

# FOOD PREMISES INSPECTION FORM

Name of Premises: St Paul's After School Program License #: 02-02534 Type:  Class 3  Class 4  Class 5

Operator: \_\_\_\_\_ Category:  Routine  Re-inspection  New License  Complaint  CD Follow-up Inspection

Address: 4 Church Avenue, Roxbury MA 02114 Water Supply:  Private  Municipal



Item No.	N.O.	S	U	Item No.	N.O.	S	U	Item No.	N.O.	S	U
1.0	FOOD			3.3				7.0	FOOD EQUIPMENT AND UTENSILS		
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1			
1.2				3.5		<input checked="" type="checkbox"/>		7.2			
1.3				3.6				7.3			
2.0	FOOD STORAGE			4.0				7.4			
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5			
2.2				4.2				8.0	CLEANING AND SANITIZING		
2.3		<input checked="" type="checkbox"/>		5.0				8.1			
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2			
2.5				5.2				9.0	SANITARY FACILITIES		
2.6		<input checked="" type="checkbox"/>		6.0				9.1			
2.7				6.1		<input checked="" type="checkbox"/>		9.2			
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		10.0	FLOORS, WALLS AND CEILINGS		
3.1		<input checked="" type="checkbox"/>		6.3				10.1			
3.2		<input checked="" type="checkbox"/>									

N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction

Item No.	MI	MA	CR	Remarks	Date for Correction
1.3	<input checked="" type="checkbox"/>				
3.1				Twice containers in fridge must be covered by lids & covered with date & prep. No sanitizing & disinfectant at time of inspection. Sanitize solution & scrub must be at 200ppm & must be at concentration & manufacturer instructions.	Immediately corrected
8.1					

Green       Dark Yellow  
 Light Yellow       Red  
 Striped Red

Date of Inspection: 23/10/2012

Re-inspection Required:  Yes  No

If Yes, Date: \_\_\_\_\_