

# Food Establishment Inspection Report – City/Town of Blackstone

Establishment: <u>Ideal Pizzeria</u>	Date: <u>3-3-20</u>	Page 1 of <u>3</u>
Address: <u>2 MAIN ST. BLACKSTONE</u>	Time in:	Time out:
Telephone: <u>508 883 4455</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Owner: <u>KONSTANTINO TZEREMES</u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: <u>SAME</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
<b>Supervision</b>						
1 Person-in-charge present, demonstrates knowledge, and performs duties	✓					
2 Certified Food Protection Manager	✓					
<b>Employee Health</b>						
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						
<b>Good Hygienic Practices</b>						
6 Proper eating, tasting, drinking, or tobacco use	✓					
7 No discharge from eyes, nose, and mouth	✓					
<b>Preventing Contamination by Hands</b>						
8 Hands clean & properly washed	✓					
9 No bare hand contact with ready-to-eat food	✓					
10 Adequate handwashing sinks properly supplied and accessible	✓					
<b>Approved Source</b>						
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
<b>Protection from Contamination</b>						
15 Food separated and protected	✓					
16 Food-contact surfaces; cleaned & sanitized	✓					
17 Proper disposition of returned, previously served, reconditioned & unsafe food	✓					
<b>Time/Temperature Control for Safety</b>						
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	✓					
<b>Consumer Advisory</b>						
25 Consumer advisory provided for raw / undercooked food						
<b>Highly Susceptible Populations</b>						
26 Pasteurized foods used; prohibited foods not offered						
<b>Food/Color Additives and Toxic Substances</b>						
27 Food additives: approved & properly used						
28 Toxic substances properly identified, stored & used						
<b>Conformance with Approved Procedures</b>						
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>3-3-20</u>

Food Establishment Inspection Report – City/Town of Blackstone

Establishment: Ideal Pizza Date: 3-3-20 Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Chest Freezer	5°	CLASS DOOR REFRIG	39	Double Door Freezer	8°
Hot Holding w/AT Temp		Double Door Freezer	-2	Ice Refrig	41°

**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
49		clean Fan Guards in walk in Refrigerator clean around light & door yeast growth	
49		clean Handle on Refrigerators and Freezers	
		DE Bug Test Control 1x/month	

Signature of Person-in-Charge: [Signature] Date: \_\_\_\_\_  
 Signature of Inspector: William Fike Date: 3-3-20

# Food Establishment Inspection Report – City/Town of Blackstone

Establishment: TRIA PIZZA Date: 3-3-20 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	NO	COS	R
<b>Safe Food and Water</b>							
30	Pasteurized eggs used where required	✓					
31	Water & ice from approved source	✓					
32	Variance obtained for specialized processing methods			✓			
<b>Food Temperature Control</b>							
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	✓					
<b>Food Identification</b>							
37	Food properly labeled; original container	✓					
<b>Prevention of Food Contamination</b>							
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	✓					
<b>Proper Use of Utensils</b>							
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	✓					
<b>Utensils, Equipment and Vending</b>							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used	✓					

Compliance Status		IN	OUT	N/A	NO	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean		✓				
<b>Physical Facilities</b>							
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	✓					
<b>Additional Requirements listed in 105 CMR 590.011</b>							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness		✓				
<b>Review of Retail Operations listed in 105 CMR 590.010</b>							
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						
<b>Local Requirements</b>							
L1	Local law or regulation						
L2	Other						

<b>Type of Operation(s):</b> <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 _____	<b>Type of Inspection:</b> <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 _____	<b>Other Information:</b>  
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Signature of Person-in-Charge: [Signature] Date: \_\_\_\_\_  
 Signature of Inspector: [Signature] Date: 3-3-20