



# FOOD ESTABLISHMENT INSPECTION REPORT

Balmer School  
11 Crescent Street  
Whitinsville, MA 1588

| Inspection Number | Date    | Time In/Out        | Inspection Type    | Client Type   | Inspector   |        |
|-------------------|---------|--------------------|--------------------|---------------|-------------|--------|
| 45911             | 5/12/21 | 9:03 AM<br>9:37 AM | Routine            | Institutional | T.Gilchrist |        |
| Permit Number     | Risk    | Variance           | Priority           | Pf            | Core        | Repeat |
| 2021-004          | 2       |                    | Violation Summary: | 0             | 0           | 1      |

## Foodborne Illness Risk Factors and Public Health Interventions

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection Repeat Violations Highlighted in Yellow

| Supervision   | IN                                  | OUT                      | NA                       | NO                       | COS                      | Protection from Contamination (Cont'd)                    | IN                                  | OUT                      | NA                       | NO                       | COS                      |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. PIC present, demonstrates knowledge, and performs duties                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Food separated and protected                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Certified Food Protection Manager  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Food-contact surfaces; cleaned & sanitized            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Health   | IN                                  | OUT                      | NA                       | NO                       | COS                      | 17. Proper disposition of returned, previously served,    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Management, food employee and conditional employee knowledge, responsibilities and reporting | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Time/Temperature Control for Safety                       | IN                                  | OUT                      | NA                       | NO                       | COS                      |
| 4. Proper use of restriction and exclusion  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Proper cooking time & temperatures                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Procedures for responding to vomiting and diarrheal events                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Proper reheating procedures for hot holding           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Good Hygienic Practices   | IN                                  | OUT                      | NA                       | NO                       | COS                      | 20. Proper cooling time and temperature                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Proper eating, tasting, drinking, or tobacco use   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Proper hot holding temperatures                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. No discharge from eyes, nose, and mouth  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Proper cold holding temperatures                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventing Contamination by Hands   | IN                                  | OUT                      | NA                       | NO                       | COS                      | 23. Proper date marking and disposition                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Hands clean & properly washed  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Time as a Public Health Control; procedures & records | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. No bare hand contact with RTE food or a pre-approved   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consumer Advisory   | IN                                  | OUT                      | NA                       | NO                       | COS                      |
| 10. Adequate handwashing sinks supplied and accessible  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Consumer advisory provided for raw/undercooked food   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Approved Source   | IN                                  | OUT                      | NA                       | NO                       | COS                      | Highly Susceptible Populations                            | IN                                  | OUT                      | NA                       | NO                       | COS                      |
| 11. Food obtained from approved source  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. Pasteurized foods used; prohibited foods not offered  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Food received at proper temperature   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food/Color Additives and Toxic Substances                 | IN                                  | OUT                      | NA                       | NO                       | COS                      |
| 13. Food in good condition, safe & unadulterated  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. Food additives: approved & properly used              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Required records available: shellstock tags, parasite                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. Toxic substances properly identified, stored & used   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Repeat Violations Highlighted in Yellow   | IN                                  | OUT                      | NA                       | NO                       | COS                      | Conformance with Approved Procedures                      | IN                                  | OUT                      | NA                       | NO                       | COS                      |
|   |                                     |                          |                          |                          |                          | 29. Compliance with variance/specialized process/HACCP    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Good Retail Practices

| Safe Food and Water  | IN                                  | OUT                      | NA                       | NO                       | COS                      | Proper Use of Utensils   | IN                                  | OUT                                 | NA                       | NO                       | COS                      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 30. Pasteurized eggs used where required                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 43. In-use utensils: properly stored                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Water & ice from approved source                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 44. Utensils, equip. & linens: property stored, dried & handled  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Variance obtained for specialized processing methods   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45. Single-use/single-service articles: properly stored & used   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food Temperature Control                                   | IN                                  | OUT                      | NA                       | NO                       | COS                      | 46. Gloves used properly   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Proper cooling methods used; adequate equip. for temp. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Utensils, Equipment and Vending                                  | IN                                  | OUT                                 | NA                       | NO                       | COS                      |
| 34. Plant food properly cooked for hot holding             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 47. All contact surfaces cleanable, properly designed,           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Approved thawing methods used                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 48. Warewashing facilities: installed, maintained & used; test   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Thermometers provided & accurate                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49. Non-food contact surfaces clean                              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food Identification  | IN                                  | OUT                      | NA                       | NO                       | COS                      | Physical Facilities  | IN                                  | OUT                                 | NA                       | NO                       | COS                      |
| 37. Food properly labeled; original container              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50. Hot & cold water available; adequate pressure                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prevention of Food Contamination                           | IN                                  | OUT                      | NA                       | NO                       | COS                      | 51. Plumbing installed; proper backflow devices                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Insects, rodents & animals not present                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 52. Sewage & waste water properly disposed                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Contamination prevented in prep, storage & display     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 53. Toilet facilities: properly constructed, supplied, & cleaned | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Personal cleanliness                                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54. Garbage & refuse properly disposed; facilities maintained    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Wiping cloths; properly used & stored                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55. Physical facilities installed, maintained & clean            | 1                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Washing fruits & vegetables                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 56. Adequate ventilation & lighting; designated areas use        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                     |                          |                          |                          |                          | 60. 105 CMR 590 violations / local regulations                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal

*T. Gilchrist*

T. Gilchrist

*Mary Farese Brown*

Mary Farese Brown - Expires  
Certificate #:

Follow Up Required: ☐ Y Follow Up Date: \_\_\_\_\_

## FOOD SAFETY INSPECTION REPORT

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11 Crescent Street  
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Inspection Number  
45911

Date  
5/12/21

Time In/Out  
9:03 AM  
9:37 AM

Inspector  
T.Gilchrist

## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

## Physical Facilities

## Physical Facilities installed, maintained &amp; cleaned

55

## 6-501.11 Repairing - Kitchen -

- C** Put ceiling tiles back into place in food storage room to avoid entry of rodents. *Code: The physical facilities shall be maintained in good repair.*



## List 1

IN= In Compliance

OUT = Out of Compliance

NA = Not Applicable

NO= Not Observed

Is PIC on site

IN

Does establishment have copy of inspection policy

OUT

Are the ServSafe, Choke Save and MA Allergy Cert. posted?

IN

Is a current permit posted?

IN

Is grease trap log provided

IN

Are SOP's in place for cleaning up vomit/diarrheal incidents?

IN

Are Employee reporting forms on site.

IN

If applicable, is operation in compliance with HACCP plan?

NA

Irreversible Test strips/device available?

IN

Handsinks accessible.

IN

Notification posted for most recent inspection report?

NA

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## Inspection Report (Continued)

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Most recent Inspection report available?

IN

Are pest control reports available and up to date?

OUT

Hand washing sinks supplied with liquid soap, paper towels and trash

IN

Test kits on site for sanitizer.

IN

Are Covid 19 protocols being followed?

IN

## List 2

IN= In Compliance

OUT = Out of Compliance

NA = Not Applicable

NO= Not Observed

Conformance with approved procedures

NA

Approved HACCP plan on file w/variance

NA

Are cold holding temps being followed?

IN

Conformance w/ minimum required cook temps

IN

Food is protected from contamination

IN

Thermometers present in refrigerated and hot holding units

IN

Conformance with two-stage cooling to 41° F

NO

Food storage in compliance. All product up off floor?

IN

ROP Product held at 34° F (Soup box and R4)

NA

Frozen ROP product maintain afrozen solid

NA

Electronic continuous temp. monitoring devices in use

NA

Cold holding unit temperature visually checked 2x day

IN

Food Contact surfaces clean and sanitized?

IN

Sanitizer for wiping cloths available?

IN

Product held for &lt; 21 days at 34° F

NA

Records in compliance and maintained for 6 months

NA

## Temperatures

| Area    | Equipment        | Product                 | Notes | Temps   |
|---------|------------------|-------------------------|-------|---------|
| Kitchen | Walk in freezer  | Frozen food             |       | 9.5 °F  |
| Kitchen | 2 door reach in  | Prepared lunches        |       | 40.5 °F |
| Kitchen | Hot holding unit | Grill cheese sandwiches |       | 152 °F  |

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**Inspection Report (Continued)**

Repeat Violations Highlighted in Yellow

|               |                  |                         |  |        |
|---------------|------------------|-------------------------|--|--------|
| Kitchen       | Hot holding unit | Grill cheese sandwiches |  | 152 °F |
| Kitchen       | Dishmachine      |                         |  | 160 °F |
| Kitchen       | Walk in cooler   | Fruit, cheese, prepared |  | 41 °F  |
| Establishment | Milk cooler      | Milk cooler             |  | 40 °F  |

Temperatures in **RED** identify items in the temperature danger zone. See the report notes for specific details.

**Notes**

Sanitizer in buckets when tested was at 200 ppm's

The serving of hot foods is minimized at this time. The facility is serving pre packaged hot food on a limited basis

Handsinks all supplied and accesible