

Papa Ginos/D'Angelo
MA Pike EAST MM 8E
Natick, MA 01760

| | | | | | |
|--------------------------|-------------|--------------------|---------------------------|--------------------|---------------------------|
| <u>Inspection Number</u> | <u>Date</u> | <u>Time In/Out</u> | <u>Inspection Type</u> | <u>Client Type</u> | <u>Inspector</u> |
| 8DD4B | 1/10/23 | 9:43 AM 9:46 AM | Re-Inspection | Restaurant | M.Caisapanta |
| <u>Permit Number</u> | <u>Risk</u> | <u>Variance</u> | <u>Violation Summary:</u> | | |
| | 2 | | <u>Priority</u> | <u>Pf</u> | <u>Core</u> <u>Repeat</u> |

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 Repeat Violations Highlighted in Yellow

| Supervision | IN | OUT | NA | NO | COS | Protection from Contamination (Cont'd) | IN | OUT | NA | NO | COS |
|---|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1. PIC present, demonstrates knowledge, and performs duties | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Food separated and protected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Certified Food Protection Manager | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Food-contact surfaces; cleaned & sanitized | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Health | IN | OUT | NA | NO | COS | Time/Temperature Control for Safety | IN | OUT | NA | NO | COS |
| 3. Management, food employee and conditional employee knowledge, responsibilities and reporting | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Proper disposition of returned, previously served, reconditioned & unsafe foods | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Proper use of restriction and exclusion | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Proper cooking time & temperatures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Procedures for responding to vomiting and diarrheal events | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Proper reheating procedures for hot holding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Good Hygienic Practices | IN | OUT | NA | NO | COS | 20. Proper cooling time and temperature | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Proper eating, tasting, drinking, or tobacco use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 21. Proper hot holding temperatures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. No discharge from eyes, nose, and mouth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 22. Proper cold holding temperatures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Preventing Contamination by Hands | IN | OUT | NA | NO | COS | 23. Proper date marking and disposition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Hands clean & properly washed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 24. Time as a Public Health Control; procedures & records | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Consumer Advisory | IN | OUT | NA | NO | COS |
| 10. Adequate handwashing sinks supplied and accessible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Consumer advisory provided for raw/undercooked food | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Approved Source | IN | OUT | NA | NO | COS | Highly Susceptible Populations | IN | OUT | NA | NO | COS |
| 11. Food obtained from approved source | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. Pasteurized foods used; prohibited foods not offered | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Food received at proper temperature | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food/Color Additives and Toxic Substances | IN | OUT | NA | NO | COS |
| 13. Food in good condition, safe & unadulterated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. Food additives: approved & properly used | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Required records available: shellstock tags, parasite destruction, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 28. Toxic substances properly identified, stored & used | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Repeat Violations Highlighted in Yellow | | | | | | Conformance with Approved Procedures | IN | OUT | NA | NO | COS |
| | | | | | | 29. Compliance with variance/specialized process/HACCP | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Good Retail Practices

| Safe Food and Water | IN | OUT | NA | NO | COS | Proper Use of Utensils | IN | OUT | NA | NO | COS |
|--|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 30. Pasteurized eggs used where required | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 43. In-use utensils: properly stored | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Water & ice from approved source | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 44. Utensils, equip. & linens: property stored, dried & handled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Variance obtained for specialized processing methods | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45. Single-use/single-service articles: properly stored & used | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food Temperature Control | IN | OUT | NA | NO | COS | 46. Gloves used properly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Proper cooling methods used; adequate equip. for temp. control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Utensils, Equipment and Vending | IN | OUT | NA | NO | COS |
| 34. Plant food properly cooked for hot holding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 47. All contact surfaces cleanable, properly designed, constructed, & used | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Approved thawing methods used | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 48. Warewashing facilities: installed, maintained & used; test strips | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Thermometers provided & accurate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49. Non-food contact surfaces clean | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food Identification | IN | OUT | NA | NO | COS | Physical Facilities | IN | OUT | NA | NO | COS |
| 37. Food properly labeled; original container | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50. Hot & cold water available; adequate pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prevention of Food Contamination | IN | OUT | NA | NO | COS | 51. Plumbing installed; proper backflow devices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Insects, rodents & animals not present | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 52. Sewage & waste water properly disposed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Contamination prevented in prep, storage & display | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 53. Toilet facilities: properly constructed, supplied, & cleaned | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Personal cleanliness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54. Garbage & refuse properly disposed; facilities maintained | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Wiping cloths; properly used & stored | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55. Physical facilities installed, maintained & clean | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Washing fruits & vegetables | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 56. Adequate ventilation & lighting; designated areas use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | 60. 105 CMR 590 violations / local regulations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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).

M. Caisapanta

M.Caisapanta

Gerald Rose

Gerald Rose - Expires
Certificate #:

Follow Up Required: Y Follow Up Date: _____

FOOD SAFETY INSPECTION REPORT

Papa Ginos/D'Angelo
MA Pike EAST MM 8E
Natick, MA 01760

Inspection Number
8DD4B

Date
1/10/23

Time In/Out
9:43 AM
9:46 AM

Inspector
M.Caisapanta

Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

97 97 Corrected - Establishment -

COS

---- The Original Violation Code was 5-203.14 Backflow Prevention Device/Required ----- Spray hose @3bay drops into water mop sink. Gaps w wall edges and floor drain by 3 bay. Seal. - A plumbing system shall be installed to preclude backflow of a solid, liquid, or gas contaminant into the water supply system at each point of use at the food establishment, including on a hose bibb if a hose is attached or on a hose bibb if a hose is not attached and backflow prevention is required by law by providing an air gap or installing an approved backflow prevention device.

Temperatures

| Area | Equipment | Product | Notes | Temps |
|---|-----------|---------|-------|-------|
| Temperatures in RED identify items in the temperature danger zone. See the report notes for specific details. | | | | |