

Food Establishment Inspection Report – Town of Your Town, Health Department – 123-456-7890

Establishment: _____ Date: _____ Page 2 of _____

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance **OUT** = out of compliance **N/A** = not applicable **N/O** = not observed **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 ^(P)						
31	Water & ice from approved source ^(P)						
32	Variance obtained for specialized processing methods ^(Pf)						
Food Temperature Control							
33	Proper cooling methods used ^{(Pf) (C)} ; adequate equipment for temperature control ^(Pf)						
34	Plant food properly cooked for hot holding ^(Pf)						
35	Approved thawing methods used ^(C)						
36	Thermometers provided & accurate ^{(Pf) (C)}						
Food Identification							
37	Food properly labeled ^(Pf) ; original container ^(C)						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present ^{(Pf) (C)}						
39	Contamination prevented during food preparation, storage and display ^(C) customer self-service ^(Pf) , ice ^(P)						
40	Personal cleanliness ^{(Pf) (C)}						
41	Wiping cloths: properly used & stored ^(C)						
42	Washing fruits & vegetables ^{(P) (Pf)}						
Proper Use of Utensils							
43	In-use utensils properly stored ^(C)						
44	Utensils, equipment & linens: properly stored, dried, & handled ^(C)						
45	Single-use / single-service articles: properly stored & used ^{(P) (C)}						
46	Gloves used properly ^(C)						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used ^{(P) (Pf) (C)}						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips ^{(Pf) (C)}						
49	Non-food contact surfaces clean ^(C)						
Physical Facilities							
50	Hot & cold water available; adequate pressure ^(Pf)						
51	Plumbing installed; proper backflow devices ^{(P) (Pf) (C)}						
52	Sewage & waste water properly disposed ^{(P) (Pf) (C)}						
53	Toilet features: properly constructed, supplied, & cleaned ^{(Pf) (C)}						
54	Garbage & refuse properly disposed; facilities maintained ^(C)						
55	Physical facilities installed, maintained, & clean ^{(P) (Pf) (C)}						
56	Adequate ventilation & lighting; designated areas used ^(C)						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment ^(C)						
M2	Food allergy awareness ^(C)						
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	Garbage Grinder						
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: _____