

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Silver Hill School</u>	Date <u>3/24/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>675 Washington St</u>	Risk Level		
Telephone <u>978 374 3448</u>	HACCP Y/N		
Owner <u>City of Haverhill</u>	Time In: Out:		
Person in Charge (PIC) <u>Bernadette Richard</u>	Permit No.		
Inspector <u>B. Dufresne</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking 590.009 (E)

Tobacco 590.009 (F)

Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC

- ☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source

- ☐ 5. Receiving/Condition

- ☐ 6. Tags/Records/Accuracy of Ingredient Statements

- ☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection

- ☐ 9. Food Contact Surfaces Cleaning and Sanitizing

- ☐ 10. Proper Adequate Handwashing

- ☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives

- ☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures

- ☐ 17. Reheating

- ☐ 18. Cooling

- ☐ 19. Hot and Cold Holding

- ☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

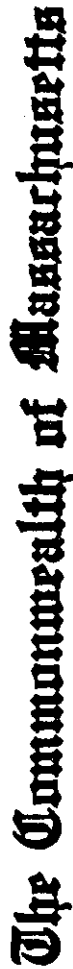


Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>B. Dufresne</u>	Print: <u>Bernadette Dufresne</u>	
PIC's Signature: <u>Bernadette Richard</u>	Print: _____	Page ____ of ____ Pages

Discussion With Person in Charge:



**CITY/TOWN OF
HAVERHILL**

In accordance with the Massachusetts State Building Code, Section 108.15, this

CERTIFICATE OF INSPECTION

is issued to

I **Verify** that I have inspected the **PREMISES** **SAME**
located at **675 Washington St** in the **CITY** of **HAVERHILL**

County of.....**ESSEX**.....Commonwealth of Massachusetts. The means of egress are sufficient for the following number of persons:

BY STORY

[illegible]

BY PLACE OF ASSEMBLY OR STRUCTURE

Place of Assembly or Structure	Capacity	Location	Place of Assembly or Structure	Capacity	Location
Assembly E	1582	Cafe/Gym			
	1604	All Other Areas			

370

8/25/16

9/1/2017

Certificate Number

Date Certificate Issued

Date Certificate Expires

Building Official

The building official shall be notified within (10) days of any changes in the above information.



Haverhill Fire Department
Fire Prevention / Investigation Unit

978 373-8460

D/C Eric Tarpy
Lieut. Roger E. Moses
Insp. Jonathan Pramas
Insp. James Graham



Stephanie M. Croston
Principal Clerk/Facilities
Haverhill Public Schools
Silver Hill Horace Mann Charter School
675 Washington Street
Haverhill, MA. 01832
978 374-3448

Ms. Stephanie Croston,

On April 6, 2017 a quarterly Fire Inspection was conducted at your facility. While being escorted by maintenance, the following safety hazards or discrepancies were found:

No issues or violations were found.

Sincerely,

Inspector Jonathan Pramas
Fire prevention Division
978-373-8460