

Food Establishment Inspection Report – City/Town of Blackstone

Establishment: <u>ROAST House</u>	Date: <u>6-30-20</u>	Page 1 of <u>3</u>
Address: <u>3 FARM STREET</u>	Time in:	Time out:
Telephone: <u>508-883-7700</u> Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Owner: <u>Jorge Diego</u>	Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Person-in-charge: <u>Jorge Diego</u>		
Inspector: <u>William Fisher</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

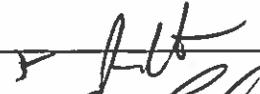
IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status	IN	OUT	N/A	N/O	COS	R
Supervision						
1 Person-in-charge present, demonstrates knowledge, and performs duties						
2 Certified Food Protection Manager						
Employee Health						
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4 Proper use of restriction and exclusion						
5 Procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices						
6 Proper eating, tasting, drinking, or tobacco use						
7 No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands						
8 Hands clean & properly washed						
9 No bare hand contact with ready-to-eat food						
10 Adequate handwashing sinks properly supplied and accessible						
Approved Source						
11 Food obtained from approved source						
12 Food received at proper temperature						
13 Food received in good condition, safe, & unadulterated						
14 Required records available: shellstock tags, parasite destruction						

Compliance Status	IN	OUT	N/A	N/O	COS	R
Protection from Contamination						
15 Food separated and protected						
16 Food-contact surfaces; cleaned & sanitized						
17 Proper disposition of returned, previously served, reconditioned & unsafe food						
Time/Temperature Control for Safety						
18 Proper cooking time & temperatures						
19 Proper reheating procedures for hot holding						
20 Proper cooling time and temperature						
21 Proper hot holding temperature						
22 Proper cold holding temperature						
23 Proper date marking and disposition						
24 Time as a Public Health Control						
Consumer Advisory						
25 Consumer advisory provided for raw / undercooked food						
Highly Susceptible Populations						
26 Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances						
27 Food additives: approved & properly used						
28 Toxic substances properly identified, stored & used						
Conformance with Approved Procedures						
29 Compliance with variance / specialized process / HACCP Plan						

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 pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: Discussion with Person-in-Charge:

Signature of Person-in-Charge: 	Date:
Signature of Inspector: 	Date: <u>6-30-20</u>

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Establishment: Roast House Date: 6-30-20 Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s): <input type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other _____	Type of Inspection: <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	Other Information:

Signature of Person-in-Charge:  Date: _____
 Signature of Inspector:  Date: 6-30-20

Food Establishment Inspection Report – City/Town of Blackstone

Establishment: Roast House

Date: 6-9-20

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Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Hot Hobbing Temp	139°	DRINK - Refrig	35	Single Door	38
" " " "	142°	DRINK Refrig	39	Del. SOLID Refrig	45 out of
Single Door freezer	4	Dairy Case	40	walk-in Refrig	38°

Observations and/or Corrective Actions			
Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code			
Item Number	Section of Code	Description of Violation	Date to Correct By
		Dishwasher filthy Take off line until Delimed, Cleaned & Sanitized.	
		walk-in Fan Guards need to be cleaned.	
		clean Ice Machine. Sanitize unit.	
		clean SPRAY NOZZLE NOZZLE	
		Replace all Dishwasher racks.	
		SOLID Refrigerator needs to be colder on top.	
		clean Grease under Fryers	
		clean Floor in walk-in freezer.	
		BAR AREA Soda DRAIN Line DRAINING into DRINK Ice	
		clean Beer Cooler. Behind BAR.	
		clean Door Handles that need it.	
		Dishwasher Test Kits - Good Cl-50 ppm.	
		clean Handwash Sink	
		Pest Control, N/A Pest Control - NO ISSUES	

Signature of Person-in-Charge: 

Signature of Inspector: 

Date: 6-9-20

Date: 6-8-20

Food Establishment Inspection Report – City/Town of Blackstone

Establishment: Roast House

Date: 6-9-20

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Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Hot Holding Temp	137°	DRAW - Refrig	55	Single Door	38
" " " "	142°	DRAW Refrig	39	Del. SALID Refrig	45 out of
Single Door Freezer	4	Double Door	40	walk in Refrig	38°

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

Item Number	Section of Code	Description of Violation	Date to Correct By
		Dishwasher filthy Take off line until Delimed, Cleaned & Sanitized.	
		walk in Fan Guards need to be cleaned.	
		clean Ice Machine. Sanitize unit.	
		clean SPRAY HOZZEL NOZZLE	
		Replace all Dishwasher racks.	
		SALID Refrigerator needs to be colder on top.	
		clean Grease under Fryers	
		clean Floor in walk in Freezer.	
		BAR AREA Soda DRAIN Line draining into Drink Ice	
		clean Beer Cooler. Behind BAR.	
		clean Door Handles that need it.	
		Dish washer Test Kits - Good CI - 50 ppm.	
		clean Handwash Sink	
		Pest Control - NE Pest Control - NO ISSUES	

Signature of Person-in-Charge:

Date:

Signature of Inspector:

Date:

Food Establishment Inspection Report – City/Town of Blackstone

Establishment: <u>Roast House</u>		Date: <u>6-18-20</u>	Page 1 of <u> </u>
Address: <u>3 Faem St</u>		Time in: <u> </u>	Time out: <u> </u>
Telephone: <u>5088837700</u>	Permit No.: <u> </u>	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u> </u>	
Owner: <u>Jojo & Kathy Diogo</u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u> </u>	
Person-in-charge: <u>Joanie</u>		Inspector: <u> </u>	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS			
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Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
Approved Source							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food						
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan						

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Date of Reinspection: **Discussion with Person-in-Charge:**

Signature of Person-in-Charge: <u>Joan Diogo</u>	Date: <u> </u>
Signature of Inspector: <u>William Fisher</u>	Date: <u>6-18-20</u>

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Establishment: Roast House Date: 6-18-20 Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

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See Inspection 6-9-20

Compliance Status		IN	OUT	N/A	N/O	COS	R
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36	Thermometers provided & accurate						
Food Identification							
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40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other _____	Type of Inspection: <input checked="" type="checkbox"/> Routine <input checked="" type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	Other Information:

Signature of Person-in-Charge: [Signature] Date: _____
 Signature of Inspector: [Signature] Date: 6-18-20

Food Establishment Inspection Report - City/Town of Blackstone

Establishment: Roast House

Date: 6-18-20 Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
<u>SALAD Deli</u>	<u>36°</u>	<u>Baked</u>	<u>46 to 71°</u>		

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

Item Number	Section of Code	Description of Violation	Date to Correct By
		* Dishwasher was cleaner but not completely Door need to be removed cleaned SANITIZED	
		walkin Refrig Fan Guards cleaned - Good	
		* Ice machine NOT cleaned properly	
		* SPRAY NOZZLE NOT cleaned	
		Dishwasher Rack Replaced - Good	
		* SALAD Refrigerator NOT cold enough on top	
		* Grease under Fryers NOT cleaned	
		* walkin Freezer food still needs to be cleaned waiting for now FREEZE CLEANER.	
		soda gun drain line replaced and not draining into DRINK Ice Sink.	
		* cleaned about 1/2 of Beer Cooler other half still Needs to be cleaned	
		clean door + handles on door in back room:	
		* clean shelves in walkin Refrigerator mold Growth.	

Signature of Person-in-Charge: Joey Spaf
Signature of Inspector: William Fisher

Date: _____
Date: _____

Food Establishment Inspection Report – City/Town of Blackstone

Establishment: <u>Roast House</u>	Date: <u>6-9-20</u>	Page 1 of <u> </u>
Address: <u>3 FARM ST</u>	Time in: <u> </u>	Time out: <u> </u>
Telephone: <u>508-893-7700</u> Permit No.: <u> </u>	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>0</u>	
Owner: <u>TORGE DIBO</u>	Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>0</u>	
Person-in-charge: <u>JRGE, DIBO</u>		
Inspector: <u>William Fish-K</u>		
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Compliance Status	IN	OUT	N/A	N/O	COS	R
Supervision						
1 Person-in-charge present, demonstrates knowledge, and performs duties	✓					
2 Certified Food Protection Manager	✓					
Employee Health						
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting	✓					
4 Proper use of restriction and exclusion						✓
5 Procedures for responding to vomiting and diarrheal events						✓
Good Hygienic Practices						
6 Proper eating, tasting, drinking, or tobacco use	✓					
7 No discharge from eyes, nose, and mouth	✓					
Preventing Contamination by Hands						
8 Hands clean & properly washed	✓					
9 No bare hand contact with ready-to-eat food	✓					
10 Adequate handwashing sinks properly supplied and accessible	✓					
Approved Source						
11 Food obtained from approved source	✓					
12 Food received at proper temperature	✓					
13 Food received in good condition, safe, & unadulterated	✓					
14 Required records available: shellstock tags, parasite destruction						

Compliance Status	IN	OUT	N/A	N/O	COS	R
Protection from Contamination						
15 Food separated and protected	✓					
16 Food-contact surfaces; cleaned & sanitized						✓
17 Proper disposition of returned, previously served, reconditioned & unsafe food	✓					
Time/Temperature Control for Safety						
18 Proper cooking time & temperatures	✓					
19 Proper reheating procedures for hot holding	✓					
20 Proper cooling time and temperature	✓					
21 Proper hot holding temperature	✓					
22 Proper cold holding temperature	✓					
23 Proper date marking and disposition	✓					
24 Time as a Public Health Control						✓
Consumer Advisory						
25 Consumer advisory provided for raw / undercooked food						✓
Highly Susceptible Populations						
26 Pasteurized foods used; prohibited foods not offered						✓
Food/Color Additives and Toxic Substances						
27 Food additives: approved & properly used						✓
28 Toxic substances properly identified, stored & used						✓
Conformance with Approved Procedures						
29 Compliance with variance / specialized process / HACCP Plan						✓

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Date of Reinspection:	Discussion with Person-in-Charge:
Signature of Person-in-Charge:	Date:
	6-9-20-
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	6-9-20

Food Establishment Inspection Report – City/Town of Blackstone

Establishment: Roast House Date: 6-9-20 Page 2 of

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Food Identification							
37	Food properly labeled; original container	✓					
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38	Insects, rodents, & animals not present	✓					
39	Contamination prevented during food preparation, storage and display	✓					
40	Personal cleanliness						
41	Wiping cloths: properly used & stored	✓					
42	Washing fruits & vegetables	✓					
Proper Use of Utensils							
43	In-use utensils properly stored	✓					
44	Utensils, equipment & linens: properly stored, dried, & handled	✓					
45	Single-use / single-service articles: properly stored & used	✓					
46	Gloves used properly	✓					
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used	✓					

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips		✓				
49	Non-food contact surfaces clean		✓				
Physical Facilities							
50	Hot & cold water available; adequate pressure	✓					
51	Plumbing installed; proper backflow devices	✓					
52	Sewage & waste water properly disposed	✓					
53	Toilet features: properly constructed, supplied, & cleaned	✓					
54	Garbage & refuse properly disposed; facilities maintained	✓					
55	Physical facilities installed, maintained, & clean	✓					
56	Adequate ventilation & lighting; designated areas used	✓					
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
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Review of Retail Operations listed in 105 CMR 590.010							
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Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other _____	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	Other Information:
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Signature of Person-in-Charge: [Signature] Date: _____
 Signature of Inspector: [Signature] Date: 6-9-20