

FOOD PREMISES INSPECTION FORM

Name of Premises: BOSTON TICE
 Operator: _____
 Address: 1381 KENNEDY ST, BOSTON MA

License #: 03-02019 Type: Class 3 Class 4 Class 5
 Category: Routine Re-inspection New License Complaint CD Follow-up Inspection
 Water Supply: Private Municipal



Item No.	N.O.	S	U	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			10.2			
1.1		<input checked="" type="checkbox"/>		3.4				7.1				10.3			
1.2		<input checked="" type="checkbox"/>		3.5				7.2				11.0			
1.3		<input checked="" type="checkbox"/>		3.6				7.3				11.1			
2.0	FOOD STORAGE			4.0				7.4				11.2			
2.1		<input checked="" type="checkbox"/>		4.1				7.5				11.3			
2.2		<input checked="" type="checkbox"/>		4.2				8.0				12.0			
2.3		<input checked="" type="checkbox"/>		5.0				8.1				12.1			
2.4		<input checked="" type="checkbox"/>		5.1				8.2				12.2			
2.5		<input checked="" type="checkbox"/>		5.2				9.0				13.0			
2.6		<input checked="" type="checkbox"/>		6.0				9.1				13.1			
2.7		<input checked="" type="checkbox"/>		6.1				9.2				13.2			
3.0	FOOD PREPARATION AND HANDLING			6.2				10.0				13.3			
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
				<i>No deficiencies observed during inspection</i>	

Green
 Light Yellow
 Striped Red
 Dark Yellow
 Red

Date of Inspection: Feb 24 2021

Re-inspection Required: Yes No

If Yes, Date: _____