

Food Establishment Inspection Report – City/Town of Bedford

Establishment:		Date:	Page 1 of ____
Address:		Time in:	Time out:
Telephone:	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): 	
Owner:			
Person-in-charge:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): 	
Inspector:			
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:

Food Establishment Inspection Report – City/Town of Bedford

Establishment: _____ Date: _____ Page 2 of _____

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:
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Signature of Person-in-Charge: _____	Date: _____
Signature of Inspector: _____	Date: _____

Food Establishment Inspection Report – City/Town of Bedford

Establishment:	Date:	Page ____ of ____
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Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

Observations and/or Corrective Actions			
Item Number	Section of Code	Description of Violation	Date to Correct By
Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code			

Signature of Person-in-Charge:	Date:
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Signature of Inspector:	Date:
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