

Don't Bee Shy
165 Pond Street
Uxbridge, MA 01569

<u>Inspection Number</u>	176F1	<u>Date</u>	9/18/23	<u>Time In/Out</u>	12:01 PM 12:21 PM	<u>Inspection Type</u>	Routine	<u>Client Type</u>	Residential	<u>Inspector</u>	K.Donahue
<u>Permit Number</u>	58=2023	<u>Risk</u>		<u>Variance</u>		<u>Rating</u>	Perfect	<u>Score</u>	100	<u>Priority</u>	0
								<u>Pf</u>	0	<u>Core</u>	0
								<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health						Time/Temperature Control for Safety					
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,	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices						Consumer Advisory					
6. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Proper cooling time and temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Proper hot holding temperatures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands						Highly Susceptible Populations					
8. Hands clean & properly washed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Proper cold holding temperatures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Proper date marking and disposition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Adequate handwashing sinks supplied and accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Time as a Public Health Control; procedures & records	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source						Conformance with Approved Procedures					
11. Food obtained from approved source	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Food received at proper temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Pasteurized foods used; prohibited foods not offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food in good condition, safe & unadulterated	<input checked="" 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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						29. Compliance with variance/specialized process/HACCP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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						Utensils, Equipment and Vending					
33. Proper cooling methods used; adequate equip. for temp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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,	<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	<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						Physical Facilities					
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						Physical Facilities					
38. Insects, rodents & animals not present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. Plumbing installed; proper backflow devices	<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"/>	52. Sewage & waste water properly disposed	<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"/>	53. Toilet facilities: properly constructed, supplied, & cleaned	<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"/>	54. Garbage & refuse properly disposed; facilities maintained	<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"/>	55. Physical facilities installed, maintained & clean	<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 checked="" 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


K. Donahue


Shyley Waterman - Expires
Certificate #:

Follow Up Required: Y Follow Up Date: _____

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12:21 PM

Inspector
K.Donahue

Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

Notes

Notes

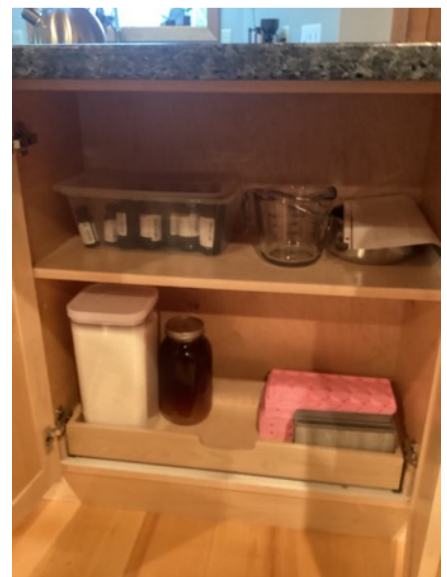
88 Notes - -

N Equipment all stored in cabinets - General Notes.



88 Notes - -

N All items stored properly. - General Notes.



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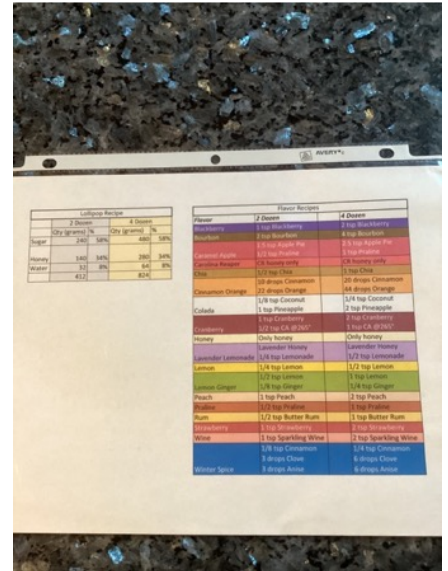
Inspector
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Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

88 Notes - -

N Lollipop recipes - General Notes.



88 Notes - -

N Dishwasher temp observed at 156 with PIC's max temp register device - General Notes.

List 1

IN= In Compliance **OUT** = Out of Compliance NA = Not Applicable NO= Not Observed

- | | |
|---|----|
| PIC on -site? | IN |
| Employees using barrier (I.e gloves, tongs, etc) when handling RTE foods? | IN |
| Employees eating/drinking in designated areas only. Drinks stored properly? | IN |
| Employees wearing clean uniform/proper hair restraints/fingernails maintained? | IN |
| Hand washing sinks have soap, paper towels, 100 water and trash bin? | IN |
| Wiping cloths stored properly and staff knowledgable on testing | IN |
| Soap and sanitizing solutions at concentration and test strips available? | IN |
| Thermometers in all temperature holding units and available for testing food? | NA |
| Test strips and irreversible temp. devices used to confirm proper sanitization? | IN |
| Food deliveries are from approved sources, safely stored and transported? | IN |

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<div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: #90EE90; margin-right: 5px;"></div> TCS / RTE foods are properly date marked? </div>	<div style="background-color: #90EE90; padding: 5px; border: 1px solid #000;">IN</div>
<div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: #ADD8E6; margin-right: 5px;"></div> Clean-up of vomit and diarrheal events procedures and kit available? </div>	<div style="background-color: #ADD8E6; padding: 5px; border: 1px solid #000;">NA</div>

List 2

IN= In Compliance **OUT** = Out of Compliance NA = Not Applicable NO= Not Observed

<div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: #90EE90; margin-right: 5px;"></div> Allergen Awareness Poster </div>	<div style="background-color: #90EE90; padding: 5px; border: 1px solid #000;">NA</div>
<div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: #90EE90; margin-right: 5px;"></div> Current Town of Uxbridge Food Permit posted </div>	<div style="background-color: #90EE90; padding: 5px; border: 1px solid #000;">IN</div>
<div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: #90EE90; margin-right: 5px;"></div> Certified Food Protection Manager certificate posted </div>	<div style="background-color: #90EE90; padding: 5px; border: 1px solid #000;">IN</div>
<div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: #90EE90; margin-right: 5px;"></div> Allergen Awareness certificate posted </div>	<div style="background-color: #90EE90; padding: 5px; border: 1px solid #000;">IN</div>

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

Currently has not made any lollipops as the humidity has not been not favorable. Still doing infused honey recipes with honey from hives. All approved vendor sources for any items used in this process.