

# Attachment C

## AGE -Approved Massachusetts Senior Nutrition Program – Kitchen Assessment

Please attach pictures to this report

Name of all people conducting inspection and agency (at least 2 representatives from agency):

\_\_\_\_\_

\_\_\_\_\_

Name of Caterer or Central Kitchen: \_\_\_\_\_

Contact Person and or Manager: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

Time inspection started:(should be during peak production hours 5am-9am) \_\_\_\_\_

Time at end of inspection: \_\_\_\_\_

If this is a Reassessment, date of original assessment: \_\_\_\_\_

Was this inspection announced? (1 of the 2 inspections required annually must be unannounced)      Yes      \_\_\_\_\_      No      \_\_\_\_\_

Was the last local board of health inspection reviewed? Yes \_\_\_\_\_      No \_\_\_\_\_

Attach a copy of the last LBOH inspection.

1. List name of Nutrition programs served by this kitchen:

- a. \_\_\_\_\_      c. \_\_\_\_\_  
b. \_\_\_\_\_      d. \_\_\_\_\_

2. Is this a consortium Contract?      Yes      \_\_\_\_\_      No      \_\_\_\_\_  
Or are programs under separate bid?      Yes      \_\_\_\_\_      No      \_\_\_\_\_

3. Number of meals prepared daily?  
Home Delivered \_\_\_\_\_ Congregate \_\_\_\_\_

4. Number of meals prepared daily for this program, if different?  
Home Delivered \_\_\_\_\_ Congregate \_\_\_\_\_

5. Special changes offered: Entrée \_\_\_\_\_ Fruit \_\_\_\_\_ Milk \_\_\_\_\_  
Total number of meals with special changes? \_\_\_\_\_

6. Menu meets State Nutrition Standards? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

7. What is the average commodity usage per meal? \_\_\_\_\_

8. What is raw food cost for today's meal? \_\_\_\_\_

9. At what time does food preparation begin? \_\_\_\_\_

10. At what time do the meals leave? \_\_\_\_\_

11. Are meals prepared partly in advance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

12. Number of employees involved in meal preparation? \_\_\_\_\_

13. <u>Applicable Licenses:</u>	Expiration Dates
a. Local Board of Health	_____
b. Milk License	_____
c. Food Handlers Licenses	_____
d. _____	_____

List today's main entrée: \_\_\_\_\_

Describe the production flow for this entrée (protein only unless casserole) starting from delivery, through storage, defrosting, production, cooking, cooling, packing, and holding. Please include dates, times, locations, quantities, temperatures, and detailed procedures wherever applicable.

Food Item	Date	Time	Description of Process	Location	Quantity	Temperature (per log review)

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Recipe verified in Computation to be the same as observed during production (attach a copy of production sheet):

Yes \_\_\_\_\_ No \_\_\_\_\_ Additional details: \_\_\_\_\_

Please note any deviation from the Kitchen's HACCP procedures or other concerns during this process.

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For each item, please list V (visually confirmed), M (per manager), or N (No)			
<b>I. <u>KITCHEN AREA</u></b>			
<b>A.</b>	<b><u>FACILITY SANITATION AND MAINTENANCE</u></b>	<b><u>Yes (V or M)</u></b>	<b><u>No (N)</u></b>
	1. Are each of the following items or areas kept clean?		
	a. Work Tables		
	b. Shelves		
	c. Storage Drawers		
	d. Range Tops		
	e. Broilers		
	f. Ovens		
	g. Fryers		
	h. Mixers		
	i. Steam Jacketed Kettles		
	j. Slicers (verify staff is able to take apart)		
	k. Food Warmers		
	l. Hand equipment (knives, choppers, veg.choppers, ladles, etc.)		
	m. Pots, Pans, etc.		
	n. Kitchen Floor		
	o. Dish Washer		
	p. Cutting Boards		
	2. Utensils not in use are kept clean, sanitized and stored in a manner which protects them from contamination.		

	3. Preparation equipment is cleaned and sanitized between changed use, and kept covered (e.g. grinders, slicers, choppers, mixers, and knives on tabletops).		
	4. Cutting boards are sanitized between use, when going between raw and cooked foods or separate cutting board/areas for raw and cooked foods.		
	5. Floors is not swept while food is exposed or being served.		
	6. Trash container are properly lined with plastic, covered when not in continuous use.		
	7. Employee cleaning schedules are clearly defined (written cleaning schedules).		
	8. Wash and rinse temperatures are proper for the type of machine. (Final rinse generally should be 180 degrees, wash 140-165 degrees, depending on machine type.)		
	9. Manual washing--answer a. or b.		
	a. Heat only: final rinse temperature is at least 170 degrees for at least ½ minute		
	b. Chemical sanitizer: temperature is proper and sanitizer concentration is measured properly (see instruction on bottle).		
	10. Manual washing--answer a. and b.		
	a. Thermometer is used to check temperatures if necessary.		
	b. Instructions for cleaning and sanitizing are posted at each cleaning station.		
	11. Fire extinguisher inspection date not expired, expired, extinguisher readily accessible.		
	12. There is a hand washing sink in the kitchen and it is kept clean and supplied with soap and towels.		
	13. "No smoking" signs are posted.		
	Comments:		
B.	<u>FOOD HANDLING PRACTICES</u>		
	1. Employee's hands are washed thoroughly as often as needed (prior to food preparation, after contact with raw food and produce, soiled objects or face/head, etc.)		
	2. Food handlers do not have infected cuts, burns, boils or respiratory illness.		
	3. Food handlers are wearing hair restraints.		
	4. Food handlers are practicing proper hand washing procedures (prior to handling food and after touching unclean surfaces, etc.).		
	5. Food handlers not smoking or eating in preparation areas.		
	6. Food, in pans or containers, not stored on floor.		

7. Perishable or potentially hazardous food being held at 41 degrees (or below) or 140 degrees (or above).		
8. Fruits and vegetables are properly washed prior to preparation.		
9. Food warmers or steam tables are not used to reheat prepared food.		
10. Frozen food is properly thawed (food may be thawed In refrigerator or under cold running water, or cooked directly from a frozen state).		
11. Food leaves the kitchen at 160 degrees and is served at 140 degrees or above.		
12. Temperature logs are being maintained on a daily basis and reviewed regularly:		
a. During cooking and preparation		
1. Cold food		
2. Hot food		
b. During Cooling (for meals delivered chilled)		
c. When food leaves kitchen		
1. Cold food (milk, dessert)		
2. Hot food		
d. When food arrives at sites		
1. Cold food (milk, dessert)		
2. Hot food		
e. When food is served at sites		
1. Hot food		
2. Cold food (milk, dessert)		
f. After/during home delivered meal routes		
1. Hot food		
2. Cold food (milk, dessert)		
13. Temperature logs are reviewed regularly.		
14. Portion control is being used (scales used to weigh pans, number of cups noted on containers, appropriate scoops and ladle used).		
Comments:		
PLEASE NOTE THE TEMPERATURES OF THE MEAL		
<u>Item</u>		<u>Temperature</u>
Entrée		
Vegetables		
Dessert		
Milk		
Other		
Did you measure these temperatures yourself?		

II.	<u>STAFF TRAINING</u>		
	1. Staff are trained on the minimum sanitation requirements.		
	2. Staff receives ongoing training in sanitation.		
	3. Provider maintains documentation of sanitation in-services.		
	Comments:		
III.	<u>TOILET FACILITIES</u>		
	1. Hand washing sign posted.		
	2. Toilet facilities kept clean with fixtures in working order. Running H2O in rest rooms.		
	3. Hand washing sinks kept clean.		
	4. Soap dispenser is provided, kept filled with cleanser.		
	5. Paper towels or drying device present.		
	Comments:		
IV.	<u>DRY STORAGE AREA</u>		
	1. Food is stored at least six inches off the floor in a manner that permits cleaning underneath shelves, racks or platforms.		
	3. Floor is clean and free from spilled food.		
	4. Store rooms are kept locked/tight inventory controls are in place.		
	5. Dry stores such as sugar, flour, rice, beans, etc. stored in marked bins or covered containers.		
	6. Shelves are either built into the wall or are at least 2 inches away from the wall to discourage nesting of insects or rodents.		
	7. There are no empty cartons or trash present.		
	8. Food storage shelves are clean and free from dust.		
	9. Foods are dated or placed on shelves in a manner which ensures "first-in-first-out" use.		
	10. Storeroom is dry and free from dampness.		
	11. Non-food supplies are stored separately from food stock.		
	12. Toxic materials, including pesticides are labeled and used from original containers only.		
	13. Toxic materials and pesticides are stored separately, not with food.		
	14. No evidence of insects or rodents.		
	15. Facility is serviced regularly to prevent pest infestation (please explain).		
	16. Food containers stored under exposed or unprotected sewer or water lines.		
	Comments:		

V.	<u>REFRIGERATOR (S)</u>		
	1. There is a thermometer present in the refrigerator which is easily readable.		
	2. Temperatures are documented daily.		
	3. Refrigerator is below 41 degrees F (actual), temperature reading (s) at visit was __F.).		
	4. Refrigerator (s) is clean.		
	5. No spoiled food present.		
	6. Foods are stored off the floor on shelves, allowing room to clean underneath (walk-in)		
	7. Food space to provide adequate air circulation.		
	8. Foods are covered.		
	9. Foods are dated to permit "first-in-first-out" use.		
	10. Hot, cooked foods are stored in containers with a depth of 4 inches or less to permit quick chilling. (Other methods of quick chilling may be used, such as agitation, quick chilling or water circulation external to the food container).		
	11. Raw food is not stored above cooked food.		
	12. There are sufficient refrigerator facilities to handle normal delivery schedules.		
	Comments:		
VI .	<u>FREEZER (s)</u>		
	1. All freezers have thermometers which are easily readable.		
	2. Freezer temperature is 0 F. or lower (actual temperature reading (s) at visit was		
	3. Freezer temperatures are documented daily		
	4. Foods are dated and labeled.		
	5. Freezer door is not opened frequently so temperature may be maintained (temperatures may rise during brief periods of loading or unloading or during defrost cycles).		
	6. Food is spaced to permit air circulation.		
	7. Cabinet walls/coils do not need defrosting.		
	8. Foods are wrapped well to prevent freezer burn.		
	9. Floor and shelving are clean.		
	10. If meals are frozen, they are frozen in a manner which permits quick freezing (e.g. frozen on racks in single layer).		
	11. A sample meal is being kept frozen for at least 1 week		
	Comments:		

VII.	<b>TRANSPORTION EQUIPMENT</b>		
	Hot holding equipment for home delivered meals is in good/excellent condition (check for missing gaskets, broken locks, etc.).		
	<i>Please check type:</i>		
	Nutri System		
	Cambro		
	Cooler		
	Cooler with heat pack		
	Other:		
	2. Hot holding equipment for congregate meals is in good/excellent condition (check for missing gaskets, broken locks, etc.)		
	<i>Please check type:</i>		
	Vollrath/Brimfield		
	Cambro		
	Cooler		
	Cooler with heat pack		
	Other		
	3. Transportation equipment for cold foods is in good/excellent condition and is not over-filled in such a way that prevents closing of lid.		
	4. Milk and milk/cream/egg containing desserts are transported appropriately in coolers (Check that temperatures are consistently 41 F. or below).		
	5. Is the equipment on a maintenance program?		
	6. Trucks that transport food are kept clean		
	Comments:		

**For each violation, list dates by which the problem must be resolved:**

Violation	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please attach photos of any violations as well as at least one wide angle photo of each of the following area (even if no violations):

1. Kitchen cooking/production areas
2. Walk-in refrigerator

3. Walk-in freezer
4. Dry Storage
5. Packing and pick-up areas

Planned re-inspection date: \_\_\_\_\_

Signatures of all parties conducting the inspection and date: I certify that I personally saw or verified all of the information in this report unless otherwise stated.

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\_\_\_\_\_  
Nutrition Director