



P. Brent Trottier Middle School
49 Parkerville Road
53 Parkerville Rd
Southborough, MA 01772

Inspection Number	Date	Time In/Out	Inspection Type	Client Type	Inspector			
F4C85	2/11/25	12:06 PM 12:38 PM	Routine	Institutional	M.Seager			
Permit Number	Risk	Variance	Rating	Score	Priority	Pf	Core	Repeat
221044	2			0	0			

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

Good Retail Practices

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

Lea Rondeau - Expires 02/28/2028
Certificate #: 4298175

Follow Up Required: Y Follow Up Date: _____

FOOD SAFETY INSPECTION REPORT

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12:06 PM
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Inspector
M.Seager

Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

Positive Notes

Proper Food Safety Practices

98 98 Proper Food Safety Practices - Establishment -

N Kitchen clean - Excellent.



98 98 Proper Food Safety Practices - Establishment -

N Kitchen clean - Excellent.



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Temperatures

Area	Equipment	Product	Notes	Temps
Establishment	Walk-in Freezer	Chicken fingers		2 °F
Establishment	Handwashing sink -	Water		100 °F
Establishment	Walk-in Cooler	Whipped cream		40 °F
Establishment	Walk-in Freezer	Hamburgers		3 °F
Establishment	Handwashing sink -	Water		103 °F
Establishment	Handwashing sink -	Water		100 °F
Establishment	Warewashing	Surface temp		160 °F
Establishment	Steam Table	Meat sauce		155 °F

Temperatures in RED identify items in the temperature danger zone. See the report notes for specific details.

Notes

No issues or concerns

Entire kitchen is clean, organized and well maintained

Keep up the great work