbing in	nstalled, proper backflow devices	
38	Insects,	rodents, & animals not present			52	Sewage &	waste water properly disposed	
39	Contami	nation prevented during food preparation, storage & display			53	Toilet facili	ties properly constructed, supplied, & cleaned	
40	Persona	cleanliness			54	Garbage &	refuse properly disposed, facilities maintained	$\perp$
41					55		cilities installed, maintained, & dean	
42	Washing	fruits & vegetables			56	Adequate v	ventilation & lighting, designated areas used	$\perp$
					w.	NITE OF VALUE OF STREET	License Posted:	N
Ту	oe of Operation	n:						1
Dis	cussion with Person-in-Charge:						Follow-Up: Y	N
							Follow-Up Date:	
C		son in Charge: PT					Date: 9 13 2023	
					-			
Sig	nature of Insp	ector:					Date: 9 - 13 - 2023	



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



Establishment: 500	lishment: succt 6inger			Date: 9 - 13 - 2073 Page 7 of 2				
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\ Item   Carting of		UBS	ERVATIONS AND/OR CORRECTIV			Dated 0	Corrected	
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00 11 0 20			sink by sushi	for block	4- 605	co	5	
05 10 5-50	5.11 - 610	Macocay)	BUTTE AND SOSKI	SELL O SCORE	<u> </u>			
Signature of Darson in C	hargo: P 9	n			Date:			
Signature of Person in C	narge:	2.0						
Signature of Inspector:		n iSt	<		Date.	3-2023		



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



Esta	ablishment: H	Dat	eak	172	Page 1	of _2_	No. of Risk Factor/Intervention Violation	ns 2	2	
		Tim	e int	00	Time o	utį :00	No. of Repeat Risk Factor/Intervention Violation	ns 🧷	2	
700	nos/Pormit Hold	pu Itiquany er. Home stead Rest. of Merriman	-	k Cate		2	•	Total Violation	ns 4	4
		er. Home ctead Rest. of Hellimoc	K	one:	0,-	· V		Inspection Status: Green Yellow Red		
Em		Routine Re-inspection Pre-opera			Illne	ss Inves	tigation	Complaint Other		
Insp	ection Type:	Routine Re-inspection Pre-opera FOODBORNE ILLNESS RISK F		RS AN						
		Circle designated compliance status (IN, OUT, N/A,						in appropriate box for COS and/or R		
		IN = in compliance OUT= not in compliance NO = not				t applicat	le COS =	corrected on-site R = repeat violation		
-10	- 4 v. 11 20 4						2000		os	R
Com	pliance Status	the state of the s	os	R	Com	pliance	Status	Protection from Contamination	03	
	<b>A</b>	Supervision  Person in charge present, demonstrates knowledge and	T		15	TINDU	T N/A NO	Food separated and protected		
17	IN OUT	performs duties	$\rightarrow$	_	_	INOU		Food-contact surfaces cleaned and sanitized		
2	TN OUT N/A	Certified Food Protection Manager	1000	_0	16	-	_	Proper disposition or returned, previously served,		
		Employee Health			17	IN OU	MANO	reconditioned & unsafe food		Yar -
3	INOUT	Management/food employees & conditional employee; knowledge, responsibilities and reporting					-	Time / Temperature Control for Safety		
4	II) OUT	Proper use of restriction and exclusion			18		T N/A(NO)	Proper cooking time and temperature		-
5	TOOUT	Procedures for responding to vomiting and diarrheal events			19	-	T N/A(NO)	Proper reheating procedures for hot holding		$\dashv$
		Good Hygiene Practices			20	_	T N/A(NO)	Proper cooling time and temperatures	-	-
6	IN OUT (NO)	Proper eating, tasting, drinking, or tobacco use			21	100000	T N/A NO	Proper hot holding temperatures	-	-
7	IN OUT			22	-	T N/A NO	Proper cold holding temperatures  Proper date marking and disposition			
	0		-	23		TNANO	Time as a Public Health Control: procedures and records			
8	OUT NO	Hands clean & properly washed  No bare hand contact with RTE food	-	-	24	IN OO	TO AND	Consumer Advisory		1
9	OUT N/A NO	-+		25	EN OUT	T N/A	Consumer advisory provided for raw/undercooked foods			
10					2.5	0	1100	Highly Susceptible Populations		
11	CNOUT	Approved Source	T		26	N OU	T N/A	Pasteurized foods used; prohibited foods not offered		
12	Food obtained from an approved source  NOUT NANO Food received at proper temperature					0	Fo	od / Color Additives and Toxic Substances	- 1	
13					27	IN OU	T N/A	Food additives: approved and properly used		
14	IN OUT MAN NO	Reg, records available: shell stock tags, parasite destruction			28	N OU	T N/A	Toxic substances properly identified, stored and used		
	Risk factors a	are improper practices or procedures identified as the mos	st			0	* C	Conformance with Approved Procedures		
	Prevalent con Interventions	are improper practices or procedures identified as the mos tributing factors of foodborne illness or injury. Public Heal are control measures to prevent foodborne illness or injur	th y.		19	IN OU		Compliance with variance/specialized process/HACCP		
		COC	OD RE	TAIL I						
		Good retail practices are preventative measures to					chemicals,	, and physical objects into foods.	-4:	_
Ма	rk " <b>X</b> " in box if nur	nbered item is not in compliance Mark "X" on appr	opriate	box for	cos	and/or	cos	s =corrected on-site during inspection R=repeat viol	auon	275
Com	pliance Status		os	R	Com	pliance	Status		os	R
		Safe Food and Water	IBN I			1		Proper Use of Utensils	-	
30	Pasteurize	d eggs used where required	-		43			sils properly stored	-	-
31		e from approved source	-	-	44			quipment & linens: properly stored, dried, & handled  (single-service articles: properly stored & used	-	
32	Variance o	blained for specialized processing methods			45		Gloves use		-	
24		Food Temperature Control	T		46		Gibves use	Utensils, Equipment and Vending	W 2	
33		ling methods used: adequate equipment for temp. control properly cooked for hot holding	-	-	47	TT	70.70.7	non-food contact surfaces cleanable,		
34		hawing methods used	_		48			esigned, constructed, & used		
36		ters provided and accurate			49		Warewashi	ing: installed, maintained, & used: test strips		
50	Theimome	Food Identification		XE)	17			Physical Facilities		
37	Food prope	arly labeled: original container			50		Hot & cold	water available adequate pressure	_	
		Prevention of Food Contamination			51		Plumbing in	nstalled, proper backflow devices	-	
38	Insects, roo	dents, & animals not present			52			waste water properly disposed	-	Н
39	Contamina	tion prevented during food preparation, storage & display	-		53	1		ties properly constructed, supplied, & cleaned	-	-
40	Personal c	leanliness			54			refuse properly disposed, facilities maintained	-	~
41	Wiping clot	hs: properly used & stored	-	2	55	1/4		cilities installed, maintained, & dean	_	X
42	Washing fr	uits & vegetables	Sports		56		Adequate v	ventilation & lighting, designated areas used	-	
Tv	pe of Operation							License Posted:	()	N
·			694	-				Follow-Up:	7	N
Dis	scussion with Person-in-Charge:					1 .				
								Follow-Up Date:		
Sic	nature of Perso	on in Charge:						Date:		
_	nature of Inspe							Date 9(16/2025		
OI	griature or irispe	uiui.) 11 h						10000	_	_



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



Address: GAI DW Highway							Date: <b>Q(6/2023</b> Page <b>7</b> of				of <u>Z</u>
							Compliance Achieved:				
			119,000		TEMPERATURE OBSER	VATIONS	F - 3/-11/011				
Item / Location			Т	emp.	Item / Location	Te	mp.	p. Item / Location			Temp.
				_							
_											
							_				
	1000	2.6	THE STATE OF	OR	SERVATIONS AND/OR CORRI	ECTIVE ACTIONS					VX B
	Item	T T	T	- 1 / OL			Man			Dated C	Corrected
٧	Number	Section of Code			Description	of Violation				or (	cos
			kitchen?								
c.	55	6-501.12	FLOOR	1 000	ill in dish owe	a soile	t with	accum	nando		
			of dev								
	r.i	4 101 10				544		siled (	2.35		
PE	16	1-601.11 (A)			ap 1 chote of		vu ne	SUITED 4	17		
		Au Au			on of mold d						
C	55	C-501.11	+ ceiling	apo	we prepunit o	et cookli	re in	disrepai	r-		
			Observ	red 1	ags stoffed in	2 ceiling					
0	10	6-501,14	+ Hand	cash	sink in wit	cuen not	lakel	ed, "the	and	C	
			1. XX 50	Env	only."						
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			-								
				7							
<u> </u>					$\sim$			Date:			
_		erson in Charge:	1							2	
Sig	ature of I	nspector:	215	1				Date: 9	61201	5_	



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



Est	ablishment: D	unkin	Dat	Page 1 of _Z No. of Risk Factor/Intervention Violations					0	
		owers Landing	Tim	Time in L. OO Time out Z. Q		Time out Z: 2	No. of Repeat Risk Factor/Intervention Violations			
		er: ATTOM DONUTS INC.	Ris	Risk Category: D			Total Violations Ø			
Em		111101 001013 1210	Pho	Phone:			Inspection Status: Green Yellow Red			
_		Routine Re-inspection Pre-opera	ational		Ines	s Investigation	Complaint Other			
insp	pection Type:	FOODBORNE ILLNESS RISK I							2001	
		Circle designated compliance status (IN, OUT, N/A,					in appropriate box for COS and/or R			
		IN = in compliance OUT= not in compliance NO = not								
- 15		Microsoft succession and the second s				CALL DESIGNATION AND	NAME OF THE OWNERS OF THE OWNE	1000	1.5	
Com	pliance Status		cos	R Compliance Status			Protection from Contamination	cos	R	
=50	15	Supervision  Person in charge present, demonstrates knowledge and			45	Tan out was no			Т	
1	INOUT	performs duties	_	<b>→</b> ⊢	15	N OUT N/A NO	Food separated and protected	_	-	
2	IN OUT N/A	Certified Food Protection Manager		_	16	OUT N/A	Food-contact surfaces cleaned and sanitized  Proper disposition or returned, previously served,		-	
		Employee Health		141	17	ON AVI TUO NI	reconditioned & unsafe food			
3	NOUT	Management/food employees & conditional employee; knowledge, responsibilities and reporting		1 1	Time / Temperature Control for Safety					
4	INOUT	Proper use of restriction and exclusion			18	IN OUT NIA NO	Proper cooking time and temperature			
5	INOUT	Procedures for responding to vomiting and diarrheal events			19	IN OUT NA	Proper reheating procedures for hot holding			
	U	Good Hygiene Practices			20	IN OUT N/A NO	Proper cooling time and temperatures			
6	IN OUT (N)	Proper eating, tasting, drinking, or tobacco use			21	IN OUT N/A	Proper hot holding temperatures			
7	IN OUT NO	No discharge from eyes, nose, mouth			22	TN OUT N/A NO	Proper cold holding temperatures			
		Preventing Contamination by Hands			23	ON AN TUOM	Proper date marking and disposition			
8	NO TUON	Hands clean & properly washed			24	IN OUT N/A NO	Time as a Public Health Control: procedures and record	s		
9	II) OUT N/A NO	No bare hand contact with RTE food				, in the second	Consumer Advisory			
10	(IN)OUT	Adequate handwashing sinks properly supplied & accessible			25	IN OUT N/A	Consumer advisory provided for raw/undercooked foods	<u>.                                    </u>		
		Approved Source				~	Highly Susceptible Populations	1		
11	NOUT	Food obtained from an approved source		_    -	26	IN OUT MA	Pasteurized foods used; prohibited foods not offered		$\perp$	
12	MY OUT N/A	Food received at proper temperature					od / Color Additives and Toxic Substances		-	
13	OUT	Food in good condition, safe & unadulterated		<b>—</b>			Food additives: approved and properly used			
14	IN OUT NA NO	Req. records available: shell stock tags, parasite destruction			28 INOUT N/A Toxic substances properly identified, stored and used				100	
	Risk factors	are improper practices or procedures identified as the mos tributing factors of foodborne illness or injury, Public Heal are control measures to prevent foodborne illness or injur	st Ith	1 +			Conformance with Approved Procedures			
	Interventions	are control measures to prevent foodborne illness or injur	у.		19	IN OUT (A)	Compliance with variance/specialized process/HACCP			
	TO THE RESIDEN	GOO	OD RE	TAIL PR	ACT	TCES			-	
		Good retail practices are preventative measures to								
Mai	rk <b>"X</b> " in box if nur	mbered item is not in compliance Mark "X" on appr	opriate	box for Co	OS a	and/or COS	=corrected on-site during inspection R=repea	t violation	1	
Com	pliance Status	C C	cos	R C	omp	liance Status		cos	R	
100	STATE OF THE STATE	Safe Food and Water		GE 17	Proper Use of Utensils					
30	Pasteurize	d eggs used where required			43 In-use utensils properly stored					
31	Water & Ice	e from approved source			44		quipment & linens: properly stored, dried, & handled	_	$\vdash$	
32	Variance o	btained for specialized processing methods			45		Single-use/single-service articles: properly stored & used			
		Food Temperature Control	0.184	4 4	46 Gloves used properly					
33		ling methods used: adequate equipment for temp. control	-	- F	01/1		Utensils, Equipment and Vending			
34		properly cooked for hot holding		_   _	47		on-food contact surfaces cleanable, signed, constructed, & used	-	$\vdash$	
35		hawing methods used	-	<b>—</b>	48			-	$\vdash$	
36		ters provided and accurate	NUR S	30-1	49 Warewashing: installed, maintained, & used: test strips  Physical Facilities					
27	T   F4	Food Identification		$\dashv \vdash$	50	Hot & cold y	water available adequate pressure			
37	Food prope	Prevention of Food Contamination	a sylva		51		estalled, proper backflow devices		$\Box$	
38	I Inspets ro		S-38-24/0		52		waste water properly disposed		$\Box$	
39		Insects, rodents, & animals not present  Contamination prevented during food preparation, storage & display					ies properly constructed, supplied, & deaned			
40					54	Garbage & refuse properly disposed, facilities maintained				
_	41 Wiping doths: properly used & stored				55		cilities installed, maintained, & dean			
42		uits & vegetables			56		entilation & lighting, designated areas used			
				- 4,5°.				(3		
Тур	oe of Operation:						License Posted:	Ø -	N	
Dis	cussion with Pe	erson-in-Charge:					Follow-Up:	Υ (	'n	
	Account to the contract of the	The state of the s					Follow-Up Date:			
-	2 cm	n in Charge:			_					
Sig	nature of Perso	n in Charge:					Date:			
Sig	nature of Inspe	ctor: 8 11 P					Date: 9/5/2025	ŝ		



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



Es	ablishmer	t punkin		Date: \$15/2023   Page Z of _				
Ad	dress: 2	Bowers (	anding		Complian	ce Achieved: 🤊	15/2023	
				TEMPERATURE OBSERVATIONS			200	
		Item / Location	Temp.	Item / Location	Temp.	Item / Loca	ition	Temp.
								-
								-
			OB	SERVATIONS AND/OR CORRECTIVE AC	rions			
ν	Item	Section of Code		Description of Violation				ed Corrected or COS
-	Number							0,000
			No viola	tions observed during	time of	inspecti	٠ ١٥٥	
				,				
						<del>-</del>		
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Sigr	nature of P	erson in Charge:	Kan +	2		Date:		
Sigr	nature of I	nspector:	5/2			Date:	9/5/208	5