



FOOD ESTABLISHMENT INSPECTION REPORT

FW Hartnett Middle School
35 Federal St.
Blackstone, Massachusetts 01504
Permit Holder: Same

<u>Inspection Number</u>	<u>Date</u>	<u>Time In/Out</u>	<u>Inspection Type</u>	<u>Client Type</u>	<u>Inspector</u>
06F35	9/17/25	10:06 AM 10:52 AM	Routine	Institutional	D.James
<u>Permit Number</u>	<u>Risk</u>	<u>Variance</u>	<u>Estab.Type</u>	<u>Rating</u>	<u>Score</u>
	2		Institutional	Good	89

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					Protection from Contamination (Cont'd)				
IN	OUT	NA	NO	COS	IN	OUT	NA	NO	COS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Food-contact surfaces; cleaned & sanitized	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employee Health					Time/Temperature Control for Safety				
IN	OUT	NA	NO	COS	IN	OUT	NA	NO	COS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Procedures for responding to vomiting and diarrheal events	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices					Consumer Advisory				
IN	OUT	NA	NO	COS	IN	OUT	NA	NO	COS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands					Highly Susceptible Populations				
IN	OUT	NA	NO	COS	IN	OUT	NA	NO	COS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN	OUT	NA	NO	COS
Approved Source					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	NA	NO	COS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN	OUT	NA	NO	COS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Repeat Violations Highlighted in Yellow

Good Retail Practices

Safe Food and Water					Proper Use of Utensils				
IN	OUT	NA	NO	COS	IN	OUT	NA	NO	COS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Utensils, equip. & linens: property stored, dried & handled	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control					Utensils, Equipment and Vending				
IN	OUT	NA	NO	COS	IN	OUT	NA	NO	COS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification					Physical Facilities				
IN	OUT	NA	NO	COS	IN	OUT	NA	NO	COS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	NA	NO	COS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Contamination prevented in prep, storage & display	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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 pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

D. James

Christine Pezzullo - Expires
Certificate #:

<u>Priority</u>	<u>Pf</u>	<u>Core</u>	<u>Risk Factor</u>	<u>Repeat</u>	<u>Risk Factor</u>
1	2	2	3	0	

Follow Up Required: Y Follow Up Date:

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Inspection Report (Continued)

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Employee Health

Procedures for Responding to vomiting and diarrheal events

5 2-501.11 Clean-up Vomiting & Diarrheal Events - Establishment -

Pf No bodily fluid clean up kit observed.

Bodily fluid clean up kits must be on site at all times. *Code: A food establishment shall have procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food establishment. The procedures shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter.*

In accordance with Section 8-405.11 this violation must be corrected within 10 days

Protection From Contamination

Food-contact surfaces, cleaned & sanitized

16 4-501.114 (A)-(C) Chem.San. Temp./pH/Concentr./Hard. - Establishment -

COS Pr Sanitizer concentration at the dish sink observed under 200 ppm.

Sanitizers must hold at the manufacturer's instructions. *Code: A chemical sanitizer used in a sanitizing solution for a manual or mechanical operation at contact times specified under paragraph 4-703.11(C) shall meet the criteria specified under section 7-204.11 Sanitizers, Criteria, shall be used in accordance with the EPA-registered label use instructions, and shall be used as follows: A chlorine solution shall have a temperature of 55°F-120°F, depending on water hardness, and concentration range of 25ppm to 100ppm. An iodine solution shall have a minimum temperature of 68°F with a concentration range of 12.5ppm to 25ppm. A quaternary ammonium compound solution shall have a minimum temperature of 75°F, have a concentration as specified under section 7-204.11 and as indicated by the manufacturer's use directions included in the labeling, and be used only in water with 500 MG/L hardness or less or in water having a hardness no greater than specified by the*



In accordance with Section 8-405.11 this violation must be corrected within 72 hours

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16 4-601.11 (A) Equip, Food-Contact Surfaces - Establishment -

COS Pf Can opener blade observed soiled.

Food contact surfaces must be clean to the sight and touch. *Code: Equipment food-contact surfaces and utensils shall be clean to sight and touch.*



In accordance with Section 8-405.11 this violation must be corrected within 10 days

Prevention of Food Contamination

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Cont. prevented during food prep., storage & display

39 3-305.11 Food Storage - Establishment -

C Pickles observed stored directly on the floor.

Food must be stored at least 6 inches off of the floor.
Code: Food shall be protected from contamination by storing food: in a clean dry location; where it is not exposed to splash, dust, or other contamination; and at least 6 inches off the floor.



In accordance with Section 8-405.11 this violation must be corrected within 90 days

Proper Use of Utensils

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Uten./equip./linens; properly stored, dried, handled

44 **4-903.11 (A)(B)(D) Equip./Uten./Lin./Sing.-Ser/Use Art - Establishment -**

C Food packaging observed store on the floor.

Food packaging must be stored at least 6 inches off of the floor. *Code: Cleaned equipment and utensils, laundered linens, and single-service and single-use articles shall be stored: in a clean, dry location; where they are not exposed to splash, dust, or other contamination; and at least 15 cm (6 inches) above the floor. Clean equipment and utensils shall also be stored: in a self-draining position that allows air drying; and covered or inverted. Items that are kept in closed packages may be stored less than 15 cm (6 inches) above the floor on dollies, pallets, racks, and skids.*



In accordance with Section 8-405.11 this violation must be corrected within 90 days

List 1

IN= In Compliance OUT = Out of Compliance NA = Not Applicable NO= Not Observed

●	Managers Certification is up to date?	IN
●	Monthly service records available?	IN
●	Are employees wearing masks properly?	NA
●	Hand Sinks full stocked?	IN
●	Is there an Emp. Health Policy?	IN
●	Are SOP's in place for cleaning up vomit/diarrheal incidents?	OUT
●	If applicable, are shellstock tags available?	NA
●	If applicable, is operation in compliance with HACCP plan?	NA
●	Irreversible Test strips/device available?	IN
●	Thermometer available for 3-bay sink?	IN
●	Notification posted for most recent inspection report?	NA
●		OUT

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- Most recent Inspection report available?
OUT
- Are pest control reports available and up to date?
IN
- Add more or change these questions in Setup/ checklists!
NA

Temperatures

Area	Equipment	Product	Notes	Temps
Establishment	Misc.	Roasted vegetables	Holding	179 °F
Establishment	Walk-In Cooler 1	Egg sandwich	Holding	32 °F
Establishment	Walk-In Cooler 1	Shaved steak	Holding	36 °F
Establishment	Misc.	Meatballs	Holding	156 °F
Establishment	Walk-In Cooler 2	Milk	Holding	29 °F
Establishment	Walk-In Freezer A	Ambient air	Holding	8 °F
Establishment	Kitchen Cooler 1	Salad	Holding	34 °F
Establishment	Kitchen cooler 2	Cut fruit	Holding	32 °F
Establishment	Misc.	Burgers	Holding	160 °F

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