



FOOD ESTABLISHMENT INSPECTION REPORT

Shubh Kitchen
2 Skylar Drive
Southborough, Ma 01772

Inspection Number	Date	Time In/Out	Inspection Type	Client Type	Inspector			
CE324	3/26/22	11:15 AM 11:30 AM	Routine	Caterer	1.Inspector			
Permit Number	Risk	Variance	Rating	Score	Priority	Pf	Core	Repeat
				0	0	0	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	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"/>					15. Food separated and protected	<input checked="" type="checkbox"/>				
2. Certified Food Protection Manager	<input checked="" type="checkbox"/>					16. Food-contact surfaces, cleaned & sanitized	<input checked="" 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"/>					17. Proper disposition of returned, previously served,	<input checked="" type="checkbox"/>				
4. Proper use of restriction and exclusion	<input checked="" type="checkbox"/>					18. Proper cooking time & temperatures	<input checked="" type="checkbox"/>				
5. Procedures for responding to vomiting and diarrheal events	<input checked="" type="checkbox"/>					19. Proper reheating procedures for hot holding	<input checked="" type="checkbox"/>				
Good Hygienic Practices	IN	OUT	NA	NO	COS	20. Proper cooling time and temperature	<input checked="" type="checkbox"/>				
6. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="checkbox"/>					21. Proper hot holding temperatures	<input checked="" type="checkbox"/>				
7. No discharge from eyes, nose, and mouth	<input checked="" type="checkbox"/>					22. Proper cold holding temperatures	<input checked="" type="checkbox"/>				
Preventing Contamination by Hands	IN	OUT	NA	NO	COS	23. Proper date marking and disposition	<input checked="" type="checkbox"/>				
8. Hands clean & properly washed	<input checked="" type="checkbox"/>					24. Time as a Public Health Control, procedures & records	<input checked="" type="checkbox"/>				
9. No bare hand contact with RTE food or a pre-approved	<input checked="" type="checkbox"/>					Consumer Advisory	IN	OUT	NA	NO	COS
10. Adequate handwashing sinks supplied and accessible	<input checked="" type="checkbox"/>					25. Consumer advisory provided for raw/undercooked food	<input checked="" type="checkbox"/>				
Approved Source	IN	OUT	NA	NO	COS	Highly Susceptible Populations	IN	OUT	NA	NO	COS
11. Food obtained from approved source	<input checked="" type="checkbox"/>					26. Pasteurized foods used; prohibited foods not offered	<input checked="" type="checkbox"/>				
12. Food received at proper temperature	<input checked="" type="checkbox"/>					Food/Color Additives and Toxic Substances	IN	OUT	NA	NO	COS
13. Food in good condition, safe & unadulterated	<input checked="" type="checkbox"/>					27. Food additives: approved & properly used	<input checked="" type="checkbox"/>				
14. Required records available: shellstock tags, parasite	<input checked="" type="checkbox"/>					28. Toxic substances properly identified, stored & used	<input checked="" type="checkbox"/>				
Repeat Violations Highlighted in Yellow						Conformance with Approved Procedures	IN	OUT	NA	NO	COS
						29. Compliance with variance/specialized process/HACCP	<input checked="" 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"/>					43. In-use utensils: properly stored					
31. Water & ice from approved source						44. Utensils, equip. & linens: properly stored, dried & handled					
32. Variance obtained for specialized processing methods	<input checked="" type="checkbox"/>					45. Single-use/single-service articles: properly stored & used					
Food Temperature Control	IN	OUT	NA	NO	COS	46. Gloves used properly					
33. Proper cooling methods used, adequate equip. for temp.	<input checked="" type="checkbox"/>					Utensils, Equipment and Vending	IN	OUT	NA	NO	COS
34. Plant food properly cooked for hot holding						47. All contact surfaces cleanable, properly designed,					
35. Approved thawing methods used						48. Warewashing facilities: installed, maintained & used; test					
36. Thermometers provided & accurate						49. Non-food contact surfaces clean					
Food Identification	IN	OUT	NA	NO	COS	Physical Facilities	IN	OUT	NA	NO	COS
37. Food properly labeled; original container						50. Hot & cold water available; adequate pressure					
Prevention of Food Contamination	IN	OUT	NA	NO	COS	51. Plumbing installed; proper backflow devices					
38. Insects, rodents & animals not present						52. Sewage & waste water properly disposed					
39. Contamination prevented in prep, storage & display						53. Toilet facilities: properly constructed, supplied, & cleaned					
40. Personal cleanliness						54. Garbage & refuse properly disposed; facilities maintained					
41. Wiping cloths, properly used & stored						55. Physical facilities installed, maintained & clean					
42. Washing fruits & vegetables						56. Adequate ventilation & lighting; designated areas use					
						60. 105 CMR 590 violations / local regulations	<input checked="" 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



1.Inspector



Follow Up Required: Y Follow Up Date: _____

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Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

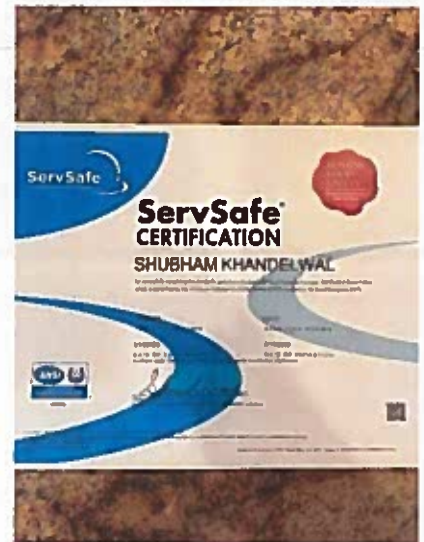
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Code:



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Servsafe
Code:



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Allergen certification Code:



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Sanitation procedures Code:



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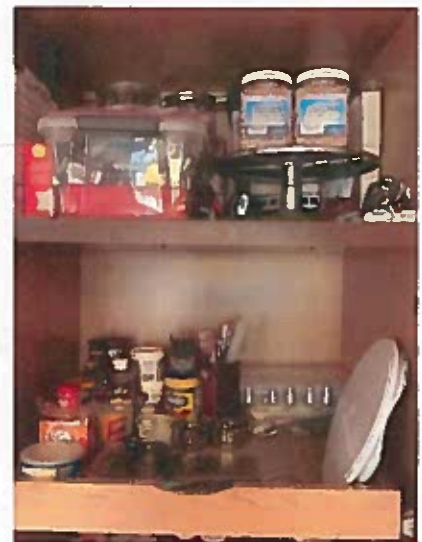
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Dedicated storage for food products Code:



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Storage for packaging. Code:



Notes

Notes

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Notes - Kitchen -

N Kitchen area - General Notes.



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Notes - Kitchen -

N Labeling - General Notes.



Temperatures

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

Notes

Perfect inspection.

Maintains a wholesale license with DPH. All food safety protocols are being properly followed.

Follow up with me about local business and fairs.

Best of luck with your business!

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